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Anarchy in the UK? Vaccine Immorality or Scientific Sense?

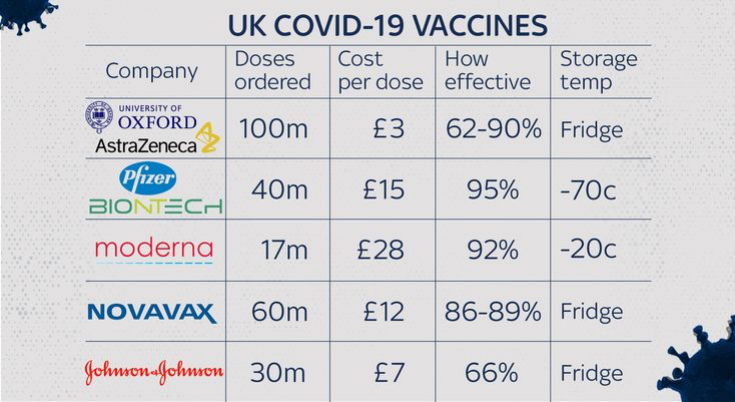
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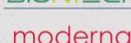



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Introduction

The UK government has recently been involved in a row with the EU and indeed criticised by the [World Health Organisation](#) (WHO) for refusing to manufacture and distribute its vaccines to the more needy in the poorest nations; it was designed here in the UK and manufactured here, and in Belgium, along with Swedish company Astra-Zeneca and Oxford, and along with the Pfizer/Biontec version, the UK along with the US, lead the way in vaccine development: Israel has vaccinated a big percentage of its population and India produces its own version of the Oxford/AstaZeneca vaccine developed there along with another.¹

My previous [essays](#) for this special [COVID-19 section](#) for SERRC have been deeply critical and indeed, scathing about the government but it will not be the case here, although it will contain a conclusion written about my personal experience of the vaccine rollout which is not so positive: all my writing for SERRC has been based on the principle of individual as well as collective knowledge to continue the project of social epistemology. A list of UK and US developed vaccines is directly below: the article from Sky news shows how complex the vaccine development and negotiation process was and how Matt Hancock the Health Secretary steered a tricky course so successfully.²



Company	Doses ordered	Cost per dose	How effective	Storage temp
 UNIVERSITY OF OXFORD  AstraZeneca	100m	£3	62-90%	Fridge
  BIONTECH	40m	£15	95%	-70c
 moderna	17m	£28	92%	-20c
 NOVAVAX	60m	£12	86-89%	Fridge
 Johnson & Johnson	30m	£7	66%	Fridge

The reason the UK has been effectively quarantined by the EU and many other countries, is that new variants were discovered, notably the Kent variant which led at one stage, along with the mistake by the government not to [lockdown quickly enough](#), to at one stage 1 in 10 of the UK population being infected with COVID-19. Thus the purpose of this essay is to argue that it would have been utter madness to distribute the vaccine ordered and made by the UK to Europe or anywhere else before our own population has received at least the first

¹ <https://www.npr.org/sections/goatsandsoda/2021/02/06/964396284/photos-the-worlds-biggest-vaccine-campaign-has-begun-in-india?t=1612714439026>.

² <https://news.sky.com/story/covid-19-rejected-contracts-and-a-hollywood-movie-how-uk-struck-deal-to-guarantee-vaccine-supply-12204044>.
<https://www.theguardian.com/commentisfree/2021/feb/02/vaccine-rows-spats-eu-uk-competitor>.

jab (to my mind the government's decision to change the trial success of the vaccine: 3 weeks in-between jabs to 3 months is to my mind highly contentious, despite some scientific backing). I am Watching the ITV just news now a journalist claims that increasing the gap seems to improve the vaccines efficacy. How prescient of him when we have not got anywhere near 3 months into the vaccine program.

[But hey! I hear you cry](#), they did trial it and 3 months separation, and even though I have been deeply critical of the State's handling of the pandemic to date, at last a political decision has married up with the science; I am deeply sceptical whether the government was aware of this when they decided that vaccinating more people with the first jab would give quicker and further reaching protection. After all the manufacturers trialled it and released it for approval on the basis of 3 weeks between jabs, not 3 months.

The EU and Futile Postures and Vaccinations

This is most certainly not a nationalistic let alone, a xenophobic essay: if after vaccinating the most elderly and vulnerable and frontline workers we were to halt the program we would be back at square one; many of the elderly do not go out into the community and go to work. To stop our vaccination program on the basis that the EU and third world countries need it more urgently, would render our efforts here futile, as those who do go to work, and shop during the lockdown would continue to spread the virus, hastening the development of new variants and causing many more deaths in the UK: we already have 100,000 dead from this epidemic, the highest per capita in the world.

So this is why I argue here that we need to gain control of our own situation and then help supply the rest of the world. I also ponder why the EU vaccination program did not encompass the well known capability of big pharma in Germany, the now defunct IG Farben jumps immediately to mind, (for very unsavoury reasons), and other European countries to develop and deliver their own vaccine. I am a staunch remainer but the incompetence and malevolence of certain EU leaders has been disgraceful. From Germany announcing to its over 65's that the vaccine would be ineffective for them, to President Macron's assertion that the vaccine was useless while demanding our supplies. Indeed, now in line with Germany, he has said that the over 65's will not get the [vaccine](#). The trial included this age group and that evidence along with the evidence of our vaccination of the most elderly supports the science: the virus has reduced its transmission rate.

Counterfactuals

Of course the most shocking aspect of the row with the EU was the implementation of the emergency clause in the Brexit deal effectively creating a hard border between the Irish Republic and Northern Ireland to block our deliveries of vaccine from Belgium.³ In fact, we also produce the vaccine in the UK, most notably, Wrexham which was targeted by a hoax

³ <https://www.theguardian.com/commentisfree/2021/feb/02/vaccine-rows-spats-eu-uk-competitor>.

bomber—nothing to do with the Germans and the EMA European Medicines Authority of course!

So the central argument of this essay is that the vaccination program to date would have been pointless, had we been forced to distribute our vaccines to the EU and elsewhere after vaccinating many of the population least likely to spread it. Indeed, the discovery that the [South African variant](#) is spreading like wildfire in areas of the North and South West of the country in particular, that is Liverpool and Bristol, sharply illustrates the need for us to press on. Moreover, had the EU had the foresight to wait they would have heard Matt Hancock the Health Secretary announce plans to produce as much as possible for the rest of the world: I believe he said ‘it is a truly global effort; thus, we are not the selfish, self-serving [anarchists](#) that some have depicted us to be. However, I would also like to engage with a counterfactual in which the UK had voted to [remain](#) and invented the vaccine. What would we have done under the rules of the [European Union](#), and would we in fact have been in the position of supplying the EU as well as ourselves. Would indeed we have been the [hero and saviour](#) of Europe? The position from just cursory research—see hyperlinks—is that we would have worked in tandem with the EU and EMA—European Medicines regulator and that Brexit has not made a difference to our roll out as the Channel 4 fact checker, news site demonstrates:⁴

... [UK government press release](#) from 23 November 2020 states: “if a suitable COVID-19 vaccine candidate, [...] becomes available before the end of the transition period, EU legislation which we have implemented via Regulation 174 of the Human Medicines Regulations allows the MHRA to temporarily authorise the supply of a medicine or vaccine, based on public health need.

So even if we were still a member of the EU, the UK regulator would have been able to take this decision on its own because EU law already allows it. Incidentally, that legislation took effect in the UK in 2012, long before Brexit was on the cards.

Futility at its Most Obvious

So from this it is possible to suggest that we might well as a member of the EU been able to be ‘the strong ‘man’ of Europe, designing and producing the vaccine for the UK population and, Europe. Given this, it is also therefore to argue that whether in the current scenario of Brexit or having remained, the outcome would have been the same. The real mystery is why, when we are so successful with the vaccine program, we still have not properly (at the time of writing) introduced properly secure quarantine for oversea arrivals into our airports, but instead simply take on trust that people will self-isolate at home or in accommodation of some sort. It seems self-defeating to vaccinate so many so quickly while still risking further unvaccinated people who are potentially carrying yet another new variant of COVID-19.

⁴ <https://www.channel4.com/news/factcheck/factcheck-brexit-did-not-speed-up-uk-vaccine-authorisation>.

Personal Experience and Dissolutionment

As stated in my introduction this essay is also written from personal experience, it is not simply a piece of easy journalism written using and praising the government vaccine program. My own mother is 90 with Parkinson's and Alzheimer's dementia. She is housebound and I was promised, despite her being in group B 3 weeks ago, and each subsequent week that the phone call would come announcing the imminent arrival of a medic to give her the jab. My mother is especially vulnerable as I and my partner and a private respite carer all look after her and we have not had the vaccine jab. Despite pleading, writing to my MP and repeatedly phoning the surgery who are in charge here of the vaccine lists, I have not been able to get it done. On the contrary I have been led a merry dance, being told a month ago it was nothing to do with them but the NHS hub only to discover from my local pharmacist that in fact the practice was vaccinating people at a site 5 miles away or so.

On discovery of this I called my GP who knows my mother is housebound. She called a few days later to say if I could get my mother into the car and get to the site she could have the jab. I repeated it was not possible to get her into the car even if I had had a wheelchair. Since then there has been promise after promise, a return to the falsehood that the hub was responsible, an assertion reversed in an email from the practice that gave many contradictory reasons why my mother has to wait. Including bizarrely, that one GP needed specialist training before giving the jab. The BMA document below suggests this is nonsense.⁵ They also incorrectly said I lived in the neighbouring town and they were concentrating their efforts more locally. As I pointed out to my MP, Google maps show we are 5 minute drive away.

The reply to my email was uncivil about my persistence and impatience and was simply littered with contradictory excuses. As I explained to my MP in a final email my worry comes from my partner's daughter and son-in-law receiving positive COVID-19 tests on Xmas night, followed by the death of her son in law's father in hospital who died with COVID-19 and other underlying problems. Fortunately my partner's daughter and son-in-law recovered, but then had to attend the funeral as I also did. So it is all very well for Piers Morgan to praise the government's role out of the vaccine which myriad other news broadcasters also do, but the reality on the ground does not coincide with the back slapping of the government's program. I of course understand that there are logistical problems but being mislead, an MP being mislead and having gatekeepers blocking the process is simply unacceptable.

Conclusion

There are also doubts about the lateral flow test used when we left Europe at the end of last year and which as the clamour to end the lockdown grows louder to restart the economy.

⁵ <https://www.bma.org.uk/advice-and-support/covid-19/vaccines/covid-19-vaccination-programme-extra-workforce><https://www.bma.org.uk/advice-and-support/covid-19/vaccines/covid-19-vaccination-programme-extra-workforce>.

The ‘gold standard’ PCR test can also give false negatives as the article and others show:^{6,7} and indeed mass testing has been questioned by the department of the health itself.⁸

Given the above criticisms, I would again suggest that the near euphoria over the vaccine program along with known refusals of to have the jab is premature to say the least, especially now that it has been discovered that the Oxford vaccine gives only limited protection from the South African variant.⁹ Just as the flu vaccine has to be changed every year in the UK based on predictions of the dominant strain in other parts of the world, COVID-19 seems to be even more difficult to predict as it mutates. Thus despite the government acknowledging the success of the vaccine program is only the end of the beginning, not the beginning of the end, to quote a former prime minister, this is perhaps, just the beginning of an uncontrollable pandemic. In sum, and to cite Hegel and Popper (1945) again in [an essay here](#) on SERRC,¹⁰ ‘the owl of Minerva beats its wings each and [every] dusk: our scientific knowledge changes from day to day. As [Fuller](#) suggested so presciently before the pandemic even struck, this well may be the [end](#) for human beings, at least on planet earth.

References

Popper, Karl. 1945. *The Open Society and its Enemies: The High Tide of Prophecy: Hegel, Marx and the Aftermath*, Vol. 2. London: Routledge.

⁶ <https://www.bmj.com/content/372/bmj.n287>.

⁷ <https://www.bmj.com/content/369/bmj.m1808>.

⁸ <https://www.bmj.com/content/371/bmj.m4916>.

⁹ <https://www.bbc.co.uk/news/uk-55967767>.

¹⁰ <https://social-epistemology.com/in-and-beyond-the-era-of-covid-19/#quiet>.