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## The UK and Covid-19

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# Introduction

This chapter explores the institutional and ideological tensions that shape the United Kingdom (UK) government's responses to the Covid-19 pandemic. Political responses to Covid-19 within the UK are formulated and implemented by the relevant devolved administrations in its constituent nations (for England the UK or Westminster Parliament, the Scottish Parliament, the Welsh Assembly and Northern Ireland Executive), with some powers being further devolved to local councils and other public bodies. While there are numerous practical differences between the nomenclatures, approaches and timetables adopted in the four countries, broad similarities do exist in all four areas. What follows concentrates on the responses of the Westminster government (which has competence on English health matters), as the devolved administrations have mostly framed their respective responses in light of those of the Westminster government. Adopting usual practice, where the terms 'UK government' and 'government' are used in this chapter, they refer to the Westminster government alone, rather than also to the devolved administrations.

The chapter is structured as follows. Section one presents the UK government's response to the pandemic from January to early October 2020. Section two sketches the movement, post-1979, of the UK state from being a social democratic institution towards a competition state. Section three explores the attitudinal context of the current government's response, by focusing on a powerful non-interventionist trend within contemporary centrist and right-wing UK political parties. The chapter concludes by highlighting the key lesson to

be drawn from the government's actions during the pandemic: namely, that institutions can reassert themselves against and even within a formerly populist government.

#### Section one: Pandemic dynamics and the government's responses

Prior to Covid-19 cases being identified in the UK on 31 January 2020, various public bodies had gradually been raising their threat levels and planning various response scenarios (Oxford University, continuing). Initially, the government resisted calls to impose significant restrictions on the freedoms of its citizens and those entering the UK from abroad. Yet, from 7 February, the government decided to advise new arrivals from Wuhan, China to self-isolate for fourteen days, with quarantine measures being tightened three days later, when limited testing was also introduced in England. On 1 March, as UK infection and death rates continued to rise, the government moved the UK response from the delay phase to the contain phase. Basic statutory sick pay was introduced for those required to self-isolate, with the scheme being made more generous over the coming days. Business rates were suspended for various sectors of the economy. Gradually, support for the wider population was introduced, including more generous welfare benefits for the unemployed and those in rented housing. On 11 March, the Chancellor of the Exchequer Rishi Sunak announced a £5bm relief fund for the National Health Service (NHS) and related public sector organizations. Six days later he announced a £330bn business stimulus package. Simultaneously, the government advised against all non-essential international travel. On 17 March, an Ipsos MORI poll revealed 51% of UK citizens in favor of completely closing the national borders. Despite being a slight majority, the proportion was the lowest of twelve other countries polled: Vietnam (79%) and Italy (76%) to France (53%) and Germany (57%) (Beaver, 2020a). (The UK figure rose to 74% in a poll published on 24 March, the day after lockdown was imposed in England (Beaver, 2020b).) On 20 March, the government closed all schools and introduced a furlough scheme covering 80% of the pay of anyone temporarily laid-off from work (Sunak, 2020a). Leisure and entertainment businesses were closed, as were all non-essential shops. The UK entered its first lockdown on Monday 23 March 2020. English employees who could were required to work from home, and social distancing measures were introduced in every establishment that remained open. English citizens were instructed to shop for food only when necessary and to avoid unnecessary journeys. During March and April, government ministers mooted adopting a 'herd immunity' policy, where Covid-19 would be allowed to spread in order to build up viral resistance within a significant proportion of the UK population. However, the approach was widely criticized by the press, wider UK population, domestic political parties, and authoritative international bodies, not least the World Health Organization (Forrest, 2020).

The delay in imposing lockdown was reflected in the UK's poor performance in containing the virus' spread. According to Worldometers data (which combine figures for England, Scotland, Northern Ireland, and Wales), the UK's first wave peaked in April, reaching 1,170 daily deaths on 21 April approximately a month after the imposition of lockdown. By 16 June, the UK had recorded 298,136 cases of the disease, with 41,969 associated deaths. By 11 August, the UK recorded 312,789 cases (1.52% of the global total), with a total of 46,628 deaths. Hence, by 11 August, the UK had recorded the fourth highest number of deaths among 215 countries included in the Worldometers data, while having the twelfth largest total of cases (312,789 cases) and twenty-first largest population (67.9 million). The UK had the third highest number of deaths at 6,868 per million of the population, behind only of San Marino (1,238) and Belgium (852), and despite coming only fiftieth in the number of total cases per million (4,605). This trend continued in the following months, meaning that the UK has one of the world's highest per capita corona virus death rates.

UK death rates vary significantly by gender, age, wealth and ethnicity, with men and many minority ethnic groups fairing much worse than women and members of the white majority. Hence, the Office for National Statistics (ONS) reported (10 April) that in March 2020, the death rate increased significantly with age and that males had twice the death rate of females (Campbell and Caul, 2020a). June data showed that, when discounted for age, the rates were '65.1 deaths per 100,000 males compared with 43.3 deaths per 100,000 females' (Campbell and Caul, 2020b). The ONS reported (7 May) that in England and Wales from 2 March to 10 April, discounting for age, the rate was 420% times higher for black males and 430% for black females, than for their white counterparts (White and Natfilyan, 2020). (Here, 'Black' refers to 'Black Caribbean; Black African; Black Other,' 'White' to 'White British; Irish; Gypsy or Irish Traveller; Other White.') Discounting for 'age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census,' the death rate among the black community was 190% times higher than among the white community (White and Natfilyan, 2020). The ONS concluded that some but not all of the differences in the mortality rates between ethnic groups could be traced to greater

poverty and greater self-reported pre-existing health problems among members of ethnic minority communities, as noted below.

Early in the English lockdown, the population recognized the threats to business (Ipsos MORI, 2020). The pandemic has had a devastating effect on the UK economy and globally. According to ONS figures, the UK economy shrank by 2.2% in the first quarter of 2020 (January to March), but by an unprecedented 20.4% in the second quarter (April to June) (Scruton, 2020). Together, these falls constituted the UK's worse recession on record. Taking the first six months of 2020, the ONS noted that the UK's fall was 0.6% less than Spain's contraction (22.7%) but a little over twice the US contraction (10.6%). The UK's economic recovery was slower than the government and some experts predicted (at 2.1% in August), before being hit again by the second wave of infections from the end of September 2020 (Sardana, 2020). The ONS attributed the economic differences the diverse durations and stringency of lockdown measures in the respective countries. These measures were multifaceted and highly dynamic, with the government introducing and extending various measures throughout the period, at the same time as relaxing other restrictions. For example, the furlough scheme was made less generous on 1 July, English bars, restaurants and hairdressers re-opened on 4 July, and on 10 July England relaxed some of the overseas travel restrictions that it had imposed nearly two months earlier, only to re-impose and redesign other travel restrictions at other times subsequently. The government introduced a confusing multidimensional response with significant regional variation when the second wave hit in October, provoking significant opposition (Johnson, 2020c).

The government's approach contrasted significantly with earlier lockdowns and lower death rates across much of Europe and globally, then. Partly, the UK's later lockdown dates can be attributed to the timing and rate of the disease's spread across the world. Partly, it can be attributed to different medical advice. The pattern in the four countries of the UK was that initially all parties supported the introduction of restrictive measures, in both domestic and border policies, becoming increasingly critical as shortfalls occurred in the provision of Personal Protective Equipment (PPE), safety in the health care sector especially nursing and care homes, 'track and trace', and so on. Moreover, opposition parties, media commentators across the political spectrum, voluntary and third sector organizations, and members of the general public, as well as members of the scientific community have highlighted the UK's rapidly growing death rate, particularly relative to other rich countries, often focusing on the high death rate among vulnerable groups such as the elderly, those with underlying health

conditions, the poor, and ethnic minority citizens, as well as the mounting economic costs (Anderson et al, 2020). Criticisms have been extended to the Westminster government's decisions to moderate lockdown conditions after the first wave more quickly than overseas. Why has the government's response been so problematic?

## Section two: From social democracy towards the competition state

The first reason for government's sluggishness in imposing and maintaining lockdown is the increasingly neoliberal character of the UK's public institutions and policies. For forty years, successive governments have undermined and dismantled the social democratic structures that constituted the UK state for the majority of the twentieth century. This process began with the first Thatcher administration in 1979 and reflected its intense skepticism regarding the state's ability to manage the economy efficiently. The state's role has been gradually reduced throughout the economy and society ever since, being undermined by a faith in private enterprise. Where previously workers had been protected by relatively robust legal rights, these rights were eroded, empowering employers. Underpinning this gradual destruction of social democratic institutions was a shift to a morality that emphasized virtues of self-reliance and personal responsibility. This worldview attacked what Thatcherites portrayed as the poor's exploitation of the aspirant and industrious rich. In line with their individualist morality, they saw the primary role of the state as being to create opportunities for citizens to earn and spend money as they saw fit. It was a deeply controversial position, of course. Thatcher's infamous 1979 claim that 'there is no such thing as society' is still view by many as a crude denial of community (Thatcher, 1987: 28-29, 29-30). At the time, Thatcher's publicity team responded by emphasizing her anti-paternalism and traditional Tory belief that the 'living tapestry' of social institutions could be sustained only through the daily actions of Burke's 'little platoon[s]' of self-directed, socially-responsible individuals (Thatcher, 1987, p.30; Burke, 1909-14: 75; Saunders, 2020). Viewed thus, extensive state action undermined social institutions and moral character.

Despite these protestations, Thatcher's exhortation of personal responsibility sounded hollow and insulting to the millions of UK citizens whose communities she appeared to willfully abandon (or to actively punish) during her premiership (1979-90). This attitude drove the diminution of the state's competences for many years. Hence, its roles were further reduced by subsequent governments, as with David Cameron's (UK Prime Minister (PM) 2010-16) 'Big Society' policies. Critics respond that there was no necessary link between personal responsibility and the weakening of the UK institutional infrastructure. Hence, the New Labour governments of Tony Blair and Gordon Brown (PMs in 1997-2007 and 2007-10, respectively) invoked ideals of rights and responsibilities (Blair, 2002). Yet, they saw the solutions to poverty as being institutionally-driven. The key actor was an interventionist state, even if often Labour relied on the management-delivery arrangements of Public-Private Partnerships. Yet, even the center-left plans of New Labour struggled within capitalist structures. Hence, Brown's efforts to create a New Marshall Plan to address global poverty crumbled due to opposition from foreign liberal markets, neoliberal governments, and large corporations (Tyler, 2017:268-76).

The UK liberal marketization project was renewed by the Conservative and Liberal Democrat Coalition government of 2010-15, and has been pushed further by subsequent Conservative governments. At the macro-level, the process pushed the state away from molding capitalism to serve the common good, to that of serving capitalist interests. In practical terms, this transformation has entailed the gradual weakening and then removal of the social welfare supports, especially the undermining of the UK's system of socialized health care (free at the point of delivery for all citizens) the NHS and other support systems for families, the unemployed and elderly. Hence, public spending accounted for only 35% of GDP in 2018-19, having accounted for 42% in 2009-10, with public spending being reduced in deprived areas of the UK by double the amount it was reduced in affluent areas (32% and 16%, respectively) (Marmot, 2020). The UK has witnessed a significant reduction in funding increases to the NHS (to 1% in 2019) and real term cuts to the budgets of other crucial institutions including Public Health England (PHE) and adult social care, especially in deprived areas (Marmot, 2020). These and other austerity policies have made it far harder for UK institutions and the general population – and particularly the poor – to weather the Covid-19 pandemic.

Since 1979, the UK has shifted decisively towards being the competition state, then. This has made it difficult for the Johnson government to respond effectively to the pandemic. A competition state is an analytic category (or 'ideal type') against which actual states can be measured (Genschel and Seelkopf, 2015, 239-40.) It focuses on the supply-side of the economy, shunning the macro-economic interventions that characterize Keynesian welfare states. It sets itself a minimal remit, shifting what were previously state functions to private agents and institutions, especially corporations and the market. A competition state strongly

favors the reduction in public welfare schemes, placing much greater emphasis on individual self-reliance and agency against the pressures of capitalist economic and social structures. By thus reducing its capacities and desire to act in favor of a neoliberal agenda, a competition state diminishes the voters' capacity to exert meaningful democratic control over their collective life.

In the present context, to the extent that the UK state fulfils these characteristics of a competition state, it lacks the institutional infrastructure to develop and execute effective anti-Covid strategies and tactics. These deficiencies are reflected in the intensification of underlying institutional fragilities within the UK state and their associated effects within the UK polity. A key area is the state's inability to prevent worsening income inequalities. Indeed, Covid-19 has highlighted once again profound inequalities riven throughout the UK population, and, as noted above, death rates have been much higher among the poor than the rich, and for members of ethnic minorities (especially black people) than for white people (Wilkinson and Pickett, 2018; Marmot, 2015). Moreover, Covid-19 highlights significant problems that just-in-time supply chains create for the poor, particularly during the hording that characterized the initial stages of the first lockdown (Power et al, 2020).

Certainly the government has pursued some policies that run counter to the minimalist ethos associated with competition states. Hence, as noted above, the UK government promised to pump money into the NHS and similar organizations (£5bn announced in March), to inject £330bn into businesses, and inaugurated a furlough scheme for workers, in a manner that initially at least seemed to recall post-Second World War reflationary Keynesian governments. It has lived up to these promises to some degree. Yet, concerns persist regarding the government's commitment to such measures (Anandaciva, 2020; Parker and Strauss, 2020).

Other concerns exist. For example, on 16 August the government's Health Secretary Matt Hancock announced the government's decision to replace PHE with the National Institute for Health Protection (NIHP), to focus on the control of infectious diseases. The new arrangements will combine PHE with parts of the Joint Biosecurity Centre and the NHS Track and Trace agency. The decision attracted much criticism across the political spectrum. It was felt to be ill-timed. Moreover, the decision to appoint Baroness Harding as the interim head was deeply controversial, given that the Conservative peer has no health background and appears to have had little success in similar leadership roles previously. More fundamentally, commentators criticize the way in which the present government and its immediate predecessors have instituted not merely this change, but a series of 'chaotic institutional overhaul[s]' (Dixon, 2020).

Critics see the hurried replacement of PHE as yet another attempt to avoid responsibility for government failures to respond adequately to the pandemic. Many allege that the government blames its scientists for what are ultimately political decisions, even where government is subsequently shown to have disregarded the advice of official health advisory bodies including the Scientific Advisory Group for Emergencies (SAGE) (Gallagher, 2020). A particularly high-profile instance of the government shifting blame for its pandemic mistakes occurred in the aftermath of the release of deeply controversial school Advanced-Level results, which led to the apparently forced resignations of Jonathan Slater, a high-level civil servant at the Department of Education, and Sally Collier the head of the school examinations board Ofqual. These evasions echoed other perceived missteps. The most prominent included reverses over the government's 'track and trace' scheme, its delay in imposing lockdown and travel restrictions, problems with the procurement of PPE, and self-serving amendments to its data collection regime. Events such as these have repeatedly harmed public trust in the government over the course of the pandemic (Reuters Institute/University of Oxford, n.d.).

Yet, other institutions have proved resilient in the face of these uncertainties and evasions. All sections of media scrutinize and criticize the government, often vigorously. Initially, some attacks from the right-wing media have been levelled not at the Conservative government, but at the civil service which allegedly hinders the Johnson government (Nuki, 2020). However, now most right-wing papers, including the usually loyal Daily Mail, have attacked the Johnson government directly. Within the state itself, parliamentarians continue to hold the government to account in many areas. For example, the government's lack of economic planning was criticized in July 2020 by the Commons Public Accounts Committee (Bridge-Wilkinson, 2020). An August 2020 Home Affairs Committee report criticized the government's sluggishness in imposing border restrictions and the abrupt changes made to restrictions thereafter (Home Affairs Committee, 2020). In the same month, parliamentarians from many parties launched a legal action through the Good Law Project (a not-for-profit campaigning organization) to pursue their concerns regarding the government's probity when awarding over £5bn of PPE contracts (Savage, 2020). Throughout, Parliament has continued its research and advice functions with, for example, the Lords Economic Affairs Committee launching an inquiry into the government's post-pandemic employment policy (Parliamentary Committees and Public Enquiries, 2020). The likely effectiveness of parliamentary scrutiny is

open to debate however, given that the Johnson government was elected with a very significant majority in the House of Commons (80 seats in August 2020) and has won every subsequent parliamentary vote. Nevertheless, such examples of institutional resilience have led scholars who had been outspoken pessimists regarding the strength of the UK polity prior to the crisis to see life under the pandemic as a unifying experience. Hence, in May 2020 Crouch wrote: 'Not only are vast numbers of citizens deeply interested in the struggle against the coronavirus, but bonds of community and neighborhood have been strengthened by our solidarity during the lockdown. Civil society has rarely been stronger.' (Crouch, 2020b; for earlier pessimism, Crouch, 2020a) Again, caution is needed here, as every lockdown brings protests, resistance and blatant disregard for the rules by some citizens and even some councils.

The culture and structure of the British state places important constraints on the government, then, constraints have been only partially overcome during the pandemic. Yet, the government has deliberately sought not to act for reasons that are explored below.

#### Section three: The ideological roots of the UK government's response

There is much evidence that the inherent limitations on the acceptable role and power of the UK state are not as great a source of regret for Johnson's government as they have been for many others. Beyond the fact that the UK has moved significantly closer to being a competition state, the second reason for the government's reluctance to impose and maintain lockdown is Johnson's self-professed instinctive resistance to state action, a resistance that is shared by many members of his party. Three days before the start of the UK's lockdown, Guto Harri, Johnson's former spokesman, claimed that Johnson 'has a more benign view of human nature than the assumption that everyone needs to be treated like a child and be told by daddy what to do.' (Smith, 2020) This recalls Thatcher's exhortation of the 'living tapestry' of individuals taking responsibility for themselves and those nearest to them, noted above (Thatcher, 1987, p.30). Interestingly however, Johnson explicitly rejected Thatcher's associated claim that 'there is no such thing as society' in a Twitter video posted on 29 March (Johnson, 2020a). Similarly, on 30 June, he characterized his government's promised additional public expenditure as an instantiation of that great American Keynesian policy the New Deal. Yet, as with the proponents of all former Anglo-American New Deals, he stressed that its goal was help the masses by reviving capitalism (Johnson, 2020b). Chancellor Rishi Sunak reiterated this position in October 2020, promising that those who

wish to develop themselves will find 'that the overwhelming might of the British state will be placed at your service' (Sunak, 2020b).

The government's resistance to state action has been tested by the pandemic, then. Even staunch right-libertarians within his own party supported Johnson's time-limited lockdown measures (Baker, 2020). On 29 June, following his own treatment for Covid-19, Johnson announced a break with his previous self-described 'very libertarian stance to obesity,' due to the increased vulnerability to the disease that obesity brings (Honeycombe-Foster, 2020). Yet, Johnson's fundamental anti-statism remains largely intact. Hence, he remains reluctant to impose and maintain restrictions of the type that many scientists see as necessary to counter the spread of the disease. While many see him as personally and professionally unprincipled, he has consistently supported unfettered markets (Sylvester, 2020; Johnson, 2020b). He describes Britain as a 'land of liberty', where the state rarely imposes extensive restrictions on its citizens (O'Donoghue, 2020). He characterizes himself as a One-Nation Tory, someone who sees the elite as being duty-bound to help the disadvantaged, but to retain existing social structures (Brogan, 2020).

Another reason for the government's relative reluctance to impose and maintain restrictions is the new Conservative administration's apparent unwillingness to learn from abroad, especially the European Union (EU) and Germany, something that is heavily influenced by Johnson's obsession with the Second World War PM, Winston Churchill. This obsession is possibly most evident in Johnson's book *The Churchill Factor* (Johnson, 2014). Commentators have seen Johnson's Churchillian posturing as delusional, with too much of the imperial knight about it, as well as resting on a poor understanding of the historical Churchill (Klos, 2016; Wheatcroft, 2020; Wood, 2019). Yet, it is a self-image that plays extremely well with many Conservatives and other British people. A 2019 YouGov survey revealed that 95% of Conservative Party members admired Churchill, 2% more than admired Thatcher (Smith, 2019). Many on the right revel in Johnson's attempt to present himself as a heroic latter-day Churchill, pursuing British interests in the face of foreign opposition (Roberts, 2019; McKinstry, 2020). Johnson's faux Churchillianism seems to have encouraged him to respond to the coronavirus pandemic in any way that clearly differs from that of other nations, especially France, Germany and Italy, which many reactionaries see as Britain's historical enemies. This cause dovetails with another factor (Ross, 2016).

The final reason for the UK's deeply-flawed responses to the coronavirus pandemic is the legacy of the Brexit Leave campaign, which Johnson fronted under the guidance of his chief political advisor Dominic Cummings. He ascended to the parliamentary throne as PM in no small part because of his repeated claim that the UK would thrive outside of the EU (Tyler, 2020). It is now politically unthinkable for him to respond to the coronavirus outbreak in what his supporters would see as a fundamentally 'European' way, and especially not with the help of their former EU exploiters. Politically, Johnson has to ensure that there at least seems to be clear blue water between the UK and continental Europe. Hence, the government's recent political victory seems to have made the current Conservative leadership highly resistant to learning from the experiences of EU member states and to participating in EU responses to the pandemic, for example through collective procurement rounds for PPE and ventilators (Hopkins, 2020). Critics have argued that Johnson initially adopted the 'herd immunity' policy to indicate his government's rejection of the EU's more rapid and interventionist alternative (Mason, 2020). The long-term effects of the Johnson government's political need and predilection to ensure that it is not viewed as relying on the EU seem stark. For example, the Brexit Health Alliance has warned that the UK can only maintain its institutional resilience if it is part of EU data-sharing and early-warning mechanisms, agrees common trade standards in relations to medical supplies, negotiates appropriate joint research and development programs with the EU, and ensures that EU citizens feel their jobs are secure when working in the UK health sector (Draper, 2020). However, instituting these arrangements would be politically disastrous for the Johnson government. The feeling against the EU remains too strong, especially among its electoral base, even during the pandemic (What UK Thinks, 2020).

## Conclusion: Populism rejected, institutions reasserted

Of the many lessons to learn from the UK's government's response to the Covid-19 pandemic, possibly the most striking is the transitory nature of UK populism and the resilience of institutionally-based politics. Johnson became PM of a minority government on 24 July 2019, after Theresa May was forced from office. To gain an overall Parliamentary majority, he called a general election, which he won on 12 December, with huge majority of 80 seats. The first UK cases of Covid-19 were detected on 31 January 2020. Immediately, the government shifted from the crude populist stance that had characterized Johnson's politics

since he assumed the leadership of the official Brexit Leave campaign referendum in February 2016 (Tyler, 2020). Johnson's Brexit campaign had been based squarely on such populist tropes of fake anti-elitism (the Johnson campaign was run by some of the most privileged people in the world), an attack on established institutions such as the judiciary and the press, and a strident rejection of expertise. (In the words of Gove's deputy in the official Leave campaign, "People in this country have had enough of experts" (Mance, 2016).) The government's pandemic response represented a radical rejection of this earlier populism.

Certainly, populist elements remained. For many weeks, members of the general public would stand outside their houses at 8pm every Thursday evening to clap their gratitude for health care workers. This ritual was promoted by the government, with NHS workers being habitually referred to as "heroes," a label usually reserved for military personnel, on the US's post-9/11 model. Yet, notice that even this organized mass emotional outburst was aimed at supporting an institution which many British people see as core to the national identity: the NHS. Many citizens saw the government's promotion of this ritual as deeply hypocritical, given years of sustained failure by many Conservative governments to fund the NHS adequately, and the Johnson government's failure to provide adequate PPE and its refusal to improve the immigration status of the many foreign health professionals on whom the NHS relies. There were other, less mixed rejections of the populist logic, as when the government immediately put experts and expertise at the center of its pandemic campaign. From 16 March, every Monday to Friday the government hosted a press briefing led by ministers and government scientists, which broadcast live in the early evening. Speaking for SAGE, the UK Chief Medical Adviser Professor Chris Whitty, the Chief Scientific Advisor Sir Patrick Vallance and other experts presented relatively detailed technical data on infections, deaths, and the economy, as well as explaining and justifying the government's disease control measures. These broadcasts had such an impact that Vallance and particularly Whitty became minor celebrities in the UK for a time.

The briefings were discontinued on 23 June. Partly, this reflected the government's decision to ease lockdown. Partly however, it was becoming harder for the government to silence dissenting voices among its scientific advisors. A recurring point of conflict was the government's refusal to discipline Johnson's key political advisor and architect of his Brexit Leave campaign, Dominic Cummings, for violating lockdown rules. Key experts such as England's Chief Nursing Officer Ruth May were dropped from the daily briefings over their refusal to defend Cummings. The publication of expert advice has exposed times when the

government has not followed the guidance of SAGE, the official health body (Demianyk, 2020). Even usually loyal newspapers such as *The Telegraph* criticized the government for such moves (Donnelly and Mikhailova, 2020). The government's stance came on the back of a decline in trust in the government's honesty and its handling of the pandemic, a decline that was not reflected in any decline in trust in other, more resilient institutions, including the press (Reuters Institute/University of Oxford, continuing). Institutional forces did much to counter the Johnson's earliest populist tactics. The lesson is clear, then: one should not underestimate the resilience of the UK's institutions as a counter to government power.

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