Covid-19: Faith in science and how we totally lost it

By John Clancy, Visiting Professor, Centre for Brexit Studies

Michael Gove famously declared in respect of Brexit, that the British people had "had enough of experts". Much maligned for it he was too. He would probably suggest now that he was right. Well, we haven't quite got to the end of that story yet to determine his wisdom, or lack of it.

But if he applied it to Covid-19 (which, interestingly, he very specifically hasn't) I think it's true to say that the last 8 months have shown that those thought (prior to then) as "experts" in the field have very much let us down. Not the medics and nurses and vaccine scientists, obviously. Their expertise has saved lives.

But the epidemiologists, the virologists, the public health experts and directors, the chief medical officers, the chief scientific advisers, the SAGE panel of actual experts – they will be shown, I believe, to have simply staggered from one crisis event to the next dispensing advice, instructions and even orders which subsequently were seen to be demonstrably useless.

And blushlessly so did they re-dispense new advice, instructions and orders sometimes diametrically opposite to the previous lot. The face mask debacle was the prime example. The turning on a sixpence as to their now essential armoury in the Covid-19 fight by experts months after initial withering advice to the contrary by the same experts was embarrassing. Testing at airports were useless ("unlikely to be of value and have high false positive and false negative rates") and post-stabledoor-closing travel restrictions came along way too late, after advice they would be of limited value, especially from Italy and Spain. And then there was that herd immunity thing.

And a particular special place in this pantheon of experts who turned out to be not very expert are epidemiologists. Surely, they had one job? Turns out they were fighting the last biological war. What is the point of them? Like a dud fire extinguisher standing there for years ready to be brought into immediate play when the flames are

suddenly upon us, it fails to load, the Fawltyesque squibness all too fatal.

You don't expect epidemiologists to describe, you expect them to prescribe action from their special learning about past epidemics and pandemics and how these pesky viruses behave and spread. Then apply it to the here and now: **this** epidemic. They turned out to be paper prescriptions, they worked there, on paper, but not in the real world.

So we end up with a virus spread which most non-epidemiologists and non-scientists could have predicted, to be frank. We got a second wave, or so it came to be called. The loss of the warm summer when flu and colds normally recede, the return to "indoorness", the reopening of universities, the return of older teenagers to school and college. It didn't take an expert to prognosticate that the lifecycle of the virus would turn. It is a cycle, I'd say, not a wave. It will turn like any lifecycle, until it dies or is "killed" by vaccine.

And expecting older teenagers and youngsters in their twenties to do as they're told is something most non-experts in virology could have suggested was a busted flush from the first day of term. Freshers away from home for the first time in their lives, 17-year-olds in new grown-up independent college life – they started intimately mixing and doing social nearnessing. I mean, who knew?

Most non-experts would have predicted that shutting down the NHS to all but Covid-19 would lead to loads of people dying from other things; that shutting down social contact would lead to a mental health crisis and that this, especially for the elderly with dementia, would lead to deaths; that effectively shutting off the primary care function of GP's surgeries would short-circuit early detection of the plethora of diseases and conditions that need to be caught early. That this too would lead to an excess deaths crisis (the full extent of which we are unlikely to detect until the calmer post-Covid-19 world allows for proper analysis) is all too evident.

You didn't **need** to be an expert. The experts were, let's face it, as useless or as useful as anyone else in seeing how this would go.

"Following the science" was meant to sort us. It didn't.

As Sophie Ridge at Sky News pointed out a few weeks back, doesn't that phrase seem so hopelessly naïve now? SAGE itself is an acronym which now laughs at itself. Very specifically because the sheer size of this group of folk intrinsically is the problem.

Stick 80 scientists from around the country in a room and ask them a question and you are as likely to receive 80 different and contrary answers. Easier to ask 80 politicians, actually. They fight in a sack less.

Put it to a vote of the 80, 100, 300 scientists, then. You know, best weight of opinion? The lack of sage wisdom of this crowd was very tricky to identify. The immediate publication of minority dissenting SAGE panel members was more evident in the media usually than the weighted "opinion" from this scientific politburo.

There shouldn't be a democracy in science, should there?

Actually, the wisdom of crowds other than experts can, sometimes, be a better basis for action.

When I studied the Philosophy of Science at university, it became clear to me the fundamental misunderstanding there was and still is at the heart of what non-scientists and (importantly) politicians think science actually <u>is</u>,and what it is <u>for?</u> And this causes us very serious policy problems. I came to an understanding of the equivalence of both religious faith and scientific belief. And science is too important to be left to scientists.

Just watch how piously and fanatically a scientist can still hold onto a prior belief when it is suddenly apparently falsified by new information or scientific results. Going back to the drawing board is very rare in science. Indeed many would assert that sticking to your guns, not dumping the paradigm in science even when all around tell you that you are mad or wrong, is crucial to actual scientific progress.

As Jacob Bronowski points out in the concluding scene of the still-towering BBC TV series *The Ascent of Man*, "Every judgement in science stands on the edge of error and is personal."

Politicians needed to have started all this this with an acceptance that they were having to carry the can and it was going to be their everyday practical policy choice which would determine the path of responding to the threat of this virus, not "following the science". And even then "guided by the science" was a misnomer, because you were having to make a choice between scientists, not be sagely guided by them.

And probably the best thing to do is to get as much data and information out there (as in any crisis) and have a democracy of data out there. Because sometimes solutions (or better choices) can come from that, and from non-experts, and non-scientists, thinking the unthinkable and from left-field. Hiding data and information in a totalitarian data world makes the whole thing worse.

It strikes me that even in this apparently medical, scientific Covid-19 pandemic, approaches from the social sciences, even economics and business, could bring perspective which might not be there in jealously-guarded pure science silos.

The decision by the Scottish and Welsh governments to limit Public Health data was an error. Whilst the U.K. government started putting out hyperlocal data about the virus in England, so statisticians and analysts from other disciplines could get hold of them and suggest alternative solution. The Scots and Welsh (for reasons which passeth understanding) kept it at macro-town/city level. Did they simply not trust the data, or did they not trust their nations with the data? Hug the data tight, and fewer tricky questions can be asked, and actions less questioned.

This needs to be remembered for the next time. The ONS in particular has been a shining light of data democracy throughout the crisis. Don't hide the data. Trust the data. And trust the public with it. The swab data gathering has actually also been the most reliable data set out there.

For my part, I've been clear that hyper-local data should have led to hyper-local responses in terms of public policy. But scientists and politicians simply could not resist the advice to go with the sledgehammer, and go for city-wide, region-wide, and then national lockdowns. It makes it look as though you are being decisive and *doing something*.

The best hyperlocal response in the U.K. did, actually, come in Wales, where there were some hyper-successful hyper-local lockdowns. In Bangor, for example, even in a selected group of 10 very small council wards in an area, rather than the whole council or county. But, blotting the copybook, Wales could still not resist the lure of the lockdown nationally for 19 days, nevertheless.

The New York City Zip Code, surgical precision, hyperlockdowns, even block by block, have come in for considerable praise (even by epidemiologists) and should have been how we dealt with things here, especially in Birmingham. We heard little of this over here.

There is very little evidence to suggest that the sledgehammer, macro-, widespread lockdown approaches have had significant impact.

And even though the World Health Organisation (another set of experts) very specifically cautioned against the use of widespread lockdowns as distracting and, rather, suggested local interventions, the politicians and senior scientists and public health directors still led with it. They specifically ignored this other set of experts.

But when lives are at risk, while you should trust the medical surgery professionals and experts and front-line carers and their support, you don't have to trust a scientist to know the wider answers. It is not a Zanussi world.

When it comes to dealing with Covid-19 we've sadly learned it is not just the appliance of science.

Sophy Ridge link: https://news.sky.com/story/coronavirus-even-scientists-cant-agree-on-how-society-should-fight-covid-19-12082007

New York City

link: https://www.washingtonpost.com/health/2020/11/08/nyc-covid-targeted-lockdowns/