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# The Government's Covid scaremongering - UnHerd

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9-11 minutes

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Given that our Government claims to be led by science, [last Saturday's](#) slide show was an insult to the public: the data was out of date, selectively used, and out of context. Ten hospitals were full above their spring peak level, yes, but the other 472 (not shown) were not. Also not shown: excess deaths are [only just beginning](#) to rise above the five-year average, and hospital capacity is currently at normal levels for this time of year in most areas.

[Tuesday's session](#) of the Commons Science and Technology Committee was a grilling for the Government's Chief Medical Officer and Chief Scientific Advisor. Professor Whitty and Sir Vallance were asked whether their projected figures for hospitalisations and deaths take into account the effects of the Tier system, which is only a few weeks old? The answer was evasive. They were asked why, in Saturday's Press Conference, they had displayed poorly-labelled graphs implying that there could be 4,000 deaths a day if nothing were done. The research group who modelled that scenario had already revised it to a much lower estimate of 1,000 daily deaths.

After wondering whether it was "sensible or fair" to display a misleading graph that will have frightened a lot of people, MP

Graham Stringer asked why SAGE never presents equivalent predictions or quantifications for other impacts of lockdowns, citing an April study that suggested they would cause 200,000 deaths in the long term. “I think the public would be very surprised to see that was the other side of the equation,” he observed.

## [Suggested reading](#)

### [The trouble with 'Covid denialism'](#)

[By Saloni Dattani and Matthew Lesh](#)

It's only right that the cobbled-together visual aids used in Saturday's Press Conference come under scrutiny, both in the media and by the MPs who were asked to vote in new restrictions. The UK Office of Statistics Regulation (OSR) [wrote to](#) Sir Patrick Vallance and Professor Whitty, to remind them that data “should be published in a clear and accessible form with appropriate explanations of context and sources.”

“We welcome the fact that the sources for the data used in the slides were published,” noted the OSR in a simultaneous [blog post](#), “albeit three days after the slides themselves.”

Despite continuing efforts to brand any objection to anti-Covid restrictions as a form of treason — some accuse dissenters of wanting to “Let It Rip” through the population — a space to discuss rational alternatives is emerging. Scientists and public health professionals are increasingly willing to distance themselves from arbitrary and counterproductive measures, like involving the police in contact tracing and isolation. The British Medical Association [told \*The Register\*](#):

*“For the test and trace system to be effective it needs to have*

*the full confidence of the public, with transparency about the appropriate and secure use of their data. We are already concerned that some people are deterred from being tested because they are anxious about loss of income should they need to self-isolate – and we are worried should police involvement add to this.”*

Professor Susan Michie of UCL [warned the Huffington Post](#) that the 10pm curfew had predictable consequences that would be counterproductive, calling it, “another example of a restriction brought in without a coherent strategy and without sufficient consultation with relevant experts and communities.” A campaign called Recovery has tabled [“Five Reasonable Demands”](#) (which I support) for a more balanced approach to Covid-19. The insistence that “there is no alternative” to lockdown, to use Boris Johnson’s words, is unravelling.

### [Suggested reading](#)

#### [Will this new ‘lockdown’ make any difference?](#)

#### [By Tom Chivers](#)

And yet, on Wednesday Parliament voted in another lockdown, slightly less restrictive than the first, but one that has forbidden outdoor group sports for children, and closed golf courses and open-air swimming pools, bookshops and gyms. What is the evidence that these venues were a significant site for infections? Where is the modelling that shows the lives saved by preventing outdoor swimming outweigh the negative long-term health impacts? If they exist, the Government hasn’t seen fit to share them with the public.

Lurking behind this new lockdown is a difficult truth. Every winter, hospitals run close to, or at, their capacity, thanks to

normal winter illnesses and the increased challenge cold weather poses to the frail. The added burden of Covid-19 could push that capacity to the point where, at best, non-emergency treatments are cancelled and postponed. At worst, people die untreated, whether from Covid-19 or other conditions.

The Nightingale Hospitals, which mostly stood unused in the Spring peak of the pandemic, offered beds but not doctors or nurses. One of the reasons they were so little used was that hospitals could only transfer patients there if they also sent staff. Their potential to take the strain now would rely on an influx of skilled personnel, and it's hard to see where those people could be found in a chronically understaffed NHS.

### [Suggested reading](#)

#### [Let's be honest, the NHS is awful](#)

#### [By Henry Jeffreys](#)

This, at heart, is the justification for the second lockdown: shut down society to save our ailing health service from being overwhelmed, as it was in winter 2017/18. Tens of thousands of people had their treatments [postponed](#) or [cancelled](#) that year, as a bad flu season pushed demand above capacity. Those pre-emptive cancellations may have been designed to prevent a crisis like the one preceding it, in winter 2016/17, when overflowing hospitals had [patients dying in corridors](#).

What has changed since 2018? There was no question of reorganising society around the needs of the NHS, even though 55,720 people in the UK fell victim to Excess Winter Deaths in that season. There were not even calls for people to avoid social interaction with the elderly, to wash hands more often, or to stay home if they had a fever. Those at risk were exhorted to

get a flu jab, and the rest of us were left to get on with it.

Covid-19 is not seasonal flu. Left unchecked, it would spread faster, and kill more people. But we are not leaving it to spread unchecked. The Tier system of regional restrictions appears to be having effects already, with cases falling in the Northeast, and the R number shrinking back towards one since early October. Chief Medical Officer Chris Whitty admitted to the Commons Science and Technology Committee that he thought Tier 2 and 3 regulations were having an effect, but that those effects were not included in the models used to justify a second lockdown.

The most profound problem with current Covid-19 policies, though, is this: the public, whom the measures are supposedly protecting, are now seen as the problem. The CEO and deputy chief of the NHS, calling on MPs to vote for the new lockdown measures, [claimed](#) that dissent within parliament would “reduce public compliance” with the measures. Writing in the *Telegraph* this week, Rishi Sunak [reminded us scoldingly](#) that “the responsibility for tackling this virus is personal as well as collective”, before issuing a plea: “however frustrating and difficult, I am asking everyone to follow the rules.”

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[Was the two-metre rule one big lie?](#)

[By Timandra Harkness](#)

Clearly, the Government doesn't trust us. That's why the press conference wheeled out misleading graphs to frighten us into compliance. The less we are convinced by arbitrary and ineffective rules, imposed without evidence or even common sense, the more the government resorts to threats. Our

willingness to make sacrifices — in Spring, [85%](#) of the public adhered to the “Stay Home” instruction — has fractured into mutual distrust. [53%](#) of recently surveyed adults blame “The Public” for recent rises in Coronavirus cases (the only other option was “The Government”, with “Nature, Red In Tooth And Claw” somehow omitted).

Instead of cultivating the upsurge of altruism that drove millions to volunteer back in March, the Government has treated us as a volatile rabble, to be contained and kept passive. No wonder they are so willing to shut down public performances, shared sporting and religious activities, meetings and demonstrations, formal and informal social events. They place no value whatever on public life. All the things that make human life something more than individual survival or passive consumption of products, physical or virtual, in our isolated households, are seen as superfluous. The coming together of human minds and bodies to create new ideas, projects, experiences, relationships, is quantified only in terms of viral transmission.

It's time we had a rational debate about balancing social measures to suppress Covid-19 against social harms. The evidence presented in support of the new lockdown is weak. Evidence that the resulting damage has been researched alongside the hoped-for benefits is almost non-existent. “There Is No Alternative” is not an argument, when not only livelihoods, but the fabric of society, is being devastated in the name of controlling the virus and protecting the NHS, which should be protecting us.

This debate needs to recognise the corrosion of public life that results from sweeping measures imposed with little or no evidence. And, most importantly, it needs to be a debate about public life that actually includes the public.