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The UK's Pandemic Gets Worse



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The number of people in the UK who have died after testing positive for Covid-19 has risen to 97,936 (as of January 24), and will pass 100,000 in a few days. There has been an increase of 610 in the death toll over 24 hours. The real figures for the daily death toll are certainly higher, as indicated by Office for National Statistics records.

Adjusted for population size, the US equivalent of the UK's death toll would be 588,000– on January 21 the US death toll stood at 417,211.

The total number of positive tests in the UK since the pandemic began is 3,617,459.

The Government's chief scientific adviser, Sir Patrick Vallance, said the new Covid variants now emerging may be associated with a higher mortality rate. There are 77 known cases of the South African variant in the UK, and at least 9 cases of the Brazilian variant.

Vallance said that for a man in their 60s, the average risk from the old strain of the virus was that for 1000 people who got infected, roughly 10 can be expected to die – however, with the new variants it is estimated it might be 13 or 14.

The new variants are also estimated to be 70% more transmissible.

Vallance went on to say that the new variants may be less susceptible to the vaccines now being used, though he cautioned that the evidence for this is still being awaited.

The chief medical officer for England, Professor Chris Whitty, said there were signs Covid-19 cases were falling, and that hospitalizations in parts of England were beginning to “flatline”. However, he said it will take weeks for the death rate to start falling.

The latest reports (January 21) are of 37,899 people in hospital with Covid-19. There was a time when 20,000 – perhaps 25,000 at the outer limit – was mentioned as the maximum-capacity figure for the NHS. The UK has been above that figure for weeks. The numbers being hospitalized now are 78% higher than at the peak of the first wave.

An important consideration here is that the UK entered the pandemic with fewer staffed, funded ICU beds compared with other developed countries. Germany has 29 ICU beds per 100,000 population, the US around 25, the UK 6.6.

Hospital capacity has been increased by a combination of cancelling non-Covid operations and treatments, and making already exhausted staff work overtime.

According to *The Guardian*, adapted single-decker London buses, with seats removed and oxygen onboard, have been turned into ambulances to ease the strain caused by the pandemic. The prime minister, Boris “BoJo” Johnson, let 17 days elapse between being alerted of the new variant and imposing a tough national lockdown.

The dithering BoJo now says there can be no easing of lockdown measures in England until at least February 15, in the expectation that up to 15 million of the most vulnerable and other priority groups should have been vaccinated in that time.

BoJo’s government has been indecisive over bringing in stronger restrictions. It has instead focused on public health messaging, often confusing and contradictory, exhorting people to follow the rules. The inconsistent rules in turn almost guarantee reduced compliance on the part of the public.

BoJo and his cabinet of nodding dogs sit on their backsides, and don’t have a plan.

As in the US, where the wacko libertarian wing of the Republican party has opposed even the most reasonable restrictions (on the grounds that they curtail” liberty”), BoJo is likewise constrained by his headbanging libertarian backbenchers. Rather than reading them the riot act, he delays action until the headbangers realize the public is getting upset over the scale of the pandemic, and sense they have no choice but to back their boss’s next move, however grudgingly.

The result is too little, too late.

A case in point is the newly imposed requirement that a negative Covid test result be administered compulsorily to some travellers to the UK — 9 months after the aviation industry started calling for such testing. Travellers to the UK are already required to self-isolate for 10 days, or 5 with a negative test, but everyone agrees that enforcement has been patchy.

The same situation existed during Brexit negotiations with the EU. BoJo struck a deal at the 11th hour to run out the clock on his party's Brexit hardliners, who would have hacked away at any deal reached sooner. There is considerable overlap in the memberships of the Tory Covid libertarian faction and its hardline Europhobic counterpart, and BoJo fears them both.

The government is still vacillating over the creation of quarantine hotels for travellers coming into the UK. Countries such as Australia and New Zealand/Aotearoa took this step at the start of the pandemic, and have the pandemic largely under control. Aotearoa has just recorded its first case of community transmission since November, although there is no immediate evidence the virus is spreading.

In the meantime, UK media show photos of crowded terminals at Heathrow.

However, the biggest cause of the continuing transmission is almost certainly the fact that so many workplaces remain open. The government is unwilling to close non-essential workplaces.

Student numbers in schools are said to be around 5 times higher than during the first lockdown. Around 14% of pupils, who are either vulnerable or the children of key workers, are currently in school.

Nurseries haven't been shut-down at all: they were exempted from the proclamation about schools having to close to most attendees. This reluctance to close schools and nurseries has contributed to higher numbers of parents going back to work than during the March-May 2020 lockdown.

The most recent workplace Covid scandal has occurred at the Driver and Vehicle Licensing Agency's offices in Swansea, Wales. Unlike the US, vehicle licensing in the UK is undertaken by the central government.

More than 500 Covid cases have been recorded at the DVLA, where staff claim workers with symptoms were [encouraged to return to work](#), while exposed employees have had their requests to work from home rejected.

The largest workplace eruption of the virus has thus taken place at a top government organization.

The transport secretary, Grant Shapps (who has also gone by the aliases Matthew Green and Sebastian Fox in the past), is being asked to explain how such a flare-up could have happened in a large government unit where the most stringent workplace rules are supposed to be in force.

This reluctance to impose a proper lockdown is prompted by anxieties over its impact on business (typically big donors to the Tories), even though informed opinion is that long-term economic wellbeing is best safeguarded by making every lockdown as secure as possible.

At the same time, a proper lockdown requires adequate financial support for those affected adversely. Unless non-essential workers who can't work from home are furloughed on full pay, they'll be compelled to return to work in unsafe places just to buy food and pay the rent.

BoJo obviously hopes the vaccination programme can come to his rescue.

Unlike the chaotic, patchy and outsourced test-and-trace arrangements, rife with nepotism and cronyism, the centralized coordination of the programme, through the NHS, is showing itself to be far more effective— numbers getting their first vaccine shot have increased significantly.

But problems remain with the timeframe for dispensing the second dose. World Health Organization advice is to have a gap of 3-4 weeks between the two doses, but this advice— now backed by the British Medical Association— is being ignored by the government, which is proposing a 12-week gap for the Pfizer vaccine.

The government wants more people to receive the initial dose, in the hope that this will create a broader and swifter spread of immunity across communities. However, there are serious concerns about how much protection a single dose provides.

The risk is that too wide a gap in administering the doses could fatally compromise the immunity conferred by the first dose, and in so doing nullify the buttressing provided a follow-up shot.

While vaccination offers the best way out of the pandemic, its short-term impact will be partial and slow, as immunity takes time to become widespread in communities— the estimate in the medical profession is that 75%-80% vaccination coverage of the public needs to occur before sufficient immunity becomes achievable.

During that time the death toll will continue to increase.

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