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## **Narrating the Coronavirus Crisis: State Talk and State Silence in the UK**

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### **Abstract**

*This article is concerned with critically analyzing the state's role in socially constructing the dominant narrative around Covid-19. It focusses on how the state's 'truth' about the virus in general, and deaths in particular, has been generated through a number of social practices which facilitate the dissemination of this 'truth' while silencing alternative, more critical, narratives concerning the management of the virus. The paper also considers the question of responsibility. By 2021, the UK's death rate was the third highest in the world. Given the state's relentless attempt to shift responsibility onto those breaking the lockdown rules and away from the often-lamentable decisions made by government Ministers and their advisors, who should be held to account for these preventable death was, and remains, a key question. This issue is addressed in the last part of the paper.*

**Key words:** Covid-19; consensus; state talk; state silence; accountability

### **Introduction**

On November 10<sup>th</sup> 2020, 532 Covid-19 deaths were reported in the UK bringing the total, according to the state, to 49,770. On the same day, Baroness Dido Harding appeared before the *Science and Technology Committee* in the House of Commons to discuss the failing system for tracking, tracing and isolating those infected - over which she presided - while Matt Hancock, the Health and Social Care Minister, made another of his innumerable statements to Parliament about the virus. At that point in the pandemic, these events had been preceded by over 100 press briefings from the government. Ostensibly, then, the state was consistently informing the public about the virus and its response to it. This paper critically dissects this torrent of official discourse, and analyses not only what the state said but also what it did not say during these debates and briefings. In other words, the paper explores not just state talk but how silence was

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also central in the constant struggle to construct a consensus around the virus and what should be done about it. The combination of these processes has been deadly.

The paper focuses on four areas. First, it considers Covid-19 in the context of the UK. Second, it provides a theoretical frame to understand the state's role in the relentless attempt to construct a common-sense narrative about the pandemic. Third, it considers the issue of 'state talk' in relation to the numbers of dead and the half-truths, evasions and lies that have flowed from this talk. Finally, it highlights the ideological and material challenges to the state's narrative generated by individuals, lawyers and grassroots organizations designed to hold to account those responsible for one of the highest death rates in the world.

### **Covid-19: The UK Context**

The context for this article are the actions and inactions of the UK state<sup>3</sup> (closely allied with a range of nepotistic, corporate partners) with respect to the crisis which has resulted in preventable deaths and widespread social harm to the families of the deceased, to wider communities, to organisational, local and national governmental capacities, and to the economy as a whole.

The UK Government<sup>4</sup> has proven to be spectacularly unfit for the task of addressing the health crisis. Prime Minister Johnson only engaged with the issue in late February 2020, eight weeks after the virus emerged. By then, he had missed the first five meetings of Cobra, the Government committee responsible for developing coordinated responses to national crises, and only attended his first meeting on March 2<sup>nd</sup> by which time 'the virus had already firmly gained its foothold in the country' (Calvert and Arbuthnott, 2021: 8). Thus, the Government failed to take the crisis seriously enough, soon enough (Ashton, 2020, Horton, 2020). In particular, it was too late to impose social distancing measures, that is, to introduce what became known – albeit misleadingly, as we shall see - as 'lockdown'. In June 2020, Neil Ferguson, a member of the Government's Scientific Advisory Group for Emergencies (SAGE), told the House of Commons that "had we introduced lockdown a week earlier we'd have reduced the final death toll by at least half," which at that point had just exceeded 41,000 (cited in Stewart and Sample, 2020).

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<sup>3</sup> While we focus here upon *Government* as a central element of the state, this is not to reduce the state to Government. Indeed, a fuller analysis would focus upon the role of the media, scientific 'expertise', the police, other criminal justice agencies and the military, University and Churches leaders, in narrating the crisis.

<sup>4</sup> While we refer interchangeably to the Johnson and UK Government as a political entity as well as to the UK as a geographical one, it should be noted that across the UK, health is a devolved matter, and so handled autonomously by the administrations of England, Northern Ireland, Scotland and Wales. That said, some powers crucial to responding to the health crisis, notably fiscal matters, are determined by the UK Government in London, thereby strictly limiting the room for manoeuvre of devolved administrations. Further, while it is slightly misleading to refer to UK responses to the health crises - these inevitably varied by jurisdiction – there were broad corollaries in the ways in which the four administrations acted, notwithstanding some notable points of divergence both in practice and in representation.

Altogether, the government delayed the three ‘lockdowns’ it eventually introduced by 68 days ‘which brought the total number of infections allowed to spread across Britain...to an extraordinary 4.5 million...’ (Calvert and Arbuthnott, 2021: 404). It is also acknowledged by many that when the first ‘lockdown’ was ended, on July 4<sup>th</sup>, which Johnson dubbed ‘Independence Day’, this was both too soon and with far too much gusto; for example, the re-opening of hospitality was accompanied with a Government scheme – ‘Eat Out to Help Out’ - which subsidised all meals in bars and restaurants by 50% from 3<sup>rd</sup> to 31<sup>st</sup> August. Costing £849 million, some modelling indicated that the number of cases increased between 8 and 17 per cent during the 28 days that the scheme was open (Calvert and Arbuthnott, 2021: 344).

The imposition and easing of lockdown(s) was not the only point where the government found itself widely criticized. Notably, but not exhaustively, it failed to: provide adequate Personal Protective Equipment to ‘front-line’ workers; manage effectively UK borders; test people moved from hospitals to care and residential homes; stop all but completely non-essential work; persistently to develop adequate testing, tracing and isolating strategies and systems. All of these systemic failures helped to increase the spread of the virus and thus deaths from it.

In fact, a 2016 simulation for a flu pandemic, *Exercise Cygnus*, had concluded that UK preparedness was “currently not sufficient to cope with the extreme demands of a severe epidemic.” (cited in Horton, 2020: 25). The report on the exercise was never published by the government<sup>5</sup> while ‘very few’ of its recommendations were implemented, a claim denied by the Health Secretary (Ashton, 2020: 48). This might have amounted to “misconduct in public office” (Horton, 2020: 5), while in our view there already exists *prima facie* evidence for charges of corporate manslaughter against some of the key corporate bodies, governmental and non-governmental, integral to responding to the crisis, albeit that is not the focus of this paper.

The Government has repeatedly emphasised that the virus was ‘unprecedented’ (Sim and Tombs, 2020) and that it had done, and was doing, all that could reasonably be done to protect people’s lives. These claims are not remotely credible. Governments around the globe were all faced with the same virus – and, indeed, the UK was in the *favourable* position of not being one of the first countries to be affected in the world or even in Europe. Despite that, by the end of January 2021<sup>6</sup>, the UK Government’s had recorded<sup>7</sup> 108,764 coronavirus deaths, the highest absolute

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<sup>5</sup> The report was leaked to the Guardian which published it in May 2020. It was also posted on the Government’s website on 5<sup>th</sup> November 2020. See (<https://www.gov.uk/government/publications/uk-pandemic-preparedness/exercise-cygnus-report-accessible-report> www.gov.uk)

<sup>6</sup> As we write, in February 2021, the health crisis continues across the world and in the UK where, for example, the seven-day rolling average death figure remains in the high hundreds. For this paper, we have chosen to consider data and material up to and including 31<sup>st</sup> January 2021. This is exactly one year after the first recorded death from coronavirus in the UK. (Wright, 2021)

<sup>7</sup> A death is attributed to coronavirus if it occurred within 28 days of a positive test. This replaced a previous definition, used by the Government until 12th August 2020, which had defined a coronavirus death as anyone “with Covid-19 on the death certificate”. On that latter definition, the total number of deaths, still officially recorded by the Government, stood at 129,369 at 31st January 2021. (Public Health England, nd)

total in Europe. Only Belgium and Slovenia had higher death rates per 100,000 of the population, whilst the UK's rate of almost 160 (159.28) deaths per 100,000 was more than ten times the rate in Finland and almost twenty times that of Iceland (Statista, 2021) On one calculation, 833,874 years of life had been lost prematurely to the virus in the UK. (Boseley, 2021)

Along with the greatest absolute death toll in Europe, the UK also managed to experience, in the quarter from March-June 2020, the deepest recession of G7 nations, the deepest recession in the EU and the deepest recession in its history (Eaton, 2020; Strauss and Parker, 2020). This combination of the worst death toll *and* the worst recession appears, empirically at least, to undermine the choice floated at various points by politicians of the Right, namely that protecting health and the economy was an either/or choice requiring alternative strategies. In the UK, both economy and mortality were comparatively badly affected in European and indeed global terms. (Ashton, 2020)

Moreover, the effects of state actions and inactions were not evenly felt *within* the UK. The mismanagement of the virus has most detrimentally impacted upon the most marginalised members of our communities. By June 2020, a disproportionate number of the almost 64,000 people whose deaths had by then been attributed to coronavirus in the period since March were of Black, Asian and minority ethnic origin (Booth, 2020); black Britons were “more than four times more likely to die from the disease than white people, with Pakistanis and Bangladeshis almost twice as likely to die compared to the white majority.” (Booth and Barr, 2020) Official data also showed the class dimension to Covid-exposure, revealing that those in “low paid, manual jobs” were “four times more likely to die from the virus than men in professional occupations, while women working as carers are twice as likely to die as those in professional and technical roles”. (Barr and Inman, 2020) Those who were forced to continue to work through ‘lockdown’ – a term to which we return below - were the members of our communities who were more exposed, less protected, more likely to die.

And we are scratching the surface here, referring merely to the most extreme form of physical harm, namely loss of life. Many lives have been changed detrimentally by the lasting health effects of contracting the virus. Nor is there any way of knowing, for example, about the sheer extent of the emotional and psychological trauma experienced during the lockdown, as a result of fear, isolation, bereavement (for every person who dies, nine people grieve for them)<sup>8</sup>, domestic violence, and so on, nor the damage caused by the closure of schools for months, nor of the legacies of the recession that have followed from the effects to ‘control’ the first wave of the virus.

In short, the UK proved to be a particularly hospitable context within which the virus could flourish. Ten years of austerity, not least removing significant funding from the National Health

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<sup>8</sup> This figure was highlighted on the *Today* programme on BBC Radio 4, 27th January 2021

Service (NHS) and its privatisation by stealth (Lawrence et al, 2020), coupled with widening health inequalities even prior to the onset of the pandemic (Marmot, 2020), placed the UK in a spectacularly poor position to withstand Covid-19 – not, that, as we shall see below, one would glean that from the state’s narrative.

### **Constructing the State’s Covid-19 Narrative**

The exercise of state power in maintaining an inequitable, harm-inducing social order within capitalist societies is built on two axes of domination and subordination: the often-unfettered, brutal resort to violence by state agents and the remorseless attempt to construct a political and popular hegemony around how social issues are perceived, understood and responded to. As Stuart Hall and his colleagues recognized, this is a dialectical process: ‘[c]onsensus is not the opposite...it is the complementary force of domination’ (Hall et al, cited in Coleman et al, 2009: 14). In thinking about the state’s response to the virus, we are concerned with the second dimension in this dialectic: the struggle to build a consensus around Covid-19 through the state’s mobilization of ‘talk’ and ‘silence’ to construct, disseminate and reinforce its preconceived, cynical narrative around the virus, particularly in relation to the number of dead and who should be accountable for these deaths.

Politically and culturally, ‘state talk’ operates through a series of interlinked images and strategies which are overwhelmingly politically regressive. For Philip Corrigan and Derek Sayer:

States if the pun be forgiven *state*; the arcane rituals of a court of law, the formulae of royal assent to an Act of Parliament, visits of school inspectors, are all statements. They define, in detail, acceptable forms and images of social activity and individual and collective identity; they regulate, in empirically specifiable ways, much – very much, by the twentieth century – of social life. Indeed, in this sense ‘the State’ never stops talking. (Corrigan and Sayer, 1985: 3, emphasis in the original)

Persistent and continuous ‘talking’ has been, and remains, central to the operationalization of state power - socially constructing, as it does, the discursive parameters through which social issues are defined, discussed, disseminated and responded to. This process is contradictory; state ‘truths’ are never automatically accepted as fact, rather, they are contested. However, it is clear that from the beginning of the pandemic, the Johnson government relentlessly mobilised different platforms to define and disseminate its social construction of Covid-19 reality, and what should be done about it. Between 3<sup>rd</sup> March 2020 and 31<sup>st</sup> January 2021, there were 233 UK Government press briefings, Prime Ministerial addresses to the nation, NHS data briefings and Covid-19 Task Force briefings. (Prime Minister’s Office, nd)

The briefings were part of the Cabinet's public relations strategy which was run like a 'political campaign' (Ashton, 2020: 168). Held in the wood paneled press room in the PM's residence, 10 Downing Street, each briefing consisted of Johnson or a senior Government Minister, stood centre stage, immediately between two Union Jack flags, behind a podium across the top of which the warning 'Stay Home, Protect the NHS, Save Lives' was pasted; to the left and right, at their own suitably distanced podiums, were two 'experts', selected to be relevant to the core theme of that day's address. And, to be clear, these were *addresses*, because although questions were taken, these were 'heavily stage managed with vetting of those journalists being admitted and preselection of their question, which were rarely answered frankly, especially if they proved penetrating' (Ashton, 2020: 169). Follow-up questions were rarely allowed. This meant that Ministers' and experts' answers were left unchallenged, again reinforcing the state's dominant narrative. These daily visual and oral performances were then supplemented, via new Coronavirus sections of the government's website,<sup>9</sup> with 31 pages detailing the 455 Parliamentary debates and announcements which had occurred in the 351 days between 23<sup>rd</sup> January 2020 and 8<sup>th</sup> January 2021. In other words, on average, there was one such debate or announcement each day during this period.

Johnson's talk was the most egregious. On March 3<sup>rd</sup>, three weeks before the first national lockdown, he said:

Our country remains extremely well prepared... We already have a fantastic NHS, fantastic testing systems and fantastic surveillance of the spread of disease... We should all basically just go about our daily lives... I was at a hospital the other night where I think there were actually a few coronavirus patients and I shook hands with everybody. The best thing you can do is to wash your hands with soap and hot water while singing 'Happy Birthday' twice. (cited in Bower, 2020: 457-458)

Johnson's misplaced optimism - a fatal, constitutional flaw in his personality as many commentators recognized (ibid) - and his endless, gestural posturing, built on a regressive, nationalistic and nostalgic fixation on the UK's role in the world historically and contemporaneously, was apparent from the start of the pandemic.

On March 5<sup>th</sup>, he maintained that '[as] far as possible, it should be business as usual for the overwhelming majority of people in this country' (cited in Osborne, 2021: 76). On March 19<sup>th</sup>, when there had been 344 deaths in the UK, he said, 'I think we can turn the tide in 12 weeks and 'send the virus packing in this country'. On April 27<sup>th</sup>, he said that Covid-19 was an 'invisible mugger' that had begun to be 'wrestl[ed] to the floor' (cited in Calvert and Arbuthnott, 2021: 296). By July 17<sup>th</sup>, when the number had climbed to 41,081, he maintained that there should be a 'significant return to normality' by Christmas. On November 2<sup>nd</sup> ... Johnson declared that the

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<sup>9</sup> See <https://www.parliament.uk/business/news/covid-19>

virus would '[be] defeat[ed] by the spring'. By January 3<sup>rd</sup> 2021, when 74,570 deaths were registered, he was 'entirely reconciled to doing what it takes to get the virus down.' (*Private Eye*, 8-21<sup>st</sup> January 2021: 11)

Political control of the Covid narrative also extended to public health messaging via the consultancy firm *Public First*, founded by Rachel Wolf, who co-authored the Conservative Party's 2019 election manifesto. The group had received 'an £840,000 no-bid contract to help on Covid-19 communications' (*Private Eye*, 5-18 March 2021: 10). A Downing Street official said in an email uncovered by the Good Law Project that Public First 'are [chief aide] Dom Cummings/[head of communications], Lee Cain's mates<sup>10</sup>, and hence getting all our work with no contract'. Importantly, for the purpose of this paper, the firm was:

... tasked with running focus groups so the government could direct its information campaign, one official described Public First's involvement as 'Tory party research agency tests Tory party narrative on public money.....The Public First contract....moved Covid-19 messaging from the health department to the Number 10 Covid-19 communications hub, which has grown from zero staff to 200. (ibid)

The press briefings, and the other media and Parliamentary interventions made by Ministers, supported by their scientific advisors, legitimated the government's position that they were dealing with an 'unprecedented' crisis, that they were following the science, and that they were rationally evaluating the evidence to proactively and positively respond to the pandemic. And while there were contradictions, challenges and points of contestation from the media personnel who participated in the briefings, ultimately the government's control of both the message *and* the format meant that Ministers and their advisors operated as 'primary definers' which allowed them 'to create *an effective ideological and control closure* around the issue' (Hall et al, 2013: 77 and 80, emphasis in the original).

The converse of state talk is the process of 'silently silencing' public and political debate around social issues. (Mathiesen, 2004) This process, inevitably involves the media and has had profound implications not only for how Covid-19 has been politically and popularly understood but also in framing what policies were, and are, appropriate and acceptable in responding to the disease and, crucially, what responses are deemed unacceptable, illegitimate and dismissible, if they are considered at all. There are a range of structural dimensions to 'silently silencing' including the 'displacement of responsibility' where:

... the responsibility in the area is in the near future to be placed on another agency *or on other persons*....Such an emphasis 'takes the wind out of the sails' of the criticism... the

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<sup>10</sup> Cain had been Johnson's Director of Communications before he resigned over an unrelated matter in November 2020.

timing of the announcement of – or the renewed emphasis on – reorganization is hardly accidental... (ibid: 28, emphasis added).

Taken together:

... individualisation, normalization, co-optation, superficial endorsement and displacement of responsibility.... are strategies maintaining the *silent* character of silencing. All are strategies which prevent the last link in the chain, ‘the public’ from being disturbed by ‘thoughts of a somewhat more long-term character’, all are strategies which prevent the public from breaking with a short-term perspective. If more long-term perspectives appear and become significant to ‘the public’, visible and demonstrable measures will become necessary to maintain discipline. They are much more difficult to legitimize and defend. (ibid: 29, emphasis in the original)

These processes were integral to the Johnson government’s distracting strategy from the beginning and became particularly remorseless from January 2021 as the impact of the virus accelerated, decimating and destroying hundreds of thousands of lives while the question of where responsibility lay for these preventable deaths intensified. We return to this point below.

### **‘State Talk’: numbers, hyperbole, half-truths, lies**

#### *Charting the Battle*

The UK’s first, and most comprehensive, ‘lockdown’ - the closures of schools and businesses, alongside considerable restriction of movement - was effected from 23<sup>rd</sup> March, 2020. But already, from 16<sup>th</sup> March, what was to be a virtually unbroken, daily series of governmental press briefings began. Then, from the end of June, these ceased to be daily but still occurred on a frequent basis. These consisted of slides, datasets and a Q&A session with leading members of the written and broadcast media, and latterly with two questions from ‘members of the public’. Offering the veneer of transparency and accountability, these briefings were, as we shall argue below, an exercise in quite the opposite, but of interest here is the nature of the language used in them and more broadly, and, relatedly, the role of numbers in the Government’s representation of the crisis: its virus talk.

Some numbers were, as already indicated, inevitably centre-staged as the virus began to establish itself through March 2020 - the numbers of confirmed cases, hospitalisations, ICU cases, people using ventilators and, of course, deaths. For months, the latter were also presented alongside deaths in the USA, France, Spain, Italy, Germany, China, Sweden and South Korea, data that stopped being routinely used once it appeared that deaths in the UK had outstripped deaths in these other countries, save the USA. (Duncan and McIntryre, 2020)

But the number of cases was only a small part of the numbers game at this stage. In fact, the press briefings themselves were located at the centre stage of what soon became a very crude numbers arms race, where bigger was always better, where numbers were endlessly repeated as if they meant something in themselves, when in fact what they often both revealed and obscured was meaninglessness, hyperbole and lies, as we discuss below. They received blanket media coverage, including live mainstream TV and radio broadcasts, and generally set the day's coronavirus news agenda.

What these, and the daily press briefings hammered home, was the extent and scale of Governmental efforts to respond to this 'once-in-a-lifetime' challenge. They also represented the Government's claim to be fighting for Britain, as echoes of the British spirit and exceptionalism (carrying with it a deep sense of hegemonic masculinity) were constant reference points. Press briefings, ministerial interviews and media coverage were repetitively littered with words and phrases such as ramping up, surging, enemy, flatten, fight, field-hospitals, front-line, war, battle, weapons, armoury, beat, defeat, conquer (although the militaristic metaphors failed to mention that the number of Covid dead was nearly twice the number of civilians killed in the Second World War).

These metaphors were given life at various stages of the pandemic, including the role of the army in constructing 'Nightingale' hospitals – themselves named after Florence Nightingale, an iconic figure of the British Empire who nursed troops on the front line in the Crimean war. At the start of the crisis, seven of these - converted exhibition facilities – were established at a cost of £532 million (Carding, 2021). Lack of staffing meant that they were in fact barely, some never, used to treat Covid patients (Hancock, 2020). The 4000-bed Nightingale in London only treated 54 people during the crisis. The 82 year old father of one woman was denied intensive care treatment due to the triage system which the hospital to which he was initially admitted as he 'ticked too many boxes' such as diabetes and high blood pressure which would, in turn, according to the hospital, impact on his chances of surviving. Scandalously, like many, he had also signed a non-resuscitation order without his family being present. Her father who was 'dehydrated and appeared to be desperate for food', was one of eight elderly men on his ward - the 'living dead... half-naked in nappies.....drugged and dazed'. She asked why he and the other patients were not taken to the Nightingale which had the necessary oxygen and ventilators. For her the answer was clear. It was 'like a bit of a smokescreen, a façade' (cited in Calvert and Arbuthnott, 2021: 243-247). As Calvert and Arbuthnott note, 'vacant beds would be used by the government to support its claim that the NHS was never overwhelmed' (ibid: 246).

The army was also involved in erecting and staffing testing centres, overseeing 'mass-testing' in Liverpool, and supporting the vaccination programme, were all linked to the 'blitz spirit,' personified by 99-year old fundraiser Captain Tom Moore – then knighted as Sir in a unique

ceremony by the British monarch – on whose death in January 2021, from coronavirus, Johnson stated:

Captain Sir Tom Moore was a hero in the truest sense of the word. In the dark days of the Second World War he fought for freedom and in the face of this country's deepest post-war crisis he united us all, he cheered us all up, and he embodied the triumph of the human spirit. He became not just a national inspiration but a beacon of hope for the world. (cited in BBC News Online, 2<sup>nd</sup> February 2021)

### *Lockdown to 'Save the NHS'?*

The language of 'lockdown' was not just misleading, but it elided significant structures of race, class, gender and able-bodiedness, at the very least. Generally,<sup>11</sup> 'lockdown' involved some businesses – most notably hospitality and leisure, and personal services – being closed by law, with workers and business owners receiving varying levels of Government subsidy to do so – albeit millions were either entirely excluded from or inadequately supported by this. Where work was deemed as 'essential', this had to continue – but which were subject to the various guidelines (which for the most part were not enforced). This meant that the most vulnerable, marginalized and lowest paid workers were those who continued to work through the pandemic: health, social care, emergency services, transport, retail including 'click & collect' services, food supply, cleaners, postal workers, refuse, construction, call centre, security, factories, nursery and some school teachers, and many more occupations. Nurseries and schools were crucial to other parts of the economy operating.

In short, millions of workers were left lacking physical, legal and political protections, and disproportionately died. But through political and media virus-talk, front line workers largely became equated with clinical medical staff, for whom a weekly clap-for-heroes event was stage managed. Meanwhile, Ministers trumpeted the 'unprecedented' levels of financial support for those workers who could not work – obscuring mass immiseration. At the same time, while every Minister's 'heart went out' for every death – 'not just a statistic' – the class and racialised biases in the numbers of Covid-deaths were largely ignored by Government or, if recognized, were deemed to be the result of complex factors. And most of these uncomfortable facts were absent from the representations of lockdown through the mainstream media. The dominant discourse was one which applied to the middle classes who could work through remote

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<sup>11</sup> Here we should note that the four nations took slightly different approaches to restricting economic and social life, while within nations there were a variety of tiering systems which entailed regionally-based patchworks of greater or lesser restrictions. That said, there were commonalities and continuities in terms of how 'lockdown' worked and how it was represented.

technologies, and needed to find ways to spend their leisure time, whether this be zoom musical performances, home exercise classes, quizzes, or bread-making.

The claims to lockdown were central to the Government's stated strategy –arguably political rather than one of public health. For the most part, the key Government mantra was “Stay Home, Protect the NHS, Save Lives”. ‘Stay home’ was the key: by reducing social contact it would ‘Protect the NHS’. This three-part slogan - emblazoned across the podium at every press briefing and littered across broadcast, print and social media - was curious. For the NHS was never ‘saved’ – rather, it was almost immediately turned to the sole aim of caring for those sick from coronavirus. It would seem that the UK Government sought to avoid the political embarrassment of the images of hospital wards which from the start of 2020 had been broadcast from the cities and towns of Spain, Italy and the north-east of the USA, and managed to do so by clearing virtually all hospital capacity for coronavirus treatment. Elective surgery was halted, as were outpatients’ treatments; indeed, even beyond hospitals, routine health care such as ophthalmic and dental services were stopped save for emergency treatments. Routine doctors’ surgeries were still available, but mostly only via remote access. In effect, routine and preventative health care was suspended – and, a year after the pandemic broke, it overwhelmingly remained so. The toll in excess deaths and life shortening illnesses – cancers, heart and other organ disease – is likely never to be known, while the backlog in treatment is likely to affect the health services for years to come, with waiting times for some treatments having increased one-hundred fold. (Triggle, 2020) For one doctor, the Government’s mantra meant:

[w]e were being urged to protect an inanimate system, not people. The country has been throwing its all at building structural capacity so that those young and healthy enough to benefit from intensive care can receive it. A good aim, an admirable aim – except for all those it excludes. The elderly, the disabled, the frail and infirm, the second tier of lower-priority citizens. Where were *they* in the pandemic planning? (Clarke, 2021: 196, emphasis in the original)

### *Personal Protective Equipment (PPE)*

A key controversy revolving around numbers at the start of the pandemic was the volume of available PPE. Having been caught vastly unprepared at the start of the pandemic, not least as a result of ignoring its own pandemic-preparedness exercise in 2016 alongside breaking up an NHS Supply Chain into eleven outsourced contracts (Hall et al., 2020), the NHS lacked, and was immediately unable to procure, adequate PPE to meet rising demand. Consistent questions have been asked since about the Government's panic-stricken - and many have alleged corrupt - approach to PPE procurement. (Barrington, 2020)

And while the *amount* of PPE in circulation – numbers - became a key issue in the first months of the pandemic, within months the Health and Social Care Secretary was to hit on a figure of ‘2

billion’ which became the stock response to any questions about the availability of PPE. Thus on 26 June, the Government announced that:

Two billion items of PPE have been delivered to NHS and social care staff ... Amid unprecedented global pressures on supply chains, 341 million masks, 313 million aprons, 4 million gowns and 1.1 billion gloves have been delivered to frontline workers thanks to the efforts of government, NHS, industry and the armed forces to massively scale-up distribution networks. (Department of Health and Social Care, 2020)

In a sense, the simple repetition of ‘2 billion’ closed down argument. It suddenly seemed irrelevant that 1.1 billion gloves meant 550 million pairs of gloves; or that formal advice on how PPE should be used in clinical settings had been consistently watered down from, at an early stage, being to change it after every patient, then to use for a whole shift, to more latterly that some items could be taken home, washed and used again; nor that the distribution of PPE was hardly across ‘front-line’ workers as the quote above claims, but almost exclusively focussed upon hospital-settings, not including health and social care facilities let alone shop workers or bus drivers. But by July Hancock was claiming consistently that there had been “more than 2.4 billion items delivered to date and over 30 billion items ordered to provide a continuous supply now and for the future.” (cited in Proctor, 2020)

The constant repetition of such claims was enough to close the controversy over access to PPE. For a while. By October 2020, it was being reported that “So inefficient has the Government been in purchasing PPE that, according to its own figures, it has amassed a stockpile of 32 billion items, purchased at a cost of £6.75 billion – and rising”. (Rose, 2020) Legal suits about procuring practices and alleged corruption related to PPE procurement began to be mounted.

### *Testing ...*

One number which was abandoned early on, only to make several inauspicious comebacks in varying guises, concerned the numbers being tested for the virus. In fact, by 12th March, the government abandoned its hitherto stated policy of test, contract trace and isolate (Horton, 2020: 50) whilst PM Johnson suggested that the UK population could “[perhaps} ...sort of take it on the chin, take it all in one go and allow the disease, as it were, to move through the population without really taking draconian measures. I think we need to strike a balance” (ibid.) Meanwhile, the WHO was urging countries to heed its “key message”, namely to “test, test, test” as part of a testing, isolation and contact tracing strategy. (BBC News Online, 2020a)

The apparent rationale for abandoning the testing approach – to seek herd immunity and take the virus on the chin (Ashton, 2020: 118-120) – was later vehemently denied by the Government and its senior medical advisers. So was the fact that the decision was likely driven by a simple lack of

testing capacity – one of the many aspects of pandemic unpreparedness which had earlier been revealed to the Government by Exercise Cygnus.

It was not until April 2020 that Health Minister Matt Hancock pledged to increase the country's testing capacity “to reach a target of 100,000 tests a day by the end of the month”. (Lawrence et al, 2020) 75,000 of these were to be undertaken by the private sector. Hancock's 2nd April announcement had “made no mention of one of the main purposes of testing: tracking or tracing” (ibid.). Testing sites were chaotic, appointments difficult to book, when secured were often miles away, in some cases hundreds of miles, whilst targets for the turnaround of results were consistently missed – with many reported as taking 7-10 days, thus useless from the point of view of contact tracing or isolation. (ibid)

While the daily reported number of tests slowly increased through April, there appeared to be no prospect of Hancock's 100,000 target being met. Then, in the last week of April, the Government changed its criteria for counting tests to include those that had been dispatched, even if they had not been received, returned or processed. The date of 30th April came and Hancock missed his 100,000 target. But the next day, on 1 May, he appeared to smash it, as 122,347 tests were recorded in government data – though this included nearly 30,000 postal tests sent out but not yet returned. By May 3<sup>rd</sup>, the number was back down to 76,496, and the Government would continue to fail to meet its target. (Lawrence et al., 2020; see also Carding, 2020)

Chris Hopson, the chief executive of NHS Providers, suggested that the month of April had been wasted by fixating on an “an arbitrary number ... at the expense of other aspects of a clear strategy ... The testing strategy, if there was one, got hijacked on the basis of just meeting that target when there were lots of other things that needed to be done.” (cited in Lawrence et al., 2020)

... *and Tracing*

After having failed consistently to meet a variety of targets related to testing, 28th May saw the launch of ‘NHS Test and Trace’ – what one commentator has called “the most dangerous example of politicians breaking promises while a system fails ... what the prime minister calls the “world-beating”, “superlative” test and trace regime. (Chakraborty, 2020). Sold to the public with the reassurance of ‘NHS’ in its title, despite the fact that it was a body – costing £22 billion in its first year - larger than police and fire services combined (Syal, 2020). Operationally, it consisted of a consortium of private companies funded to the tune of £10 billion and was overseen by Baroness Dido Harding, whose previous roles had been working for food corporations Tesco and Sainsbury's, and the tech company *Talk Talk* which, during her tenure as CEO, had suffered a cyber-attack costing the company around £77 million for which they were fined a record £400,000. She had no medical or clinical experience – in a debate in the House of

Lords in 2018 she said that she felt “like a bit of an imposter” (cited in Furlong and Cooper, 2020). She, did, however, have close personal and commercial links to the highest echelons of Government.

The system has consistently failed in terms of numbers of tests, turnaround times, tracing of contacts and success in persuading people to self-isolate. (Briggs et al, 2020). This did not prevent her from being appointed as interim head of the country’s new health protection agency. For ‘for many health experts, the recent appointment was nothing more than thinly-veiled cronyism’ (Furlong and Cooper, 2020).

‘NHS Test and Trace’ has remained a thorn in the Government’s side (National Audit Office, 2020), but it managed to deflect attention briefly from its dismal under-performance significantly when it began to extol the wonders of ‘mass testing’. This was the subject of an experiment in Liverpool in November 2020 as Ministers struggled to control what appeared to be a marked upsurge of cases, hospitalisations and deaths. The Government struck a deal with the local authority in Liverpool – overseen by a mayor who weeks later was to be arrested on suspicion of conspiracy to commit bribery and witness intimidation – with mass testing sold as a means of exiting the new ‘lockdown’ restrictions which had been uniquely re-imposed on the city following a significant upturn in recorded cases of the virus after businesses, schools and the city’s four universities had reopened.

Within weeks, Ministers began to claim consistently that mass testing had reduced cases in Liverpool by “more than two thirds” (BBC News Online, 2020b) – leading to a lifting of restrictions. (BBC News Online, 2020c) But, in fact, the testing strategy proved to be a significant, indeed fatal, failure. Subsequent evaluations found that, “[i]n the Liverpool pilot study, 60% of infected symptomless people went undetected, including 33% .. of those with high viral loads who are at highest risk of infecting others”. (Deeks et al., 2021; Knapton, 2020)

It is perhaps little wonder then that, in March 2021, the cross-party Parliamentary *Public Accounts Committee* concluded that despite the £37 billion committed to Test and Trace over two years (2020-21 and 2021-22) - what it called “unimaginable resources thrown at this project” - it was not possible to “point to a measurable difference to the progress of the pandemic”. (cited in Syal, 2021) The report pointed out that in February 2021, there were 2500 consultants still employed by the system, earning an estimated £1100 a day. (cited in *Channel 4 News*, 10<sup>th</sup> March 2021) *Channel 4 News* also noted that 226 separate contracts had been allotted to management consultants working for the four major accountancy firms with some being paid a daily rate of £6624. A former head of the Treasury argued that Test and Trace was the “most inept and wasteful spending programme of all time.” (ibid)

“World Beating”

Despite this failure, mass testing quickly reappeared as central to a new numerically fetishistic strategy, what PM Johnson called ‘Operation Moonshot’ (Halliday and Boseley, 2020).

Operation Moonshot took the obsession with big numbers to another level: announced in September 2020, it was to fund to the tune of £100 billion a mass of private providers expanding the number of tests “to 10 million a day by early 2021”. Theoretically, this regime, and the use of ‘immunity/virus-free’ digital passports, would allow the “opening up the economy”, seeing life “return to something closer to normality” and was described by Johnson as the “only hope for avoiding a second national lockdown before a vaccine, something that the country cannot afford.” (Mahase, 2020)

In fact, mass testing, Operation Moonshot, the ten million a day tests and the £100 billion investment, all likely quite fanciful, were quickly forgotten as the first viable vaccine was registered and then injected in the UK in the first week of December, itself leading to a further obsession with numbers – the number of daily jabs – and more numerical targets, all washed down the public’s throat with vaccine jingoism. Thus, once the UK regulator licensed the use of the first vaccine in December 2020, the new number which began to dominate press briefings was the number of ‘jabs’ in arms. A “vaccine triumphalism” (Guy, 2020) had been in crass evidence on the very day the vaccine received regulatory approval, when the Education Minister Gavin Williamson claimed the fact that the UK was the first to approve a vaccine was because it had “much better” scientists than France, Belgium or the US:

we’re a much better country than every single one of them ... I just reckon we’ve got the very best people in this country and we’ve obviously got the best medical regulators. Much better than the French have, much better than the Belgians have, much better than the Americans have. That doesn’t surprise me at all because we’re a much better country than every single one of them, aren’t we? (cited in Halliday, 2020).

Such crass nationalism entirely cohered with the centrality of the phrase “world beating” to virus-talk. It had been applied to NHS Test and Trace, to ‘Operation Moonshot’ (O’Toole, 2020), and was a constant refrain throughout the pandemic, a mark of British exceptionalism (Whyte, 2020) and a heightened ‘common-sense’. (Coleman and Mullin-McCandlish, 2021) One commentator remarked upon the “striking” prevalence of this phrase which was:

hardly ever used in the Westminster parliament before 2020. In all of 2019, it appeared 21 times. But since 1 July this year, it has been brandished 148 times ... It is also part of the Brexit narrative of a British greatness that has no need of European normality ... [I]n the perpetual game of Britain versus a Rest of the World XI, there is only ever going to be one winner. (O’Toole, 2020)

### *Responsibilising Death*

By the time of the third lockdown, the state's talk had shifted. This began in the last days of 2020 and intensified in the early weeks of 2021 with the remorseless shift towards identifying and punishing those who were failing to comply with the lockdown rules. Individualizing responsibility, became central to every government pronouncement. The wider reasons as to *why* individuals did not comply were largely silenced. In particular, given that 23% of the population were now living in poverty, (Butler, 2020) that at £95.85 a week, the UK had one of the lowest rates of statutory sick pay in the allegedly developed world and that 'the 2 million people who earn[ed] less than £120 a week earn[ed] too little to be eligible' for benefits (Malik, 2021: 27). In fact, shifting the focus from structural deprivation to individuals' non-compliance was crucial to moving political and popular attention onto the alleged, atavistic failings of individuals and their families, marooned in communities stuck on the bottom rung of the ladder of gross and reprehensible inequality.

On January 22nd, the weekly broadcast of the pointedly named *Independent SAGE*, (as we note below, a consistent, counter-hegemonic source of scientific expertise), contested the government's responsibilisation discourse and presented a more complex, materialist analysis which put poverty at the centre of non-compliance. Stephen Reicher noted that the problem was not that sections of the public were ignoring the rules, but that 20 million people were required to go to work due to the lack of support for people to self-isolate and to stay at home. (Indie SAGE, 2021)

And while the government focused on regulating the rule breakers, it was failing to regulate and police businesses and corporations who were:

pressurising employees to return to work too soon after a positive test or who are breaking Covid rules ... [T]he largest known Covid outbreak at a workplace has happened at the DVLA, a government agency. Workers were reportedly told to turn off their test-and-trace app to avoid being notified if they had come into contact with a positive case, employees with symptoms were encouraged to go in and vulnerable workers have had their requests to work from home turned down. (Editorial, The Observer, 24th January 2021).

It was a class-based criminalization strategy of enforcement which impacted on poor and BAME people disproportionately. In April 2021, over 85,000 Fixed Penalty Notices (FPN) had been issued against individuals who had allegedly broken Covid laws (UK Parliament, 2021).

According to Harriet Harman, the Chair of Parliament's Joint Committee on Human Rights:

.....we've got an unfair system with clear evidence that young people, those from certain ethnic minority backgrounds, men and the most socially deprived are most at risk. Whether people feel the FPN is deserved or not, those who can afford it are likely to pay a penalty to avoid criminality. Those who can't afford to pay face a criminal record along

with all the resulting consequences for their future development. The whole process disproportionately hits the less well-off and criminalises the poor over the better off (ibid).<sup>12</sup>

In contrast, by the end of 2020, not one company had been prosecuted for failing to maintain Covid-secure workplaces. (Packham and Rawlinson, 2021)

The desperate position of the poor was brutally illustrated in Liverpool via the much lauded mass-testing pilot scheme - described in the *British Medical Journal* as ‘an unevaluated, underdesigned, and costly mess’ (Gill and Gray, 2020). Only 4% of those living in the poorest parts of the city chose to be tested. The moral dilemmas generated by systemic poverty were captured Dan Carden, a local MP:

People want to do the right thing by getting tested, but there’s also real anxiety among the lowest-paid workers and those in insecure work who rely on going out to earn their income. We will only get a grip of the virus when everyone can afford to self-isolate. There are too many financial barriers which need to be lifted.....The Government’s criteria for the £500 self-isolation support grant is so strict that 80% of applicants for the mandatory scheme in Liverpool are refused. (Thorp, 2021; see also Drury, 2020)

The individualisation of responsibility was reinforced by the government’s relentless focus on the vaccination programme whose roll out was the central focus at different Government briefings from the beginning of 2021. In contrast, on 20th January, 1820 people - or one person a minute - died over the previous 24 hours, the highest number since the pandemic began. On January 25th, a paramedic described the number of deaths as ‘now equat[ing] to more than a jumbo jet of people crashing on the country every day, And yet it’s...“Oh well”’ (*Channel 4 News*, 25th January 2021)

The effects of responsabilising the poor for their own disproportionate exposure to the virus, and the silence around the number of deaths, are perhaps obvious, but well captured by one political commentator:

For the people at the top....[t]he narrative of an impatient, risk-taking population means that millions of us can be held to be complicit in the government’s failures ... the disaster, it seems, belongs to us all: it is not that Johnson and his colleagues have screwed up, but that the whole country proved unequal to what the virus demanded..... (Harris, 2021)

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<sup>12</sup> Thanks to one of the anonymous reviewers for pointing this reference out to us

For the families of the deceased, ‘crushed and crumpled beneath grief’s awesome power’, the pain of death was extreme. They were ‘lonely, scarred, aching, and bleeding. The soothing rituals of loss have been replaced with emptiness and trauma.’ (Clarke, 2021: 204) Nonetheless, both the dead, and those left behind, were effectively and increasingly silenced in favour of the state’s focus on rolling out the vaccine. Despite some honourable exceptions, the media solemnly acquiesced to the government’s line. Alongside the relentless demand that the public should take responsibility for controlling the spread of the virus by sticking to the lockdown rules, this focus ensured that the state’s ideological scaffolding was in place on which to build the ‘truth’ about the virus. A senior intensive care doctor crystallised the gap between the government’s ‘truth’ articulated via the press briefings and the grim and deadly reality on the ground:

We ran ourselves into the ground to try and save them [thirty-something-year-olds] as intensive care units filled up as at a rate we couldn’t keep up with. Looking around us we wondered how this had been allowed to happen. Why had lockdown come so late? Could we have saved more lives? That is a question that will continue to haunt us. The public saw none of this. If you watched the daily press briefing you would think it was all under control. But it wasn’t. We were sinking (cited in Calvert and Arbuthnott, 2021: 224).

However, despite the deep well of material and ideological resources at its disposal, the state’s attempt to construct a dominant and domineering narrative has failed to achieve hegemony. As with all other social issues, there is no train of historical inevitability journeying successfully to its prearranged destination, certainly when it comes to establishing state ‘truth’. For Stuart Hall, ‘history is never closed but maintains an open horizon towards the future.’ (Hall, 2011: 26) It is to these challenges to the state’s ‘truth’ that we now turn.

### **Contesting State Talk and State Silence?**

The state’s narrative fell largely on acquiescent ears across the mainstream media. The BBC, for the most part, has played its role as national broadcaster, attempting to construct an idealised consensus built on an imaginary ‘national interest’ in the face of crisis, with most other broadcast media emulating their stance. There have, however, been exceptions – aspects of *Channel 4 News* and the strident criticism of Government failings espoused by the idiosyncratic friend of the rich and famous Piers Morgan from his breakfast Commercial Television pulpit, resulting in a long-term Ministerial boycott of his programme. Similarly, national print media have re-spun the dominant narrative, again with odd exceptions in some reporting in *The Guardian*, *The Mirror* and *the Financial Times*. Independent digital media – such as *Byline Times*, *The Canary* and *Novara Media* - have, by contrast, been beacons of critical discussions. In combination, these dissenting media voices have ensured that State ‘truths’ have never been entirely secure.

From the onset of the crisis there has also been criticism of the Government's strategy from some mainstream, well-respected quarters. On March 28<sup>th</sup> - five days into the first lockdown - the editor of *The Lancet* declared that the NHS was 'wholly unprepared' for the pandemic. There was 'chaos and panic'. The chief executive of NHS England, Sir Simon Stevens, was forced to defend his track record including the fact that the country's proportion of intensive care units before the crisis was among the lowest in Europe. (Press Association, 2020) On April 23<sup>rd</sup>, Dr Fiona Godlee, editor-in-chief of the *British Medical Journal*, argued that it was "impossible not to feel let down by political and healthcare leaders who, while 'sloganning', clapping for, and praising the NHS, have so evidently failed to protect those who work within it." (BBC Scotland, 2020) In May, a scathing article in the medical profession's key organ, the *British Medical Journal*, lambasted the Government's response to the pandemic as '*Too little, too late, too flawed*'. (Abbasi, 2020)

While there were occasional disagreements - not least about the need for a 'circuit breaker' to be imposed in September 2020 which eventually happened at the beginning of November - the Government's relationship with its scientific, expert advisors on the official SAGE group was mutually reinforcing, and remained so throughout the pandemic. Despite the dominant discourse - central to the press briefings - that government policy was being led by the science, in practice the science reinforced the politics and the politics reinforced the science. From the beginning of May 2020, Independent SAGE's counter hegemonic interventions challenged this cosy interconnection and the 'truth' which was emerging about the virus. These scientists saw their role as providing "independent scientific advice to the UK government and public on how to minimise deaths and support Britain's recovery from the COVID-19 crisis", while pointedly noting that:

... openness and transparency leads to better understanding and better decision making. We also believe it the responsibility of scientists and those with specialist knowledge to engage with the public and policy makers, in order to ensure that science benefits all of society. (indie-SAGE, no date)

There were also legal challenges emerging. In May 2020, Elkan Abrahamson, the lawyer acting for the newly formed *Covid-19 Bereaved Families for Justice UK* argued that the state was already covering up the reasons for their relatives' deaths. One aspect of this, was the Coronavirus Act 2020 'which removed the need for juries at inquests into coronavirus-related deaths and reminded coroners that Covid-19 fatalities were "deaths by natural causes" so may not require an inquest at all.' (Peraudin, 2020)

By mid-June, the group was demanding an immediate, public inquiry involving:

The timing of the UK lockdown on 23 March, which was later than almost all European countries; [t]he state of the government stockpile of personal protective equipment and

testing capacity; [t]he response to warnings in the 2017 Exercise Cygnus report that the UK was not adequately prepared for a pandemic; [t]he disproportionately high number of black and minority ethnic people who have died from Covid-19.; [t]he transfer of patients from hospitals to care homes and several other key issues that have been subject to intense criticism. (Conn, 2020)

One member noted that, '[m]y family and other members of the group ..... now feel, as we have done throughout, that our loved ones did not need to die, and may have been saved if the government had responded more promptly to the spread of the virus, as other countries were doing.' (cited in *ibid*)

The group's point about transferring patients from hospitals to care homes was supported by the *House of Commons Public Accounts Committee* who noted that discharging 25,000 patients from hospital into social care without previously being tested was 'a "reckless" and "appalling" error' (Osborne, 2021: 89). Equally appallingly, it is also worth noting that care home residents were not sent to hospital when they became ill. According to research by the Health Foundation, hospital admissions for this group 'decreased substantially' by 11,800 during March and April 2020 (Calvert and Arbutnott, 2021: 283). An anonymous Cabinet Office source said that once again, these patients were encouraged 'to sign "do not resuscitate" contracts' (cited in *ibid*: 283). This source 'care home residents were being treated as "collateral damage" and described the strategy as "mass murder."' (*ibid*: 284). Additionally, by the end of 2020, over 650 social care and health sector workers had died from the virus (*ibid*: 290). Despite this carnage, on July 6<sup>th</sup> - two days after his populist 'Super Saturday' which lifted the majority of restrictions and which one expert on the government's own scientific advisory body described as a 'reckless error and contradicted al of the scientific advice' (*ibid*: 331) –Johnson, outrageously 'accused care homes of not adequately following safety measures to stem the virus's spread' (*ibid*: 332).

Running parallel with these developments was the legal action mounted against NHS trusts and care providers following the deaths of health and social care workers. On June 5<sup>th</sup>, it was reported that 91 deaths, 26 of which had occurred in local authority social care settings, could be investigated by the Health and Safety Executive. Central to these cases was the lack of PPE. A lawyer acting in a number of cases pointed out that: '[p]rovision of PPE is a big issue and one of the big questions we are being asked about. Were they provided with proper PPE? Was it fit for purpose? And if not, why was that the case?' (Bundock, 2020)

The *Doctors' Association UK*, the charity *Hourglass* and the legal pressure group the *Good Law Project* had also launched a high court challenge against the Health and Social Care Secretary who had refused to conduct an investigation into the failure around PPE. The three applicants were claiming that the government had 'breached article 2 of the European convention on human rights, which obliges ministers to take action to save lives and to instigate an inquiry where

avoidable deaths have occurred' (Campbell, 2020). Dr Samantha Batt-Rawden, president of the *Doctors' Association UK*, said: '[f]rontline healthcare workers have been putting their lives on the line to serve the NHS during this pandemic, often without adequate PPE. Tragically this may have contributed to the loss of life of NHS staff' (Dodd and Campbell, 2020).

By January 2021, as the Prime Minister still deflected calls from the *Covid-19 Bereaved Families for Justice UK* to meet with them, the group's demands were reinforced by the astonishing fact that 'very few inquests' had been held into those who had died of the virus as, in March, the then Chief Coroner had issued guidance that the virus was a 'naturally occurring disease' so that inquests were not necessary unless there was suspicion that additional factors were involved. For the group, lessons had not been learned. An analysis by *The Guardian* found that:

... of all coroners' "prevention of future deaths" reports, which call on authorities to take action on concerns identified during inquests, found just two that followed deaths of people from Covid-19. Four more reports mentioned the pandemic as a contributing circumstance, including the strain put on mental health services and other health provision (Conn, 2021).

These cases raised the possibility that charges of Corporate Manslaughter could be brought against public authorities such as NHS Trusts and the Department of Health and Social Care. According to Alex Bailin QC:

Those deaths were avoidable with proper PPE.....Had there not been organisational and management failures, those deaths could have been avoided, and that could be corporate manslaughter.....Legally, there may well be enough for the police to open a criminal investigation, even if there is not the appetite do so in the current crisis. There is reason to suspect serious high-level failures. (Dodd and Campbell, 2020)

As we write, in February 2021, the Government has announced an "irreversible" route out of all restrictions, to be wholly and once-and-for-all removed in June. Matt Hancock informed the population it would 'have to learn to live' with the virus 'with the aim to move to "*personal responsibility*" rather than having social distancing laws "that get in the way of normal life"' (Marsh, 2021, emphasis added). As one commentator has noted, accepting the need to live with the virus equates to ensuring that Covid-19 remains a "disease of the deprived". (Tidesley, cited in March, 2021)

Meanwhile, Hancock, and more broadly the Government, faced further searching questions regarding the allegedly corrupt procurement of contracts. This added another element to the

deadly mismanagement of the crisis, as a number of legal and political avenues were pursued against it. As Ministers tried to close down the narrative, and draw a line under the crisis, counter-hegemonic forces, not least those coalescing around an array of legal actions, are unlikely to be silenced. Even as Ministers sought to draw this line, the *British Medical Journal* raised the charge of social murder against the UK, and other poorly performing countries. (Abbasi, 2021). As it noted:

The “social murder” of populations is more than a relic of a bygone age. It is very real today, exposed and magnified by [C]ovid-19. It cannot be ignored or spun away. Politicians must be held to account by legal and electoral means, indeed by any national and international constitutional means necessary. State failures that led us to two million deaths are “actions” and “inactions” that should shame us all (ibid).

## Conclusion

In concluding this article we want to make three, brief points.

First, the lies and deception surrounding the number of deaths are part of a broader strategy of ‘deliberate and systemic deceit’ (Osborne, 2021: 33) which was, and is, integral to the Johnson government’s response to a range of social issues, including the virus.

Second, the Government’s strategy is based on ‘getting back to normal.’ However, it was *precisely* the ‘old normal’ which generated the conditions for the emergence and spread of the virus: a grotesquely unequal national and international, neoliberal social order; the systemic disregard for human and animal rights; the lack of corporate regulation and accountability; the unadulterated cruelty of austerity policies; and the needle-sharp authoritarianism of self-entitled masculinity, supported by a heteropatriarchal state. Together, they have taken us to this current wasteland of Covid-19 carnage, death and physical and psychological immiseration. It is also worth recognising that if physical viruses mutate so too does the virus of neoliberalism in producing ‘new mutations of nationalism and deregulation’ (Davies, 2020: 240). In other words, neoliberal normality is not necessarily taking the same form in February 2021, the time of writing, as it did in March 2020 during the first lockdown, nor is it likely to remain the same beyond this point in 2021, a sobering but important point to bear in mind.

Finally, and related to the above, under cover of the virus, the brittle structures of democratic accountability are being consistently subverted as the state, despite the contingencies and contradictions within and between its institutions, is reorganised to consolidate and reproduce a revamped, neoliberal political economy. This ‘Very British Coronavirus Coup<sup>13</sup>’ is likely to be

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<sup>13</sup> We have paraphrased the title of Chris Mullin’s book *A Very British Coup* (London: Serpent’s Tail).

the driving force in the Government's 'new normal' in which 'only the strongest and richest prosper, and where those outside their circle eventually realise the depth of the corruption of our country, and how much has been stolen by this invisible mugger' (Miller, 2020).

At this profound, conjunctural moment, the Government's shameless, cynical 'truth' should touch and intensify a 'nerve of resistance and of outrage' (Thompson, 1980: 163). At the same time, those responsible for the tens of thousands of preventable, deaths should neither feel secure nor complacent. Nothing is historically certain. A serious reckoning for the social murders they have inflicted on the poor and the dispossessed over this last, desperate year might well be waiting for them at some future date. If so, that would be a fitting tribute to the dead and the ocean-deep sorrow of their families and friends.

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