



Covid-19 investigations

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Revealed: the inside story of the UK's Covid-19 crisis

How herd immunity and delayed lockdown hampered efforts to

contain the spread of
coronavirus

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Boris Johnson, Dominic Cummings, Sir Patrick Vallance, Matt Hancock, Chris Whitty Illustration: Guardian Design

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In common with the many thousands of people whose lives have suddenly been devastated by Covid-19, Ken Sazuze cannot know exactly when the coronavirus landed on his family and wreaked its terrible damage. His wife, Elsie, was 44, a much-loved nurse, mother to their children, Anna, 16, and Andrew, 22; she was his soulmate and best friend, a “genuine person,” he says. Elsie died on 8 April, on a ventilator, in Birmingham’s Good Hope hospital.

Ken believes she became infected sometime in that eerie, frightening week after Monday 16 March, when Boris Johnson’s government reconsidered its previous light-touch approach, which had envisaged 60% of the population – 40 million people – would become infected, and while many would die, the majority would recover and attain “herd immunity”. That week, although more physical distancing had been advised by Johnson, normal life mostly continued until the compulsory lockdown; pubs, restaurants and gyms stayed open, as did schools, until Friday 20 March. Sazuze, who served 10 years in the British army before studying to be a nurse himself, says he “never liked that herd immunity idea”.



Elsie Sazuze. The nurse died on 8 April after contracting coronavirus. Photograph: Family

“During those weeks, the virus was allowed to spread,” he says. “We have suffered such a painful blow. I strongly believe that if the government had acted more quickly we wouldn’t have lost so many lives, and my wife could be here today.”

The health secretary, Matt Hancock, supported by Downing Street, has persistently denied that attaining herd immunity, by allowing the disease to infect most people, was ever a policy, goal, strategy or even “part of the plan”. Well-placed government sources said on the strictest reading of the word “policy” that may be true. But they do not understand how the government can claim that herd immunity was not part of its plan.

The Guardian’s account of the government’s response to the crisis is based on interviews with sources in or close to Downing Street, the Department of Health and Social Care, the Cabinet Office, Cobra and Sage, as well as other advisers and experts. Many asked not to be named, because they were not authorised to speak publicly. Some said that while they had concerns, they were holding back some of their criticism because they did not want to damage public trust in government at such a delicate time. All are wary of being wise in hindsight, and sympathetic to ministers who took decisions they felt were right at the time.

But with Covid-19 having spread virulently, particularly during those first three weeks of March, more than 21,000 people have now died in hospitals alone and Britain is **predicted to be possibly the worst affected country in Europe**. There are profound questions to be answered, about why Johnson’s government stood alone among the countries of the world, pursuing that herd immunity approach, and why, when they realised stricter measures were needed, the lockdown was still delayed.

Prof Neil Ferguson, the lead scientist on the Covid-19 response team at Imperial College London, whose [advice paper of 16 March](#) is credited with convincing the government to change course, responded extensively to questions from the Guardian for this article. He emphasised that one alarming estimate in that paper was not new: that under the “mitigation scenario”, which apparently envisaged herd immunity as one outcome, and included measures then being considered by the government, 250,000 people would die.

Brexit

Viewed from today’s unimaginably changed perspective, this year’s pre-crisis months can seem like a parallel world. Johnson’s media backers were feting him then for winning the “Get Brexit Done” election, and his private life, since criticised by some as a distraction, was portrayed as a cause for national rejoicing when on 29 February he and Carrie Symonds announced their engagement.

Johnson [took Britain out of the European Union](#) on 31 January, portraying the moment as an opportunity to “unleash the full potential of this brilliant country and to make better the lives of everyone in every corner of our United Kingdom.” A day earlier, an emergency committee of the World Health Organization declared that Covid-19, which had broken out in China and spread to 18 countries, [was a public health emergency of international concern](#) (PHEIC). The WHO stated then, as it has emphasised throughout, that this highest state of alert required an immediate response. In the absence of a vaccine, the WHO insisted that the virus should be addressed like the operation mounted in South Korea, with extensive testing, tracing people with whom a person testing positive has had close contact, and isolating all of them, “to interrupt virus spread”.

David Nabarro, the WHO Covid-19 envoy, told the Guardian that he and the director general, Tedros Adhanom Ghebreyesus, knew then that the coronavirus was going to become “huge” and would be “really difficult” for governments.

“Coronaviruses are horrible,” Nabarro said. “They’re rather stable and incredibly well designed to wreak havoc among populations because they are very, very easy to transmit and quite tough to contain. You can’t just let this thing go, and let it wash over your society, because it will kill lots of old people, and a few younger people, it will make hospitals into a big mess, and it will endanger health workers.”

On 3 February, Johnson made [another triumphal Brexit speech](#), in which he even sounded a note against responding too strongly to Covid-19, arguing it ran counter to his vision of Britain as a “supercharged champion” of global free trade.

He was labelled a [“part-time prime minister”](#) by the Labour opposition on 28 February, after he spent 12 days away at the Chevening country residence in Kent, and did not attend four of the first five meetings of the Cobra committee, convened

to consider Britain's response to Covid-19, until one on Monday 2 March. He did go to a meeting in late February, attended by senior officials, but only very briefly, without making a substantial contribution, which one attendee says seemed strange. Asked about this, a Downing Street spokesperson clarified that Johnson went to be updated on coronavirus, and left after that.

The government's decision-making on Covid-19 has since become a focus of fierce scrutiny and much criticism, partly for its lack of transparency. Cobra, the forum for considering emergencies, attended by ministers and their officials, meets in secret. It takes scientific advice from Sage, whose membership was not made public **until the Guardian revealed the names of participants**. They included Johnson's chief of staff, Dominic Cummings, and another Downing Street adviser, Ben Warner, a data scientist who worked on the Vote Leave Brexit campaign, and is said by one Sage attendee to have "behaved as Cummings' deputy".

Supposed to be impartial and free from political influence, Sage responds to questions passed down from Cobra. Its own makeup has been criticised by some as too narrow, overly reliant on epidemiologists who specialise in mathematical modelling. One participant told the Guardian that Sage lacked diversity and was "way too slow" to consider how other countries, including those in south Asia, were managing to contain the spread of the virus. A spokesperson for Sir **Patrick Vallance**, the government's chief scientific adviser, rejected those criticisms, saying the scientists are engaged with experts in other countries and "containment strategies form part of those discussions".

Sage receives advice from three expert groups: Nervtag, which examines the science of the virus itself; SPI-M, which models how it spreads; and SPI-B, which involves behavioural scientists in considering how people may respond to restrictive measures.

The government's scientific advisers

SPI-M

Chair

Graham Medley

Prof of infectious
disease modelling,
London School of Hygiene
and Tropical Medicine

Sage

Chair

Sir Patrick Vallance

Chief scientific adviser

Nervtag

Chair

Peter Horby

Professor of emerging
infectious diseases and
global health,
University Oxford

SPI-B

Chair

James Rubin

Reader in the psychology
of emerging health risks,
King's College London

Member

Prof

Chris Whitty

Chief medical officer

Member

Prof

Jonathan Van-Tam

Deputy chief medical officer

Member

**Prof Sharon
Peacock**

Director, national
infection service,
Public Health England

Member

Prof Maria Zambon

Director of reference microbiology
services, Public Health England

Participating

Dominic Cummings

Chief adviser to the
prime minister

Participating

Ben Warner

Data scientist,
adviser to No 10

Guardian graphic. Note: Selected advisers shown. The number of named advisers is expected to reach 100. Twenty or so sit on Sage, with the rest participating in formal sub-groups or ad hoc teams set up to investigate particular issues

Following initial criticism, the government has published some details, making public the Nervtag membership and minutes of meetings, and some limited papers from SPI-M and SPI-B. Yet even these few documents do establish that Covid-19's catastrophic threat to life was communicated clearly to ministers by the scientific advisers.

On 2 March, a brief "consensus statement" from SPI-M reported very stark assessments to Sage. "It is highly likely that there is sustained transmission of Covid-19 in the UK at present," it said. The coronavirus was noted to be highly contagious, with each infected person infecting two to three more. If "stringent

measures” were not imposed, “it would correspond to around 80% of the population [53 million people] becoming infected”. SPI-M’s best estimate of the death rate was 0.5% to 1%: between 250,000 and 500,000 people. Of those requiring hospital treatment, 12% were likely to die. If, like Elsie Sazuze, they needed to be put on a ventilator, they had only a 50% chance of survival.

Yet somehow, the genuine peril and need to act fast was not seized on by the government. The first phase of a plan to contain the virus with testing and tracing was ended on 12 March, and the policy moved to try to delay the peak of the infection. Later, the plan was for “mitigation”, for a series of measures to be gradually brought in: “case isolation” of seven days for somebody who felt they had symptoms, then “household isolation” for everybody living with them to quarantine themselves for 14 days, then at some point, to shield elderly and vulnerable people.

The day after the 2 March Cobra meeting and SPI-M statement, Johnson held the first televised press conference with Vallance and [Chris Whitty](#), the chief medical officer. Whitty did say solemnly that a worst-case scenario estimated 80% of people could become infected, and 1% of those could die, but the message best remembered is Johnson joshingly telling the nation: “I was at a hospital the other night where I think there were actually a few coronavirus patients and I shook hands with everybody.”



Boris Johnson flanked by Chris Whitty, left, and Patrick Vallance, during a news conference on 3 March.
Photograph: Simon Dawson/EPA

Johnson's advice was: "We should all basically just go about our normal daily lives." He also advised: "The best thing you can do is to wash your hands with soap and hot water while singing Happy Birthday twice."

Over the next fortnight, as Italy moved to impose a lockdown, France and Spain began to do the same, and Germany embarked on physical distancing measures coupled with Europe's most extensive testing and contact tracing operation, Britain did comparatively little. Hand-washing was still the main advice, along with case isolation of people feeling symptoms.

The first official report of somebody dying in hospital having tested positive for Covid-19 caught in the UK came on 5 March. Still, elderly and vulnerable people were not given any advice to shield themselves. A member of one Sage advisory committee said that around this time there was a gap between the scientific advice and political messaging. "The prime minister was going around shaking people's hands to demonstrate that there wasn't a problem. There was a disconnect at that point. We were all slightly incredulous that that was happening."

Some experts believe Britain's exceptional response arose in part because government preparations for a pandemic were so weighted to a flu outbreak. Prof Graham Medley, a Sage member and the chair of SPI-M - which stands for scientific pandemic influenza - modelling - explains. "Everything - government preparedness, the modelling - was based on pandemic influenza. And that's not because of lack of awareness on our part, that's because that got the government attention and the funding. We could persuade them that flu was important." The group's terms of reference were eventually broadened to include different kinds of pandemic but the emphasis lingered.

Scientists are used to seeing flu spread through populations very fast, then become milder as it mutates, and to seeing people indeed develop immunity and populations become resistant. Covid-19 is lethally different, new, its properties more uncertain, and the idea of addressing it by allowing it to move through the population and attain herd immunity was widely condemned for risking far too many lives.

Herd immunity

Given the repeated denials, it can be overlooked that the reason the world believes that attaining herd immunity was the government's approach is largely because Vallance said it was. On Friday 13 March, when the virus was spreading exponentially, he set out publicly to explain the government's strategy.

"Our aim is to try and reduce the peak, broaden the peak, not suppress it completely," Vallance [explained on BBC Radio 4's Today programme](#): "Also, because the vast majority of people get a mild illness, to build up some kind of herd

immunity, so more people are immune to this disease, and we reduce the transmission. At the same time, we protect those who are most vulnerable to it. Those are the key things we need to do.”

Asked on Sky News what proportion of the population would need to become infected to achieve herd immunity, Vallance replied: “Probably about 60% or so.”



Crowds in the stands during day four of the Cheltenham Festival. Photograph: Andrew Matthews/PA

Few mitigation measures were yet put in place. The week is remembered for the mega-events that went ahead: the Cheltenham Festival of horseracing, the Liverpool v Atletico Madrid Champions League tie, the Stereophonics concert in Cardiff. In allowing them, the government was indeed, as it consistently said, following the UK science that, surprisingly to many, considers that “mass gatherings” do not have a major impact on virus transmission. The numbers of people infected will almost certainly never be known, but the pictures of packed stands, particularly at Cheltenham, have become emblems of the government’s delay and inaction.

On 11 March, the WHO formally declared Covid-19 a pandemic. Tedros, the director general, maintained that the virus spread could still be confronted, and criticised “alarming levels of inaction” by some countries.

That same day, [a further explanation of the government’s strategy](#) was given by Dr David Halpern, a psychologist who heads the Behavioural Insights Team, a company part-owned by the Cabinet Office, which it advises. “There’s going to be a point, assuming the epidemic flows and grows, as we think it probably will do, where you’ll want to cocoon, you’ll want to protect those at-risk groups so that they

basically don't catch the disease, and by the time they come out of their cocooning, herd immunity's been achieved in the rest of the population."

At a **press conference the following day**, Johnson famously said: "I must level with the British public: many more families are going to lose loved ones before their time."

Whitty announced then that the initial effort to contain the disease by testing and tracing had been abandoned, yet despite that, and Johnson's dire warning, the measures discussed for the new "delay" phase were almost negligible. People over 70 were advised not to go on cruises. Johnson said even "household quarantine" would not be required until sometime "in the next few weeks". The government's **published plan** did say that social distancing and school closures could be considered.

That evening, the former health secretary Jeremy Hunt spoke on the BBC, saying he was concerned Britain had become an "outlier". Hunt says now he became worried that Whitty was too resigned to the virus spreading: "I couldn't understand why they were so certain that nothing could be done to stop nearly 60% of our population becoming infected, when I had figures showing that even in Wuhan, the centre of the outbreak in China, less than 1% of the population actually became infected."

Vallance made his media appearances the following day, explaining the herd immunity approach. He was asked on Sky News why in the UK "society was continuing as normal", and it was put to him that a 60% infection rate would mean "an awful lot of people dying". Vallance replied that it was difficult to estimate the number of deaths, but said: "Well of course we do face the prospect, as the prime minister said yesterday, of an increasing number of people dying."



Matt Hancock, the health secretary, arrives for a meeting at Downing Street. Photograph: Vedat Xhymshiti/News Pictures/Rex/Shutterstock

Matt Hancock, the health secretary, issued the first denial that herd immunity was part of the government's plan, despite Halpern and Vallance having days earlier indicated that it was, in a column in the Sunday Telegraph on 15 March. "We have a plan, based on the expertise of world-leading scientists," Hancock wrote. "Herd immunity is not a part of it. That is a scientific concept, not a goal or a strategy."

By then, a dizzying number of experts were sounding the alarm. An [open letter](#) issued on 14 March dismissing herd immunity as "not a viable option" and calling for stricter social distancing measures so that "thousands of lives can be spared" was signed by more than 500 UK scientists.

Ultimately, the evidence that appears to have prompted the change of course was contained in the Imperial College paper, published on 16 March.

A political decision

Ferguson's paper has been greatly reported on but somewhat misunderstood. It did suddenly warn that the NHS would be overwhelmed "eight-fold", resulting in "hundreds of thousands of deaths" if the government did not change its strategy from mitigation to "suppression". But the reason was comparatively technical: experience in Italy and of the first UK cases had shown that double the number of intensive care beds was required than previously estimated. The paper sets out the measures that would apparently comprise a mitigation policy, which the government was then planning: "Case isolation, household quarantine and social distancing of those at higher risk of severe outcomes (older individuals and those

with other underlying health conditions) are the most effective policy combination for epidemic mitigation.”



Neil Ferguson, professor at Imperial College London. Photograph: Thomas Angus/Imperial College London

Ferguson made it clear to the Guardian that the estimate in that paper of 250,000 deaths was not new and was based on “the mitigation scenario”. The paper indicated that, in effect, the virus had to be allowed to spread initially, so that over time people would become infected, recover, and attain immunity: “Introducing such interventions too early risks allowing transmission [of the virus] to return once they are lifted (if insufficient herd immunity has developed).”

Ferguson held a press conference on 16 March to explain the new findings. His colleague, Prof Azra Ghani, said: “Under strategies we were pursuing, we were expecting a degree of herd immunity to build up. If we now realise it’s not possible to cope with that in the current health system, and it may not be acceptable in terms of the numbers, then we need to try and reduce transmission.”

The Guardian asked Ferguson how that policy could be contemplated, if it predicted that 250,000 people would die. He emphasised that he was never sanguine about people dying, and made it very clear that it was the politicians, not the scientists, who decided on policies to pursue. “While policy can be guided by scientific advice, that does not mean scientific advisers determine policy,” he said. “Though I do try to make it clear to policymakers what the potential consequences of different policies might be, to the extent the science allows.”

Prof Graham Medley, another Sage member, and chair of its influential modelling subcommittee, agreed that while the scientists gave their analysis on the epidemic

to inform the politicians, deciding what to do was “a political decision”. Medley told the Guardian that Johnson, Hancock and other ministers continually saying they have been guided by the scientists has “sometimes gone a bit past the mark”. Asked if he meant that the politicians were passing the buck, Medley replied: “Yes.”

‘Drastic action’ needed

Even after the stark warning that the NHS would be overwhelmed if the policy did not change, Johnson and his government still hesitated. He made another speech that day in which he advised “drastic action” was now needed, but the measures were advisory and still tentative. People over 70, pregnant women, and those with some health conditions were advised only to “avoid all unnecessary social contact”. Britons were asked “where they possibly can” to work from home, and Johnson told them “you should avoid pubs, clubs, theatres and other such social venues”, although all were permitted to stay open.

The delay to introducing stricter measures, until the lockdown was finally ordered on 23 March, appears to have been at least partly based on a flawed misreading of the government’s own scientific advice. In early March, Whitty mentioned the idea that the government should wait to impose restrictions because people might tire of them, later saying this was based on both “common sense” and “behavioural science”. “What we are moving now to is a phase when we will be having to ask members of the general public to do different things than they would normally do,” he said. “There is a risk if we go too early people will understandably get fatigued and it will be difficult to sustain this over time.”

Hancock supported that, suggesting it was the result of official advice. “The evidence of past epidemics and past crises of this nature shows that people do tire of these sorts of social distancing measures, so if we start them too early, they lose their effect and actually it is worse,” he said. “The social science and the behavioural science are a very important part of the scientific advice that we rely on.”

Yet this concept of “fatigue” was rejected by the behavioural scientists appointed by the government itself to Sage’s subcommittee, SPI-B. “The word was never used in any of our committee reports,” said Susan Michie, a SPI-B member. “It is just not a concept that exists in behavioural science, and it was unhelpful for it to be used.” Four other members of SPI-B also told the Guardian that the committee never advised that people would tire of restrictive measures.

The publicly available summaries of their conclusions show the group advised that people should be given clear explanations and reasons for social distancing measures, and warn that those measures would affect people unequally, but nowhere do they suggest that people will become “fatigued”. Three behavioural scientists on SPI-B, Stephen Reicher, John Drury and Clifford Stott, even wrote an article for [the Psychologist journal](#), rejecting the notion of “fatigue” and suggesting

that delaying stricter social distancing measures on that premise was taking a risk with lives. “Psychological considerations were put at odds with what medical science demanded,” they wrote.

The Guardian understands that Halpern’s Behavioural Insights Team, or “nudge unit”, was also opposed to this view that people would tire of restrictive measures. One senior Whitehall source said Whitty himself was the main advocate of the “fatigue” notion, based partly on his own experience of patients in medical practice who do not see drug prescriptions through to their completion.

A Downing Street spokesperson, responding on behalf of Whitty, emphasised that he was indeed concerned about timing interventions, and their impact on people’s wellbeing if introduced too early, and that Sage had agreed a balance needed to be struck between the impact of measures, and the time the public could feasibly sustain them.

During the week after 16 March, there was a fierce debate within government about whether a stricter lockdown needed to be imposed. “Several of us thought measures needed to be introduced earlier,” one source close to the Cabinet Office said. Hancock appears to have been under great pressure, stretched between that view and resistance elsewhere to taking genuinely drastic action. A senior source at the Department of Health and Social Care (DHSC) recalled discussions about the herd immunity policy continuing, despite Hancock having disowned it, and a senior official still advocating it. “His basic view was that we were all going to develop antibodies, and ultimately the question was how to manage the release of the disease into the population over time.”

The health secretary is said by another well-placed source to have argued forcefully for a lockdown in one Cobra meeting, chaired by Michael Gove, with a junior treasury minister who was resisting due to its huge economic impact and worries that a lockdown would itself kill many people. The source said Hancock kept referring to the modelling that predicted deaths would surge dramatically without a lockdown.



Dominic Cummings, the chief adviser to Boris Johnson, listens during a press conference at Downing Street. Photograph: Matt Dunham/PA

The DHSC source sums up this period soberly: “They knew we would have to go into lockdown; they were debating when. Every single day they wasted, every day we weren’t in lockdown, was resulting in people contracting the disease – people who have since died.”

One source on Sage said there was also nervousness among their group that week, a feeling that the virus was getting out of control and they were not sure the politicians understood its exponential spread. The advice was being communicated, the source said, but they were told that Whitty and Vallance were having to cajole the politicians in the right direction, and there was “friction”.

Reflecting on the presence at Sage of Cummings and Warner, some attendees now say the group’s deliberations were affected by a sense of what could feasibly be done, with a government run by politicians to whom a lockdown looked unthinkable, although others say they were not. Then, that week, when stricter measures were needed, some say it was useful to have Cummings there, because they knew he would communicate that directly to Johnson.

One source in Downing Street who personally urged the prime minister to stop delaying and move into lockdown that week said his reticence was partly down to his “libertarian instinct”. “There was also a bit of ‘rabbit caught in headlights’.”

Incubation

Ken Sazuze remembers that week very well. He and Elsie, who grew up together in Malawi before he came to Britain and joined the army, were worried, he recalls,

particularly about Elsie working without personal protective equipment suitable for Covid-19, and about the coronavirus spreading in Birmingham. She had moved last year from working in NHS hospitals to caring for people in nursing homes, so she could have more regular shifts and help Anna with her GCSEs. That week, Anna's school was open, Andrew was travelling on public transport to Wolverhampton University, where he is in the third year of a finance degree. Ken was on a placement during the final year of his nursing degree, while Elsie was working.

"It was still life as normal," he says. "Everywhere was open. People weren't social distancing; they didn't know what to do. We went to the gym, to the shops, to uni, to the library." On Wednesday 18 March, they went into Birmingham, to the Bullring, shopping for presents for Anna, whose 16th birthday was 10 days away. They went to Marks & Spencer looking for perfume, he remembers, and to an Apple store, where they bought her some AirPods.

"We didn't know we were infecting ourselves," Ken says. "I am really annoyed when I start thinking about it too much. I am furious with the government, with people making decisions, that the virus was spreading at that time."

Given the incubation period of Covid-19, Boris Johnson may have contracted the virus that week too. The nation was given the highest profile demonstration of Covid-19's destructive force, as the prime minister went into hospital days later, then into intensive care. While there was great sympathy for Johnson undergoing that personal ordeal, some experts have argued that the spectacle of Johnson, Cummings, Hancock, Whitty and other advisers contracting the virus indicated that the government was not taking social distancing seriously enough. One source in Downing Street the week before the lockdown said they were surprised to find staff at No 10 still shaking hands with visitors.

A Downing Street spokesperson made clear they do not accept that Johnson should have been more careful, saying that No 10 did enforce social distancing where practical.

Lockdown

On 23 March, the **lockdown was finally imposed**, Johnson clasping his hands during his televised address to the nation, telling people they must stay at home, to save lives and protect the NHS, and go out only for exercise and to shop for essentials.



Boris Johnson addresses the nation on 23 March, announcing the UK would be placed in lockdown.
Photograph: Andrew Parsons/10 Downing Street

That week, apart from work, Sazuze says he and Elsie only went to Asda and Costco. But on Wednesday 25 March, Elsie began to feel unwell. The unthinkable happened very quickly. Three days later, at 2am, she was struggling with her breathing and had a very high temperature, so they called an ambulance which took her to hospital. By 2 April, Ken had a call with her, on FaceTime, before she was put on a ventilator.

“That was my last goodbye with my wife,” he says. “We knew it was 50-50 if she went on the ventilator. She said: ‘Ken, I’ve prayed, I’ve talked to the doctor, I’m happy to do this. I love you, and if anything happens, you look after the children.’ I told her: “Honey, come on, let’s think positive; let’s not think you’re not going to pull through.”



Elsie Sazuze with her husband, Ken, and their daughter, Anna, 16, and son, Andrew, 22. Photograph: Family

They were called on 8 April at 1am and told to rush to the hospital. He laments that Anna was deemed too young to go into the intensive care unit, and had to be in touch with her and Andrew, by Elsie's side, via FaceTime. "We were praying," he says. "But there was no response." That day, 8 April, Elsie was among 938 people reported to have died in hospitals from Covid-19, as the catastrophe in Britain steeped, and so many families, including those of doctors, nurses, other NHS staff and key workers, were plunged into grief.

In a response to questions about the government's handling of the Covid-19 pandemic, and whether Johnson regrets any elements of it, Downing Street did not accept any criticisms. A spokesperson replied in a statement:

"This is an unprecedented global pandemic and we have taken the right steps at the right time to combat it, guided by the best scientific advice. We are so grateful for the response of the public, who have helped us to slow the spread of the virus and stop the NHS from being overwhelmed. The government has been working day and night to battle coronavirus, delivering a strategy designed to protect our NHS and save lives. Herd immunity has never been a policy or goal. We have provided the NHS with all the support it needs, made sure everyone requiring treatment has received it and taken unprecedented steps to support businesses and workers, to protect the economy."

The spokesperson for Vallance said: "Herd immunity was a scientific point, that ultimately immunity is an important way to tackle infectious disease, ideally

through vaccination.”

Ken Sazuze says he understood that this was an unprecedented pandemic, but could not understand how the government could say its response had been faultless. “I’m in a different world now,” he says, “it’s something you can’t believe. I am angry as well. It would help if they accept their mistakes and apologise. It was slow, the testing and PPE was not adequate, and this virus was allowed to spread. Sometimes you just have to stand up and admit your mistakes, as a human being.”

Covid-19: help us investigate

The Guardian is investigating how the UK government prepared for – and is responding to – the coronavirus pandemic. We want to learn more about recent decisions taken at the heart of government. If you’re a whistleblower or source and with new information, you can email covid19.investigations@theguardian.com, or (using a non-work phone) use Signal or [WhatsApp](#) to message (UK) +44 7584 640566. (The number does not take calls.) For the most secure communications, use [SecureDrop](#). For general advice on confidentially contacting the Guardian, see [our guide](#).

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