

Covid-19 deaths and illness of UK children justified in the interests of big business

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At the weekend Bracknell Forest Council posted a message and photograph of 12-year-old Ciara, shared with permission from her parents.

Ciara is critically ill with Covid and Strep pneumonia, and was intubated and sedated at the John Radcliff Hospital Oxford (JR). She was initially treated at the Royal Berkshire Hospital (RBH) but her condition worsened, requiring Ciara to be transferred to the John Radcliff Hospital Oxford. The message from the council read, “This picture was at RBH before being blue lighted to Oxford JR. The JR pictures of Ciara are too distressing to post.”

Only last month, 15-year-old Jorja Halliday, from Portsmouth died from Covid. Bravely, her mother shared news of her daughter’s death to warn of the danger.

Jorja’s death, and that of 110 other child victims of the pandemic in the UK, received barely any coverage. Seven children lost their lives due to Covid-19 in the last week recorded by the Office for National Statistics. Covid-19 has been responsible for one in 28 deaths of children and young people (5-19) this year.

Most of those who have died, and those made critically ill, remain nameless, their plight and the suffering of their families and loved ones expunged from any mention in the media, or by the government and the Labour Party, because it would puncture the lying narrative that children are unaffected by Covid-19.

Ciara’s plight was shared to warn people of the need to “wear masks and sanitise”. But mask wearing, as with other mitigations, was ended as a legal requirement in England on July 19 (August 7 in Wales, August 9 in Scotland). *Nature* magazine wrote that, as “one of the first countries to trust high vaccine coverage and public responsibility alone to control the spread of SARS CoV-2, the United Kingdom has become a control experiment that scientists across the world are studying.”

The “control experiment” saw three million infections between July and October this year. This criminal policy of herd immunity, which is leading daily to upwards of 35,000 infections and 150-plus deaths, requires the normalisation of death.

In 2020, elderly deaths were justified on the grounds that nature was taking its course. Now those of children and young people are usually met with silence. When they do get a mention, it is to minimise and rationalise deaths.

This was summed up by the *Telegraph* last week, in an editorial “Young people paid too high a price for lockdown”.

Railing against the “raw deal” inflicted on children and young people by previous social distancing measures, it asserted that

Covid “posed very little risk to their health” and claimed young people’s “life chances” were being “permanently destroyed” by measures to contain the pandemic.

Of the lives permanently destroyed by death and illness—Long Covid is known to impact on one in every seven children infected—the *Telegraph* was indifferent. “Just six children under the age of 18 with no underlying medical conditions died after contracting Covid-19”, it wrote.

The distinction between the deaths of children with “underlying medical conditions”, a broad and undefined terminology, and the “healthy” is eugenics in the raw.

The *Telegraph* article was heavily promoted by UsforThem and other “parent groups” connected with the Great Barrington Declaration, the manifesto promoted last year by the free market American Institute for Economic Research, representing demands by big business to abandon public health measures to contain the pandemic.

Despite the adoption of its demands by the ruling elite, the forces associated with the declaration are extremely active, concentrating on promoting anti-vaccination propaganda and opposing the reintroduction of any social distancing measures in schools. An estimated 80 percent of schools in England have been targeted by anti-vaxxers and those threatening legal action against the reintroduction of mitigation policies in education. Maintaining the lie that children are largely unaffected by Covid is essential for big business to keep parents at work.

The study on which the *Telegraph* based its fascistic proclamation involved professionals from NHS England, Public Health England and several universities and hospitals, who analysed mortality figures between March 2020 and February 2021. Those involved acknowledge that the sample data, which is confidential, was provided before the advent of the Delta variant and that their results are “60% lower than the figures derived from positive tests, thereby markedly reducing the estimated number of CYP [Children and Young People] who are potentially at risk of death during this pandemic.”

To arrive at the figure of “six healthy children”, the study differentiated the 61 CYP who had died with a positive SARS-CoV-2 test between those who succumbed “as a result” of Covid and “those who died of another cause but were coincidentally infected with the virus.”

Of the 25 it concluded died as a result of the virus, 19 suffered from a chronic health condition, most of which were “life-

limiting”. This was according to the “chronic disease coding list”, which identifies “neurological conditions” including “mental-health-related and learning-disability-related codes”.

Dr Camilla Kingdon, President of the Royal College of Paediatrics and Child Health, who has consistently campaigned against mitigations in schools, said the study showed “very, very tiny numbers” of children dying from Covid and that lockdowns and social distancing caused far greater consequences “through lost education, mental health, and other collateral damage.”

Professor Russell Viner, an author of the paper, described the actions taken in lockdown to “wrapping our children in cotton wool”, saying “the indirect effects of the pandemic on children are likely to be significantly greater than the direct effects.”

Similar reasoning appears to have guided the actions of the Joint Committee on Vaccination and Immunisation (JCVI), which took the surprise step in September not to support universal vaccination for 12- to 15-year-olds. This was despite the UK’s Medicines and Healthcare products Regulatory Agency already concluding in June that the vaccine was safe and effective in this age group. It was only when the UK’s chief medical officers advised that this age group should receive one dose, out of the two-dose vaccination, that a rollout was agreed.

This has been subject to significant delays, not least because the reasoning of the JCVI has been used to bolster the adherents of herd immunity.

Minutes of the JCVI meeting show that the body was presented with modelling indicating that vaccination of 12-17 years olds showed “substantial reduction in hospitalisations.” The body also acknowledged that the risk of post vaccine myocarditis was much milder than most cases of myocarditis before the pandemic, and that many CYP and their parents supported vaccination.

Nonetheless, the JCVI insisted that children were at very low risk. One minute notes, “Immunisation from natural infection was likely to give broader protection than vaccination.

“Members considered that in the absence of vaccination, future generations would be exposed to COVID-19 in childhood, with a relatively mild disease. This early infection would then provide protection against severe disease throughout life. Circulation of COVID-19 in childhood could therefore periodically boost immunity in adults through exposure. As some people would not be exposed in childhood, through chance, a school leave dose of COVID-19 vaccine could be appropriate.”

Another, from May 27, recorded, “It was suggested that the impact of SRS-CoV-2 on children was similar to other respiratory viral infections which circulate each year and it had never historically been suggested that children considered vulnerable to respiratory infection should avoid school or shield to prevent them becoming infected.”

The same meeting heard, “In terms of cost-effectiveness the vaccine had already been paid for but there were delivery costs and opportunity costs regarding impact on influenza and other vaccinations. It was anticipated that opportunity costs would be substantial.”

That meeting suggested that “ethical issues” surrounding the vaccination of CYP should be “reviewed separately” and that “Professor Robert Dingwall agreed to put together a paper

describing his thoughts on ethical issues for a future meeting.”

Dingwall, advisor to England’s Chief Medical Officer Chris Whitty’s Moral and Ethical Advisory Group, is connected with the GBD supporting Health Advisory and Recovery Group (HART). In June, Dingwall was one of 22 signatories to an open letter published in the right-wing *Sunday Express* under headline, “End face masks and social distancing on June 21,” arguing that the “theoretical risk” of vaccine-immune strains or a new COVID-19 surge should not outweigh the “damage” caused by another lockdown.

On June 10, the discussion on “Covid in Children” noted that “Numbers of deaths... were low, equating to approximately two deaths per million across the population”. At the start of the pandemic the “risk to children” was not known, and therefore they were subject to the same criteria as adults, so that 93,000 children under the age of 18 were placed on shielded patient list. “Having updated guidance from Royal College of Paediatrics and Child Health (PCPCH) in June 2020,” the majority of CYP were removed from shielding.

This is despite a high proportion of those admitted to Paediatric Intensive Care Units (PICU) having “life limiting or chronic conditions” and the “highest risk of mortality.”

In children with Covid-19 admitted to hospital with no comorbidities, the risk of being admitted to PICU was “less than 20 percent” and the risk of death “less than 1.69 percent.”

Minutes record, “On the whole children who died had serious underlying condition such that they have succumbed to other winter respiratory viruses.”

On June 15, the Department of Education, which was pressing for an end to all mitigations made a presentation to the JCVI setting out its priority as maintaining “face to face education.” The minute records, “Some of NPI [non-pharmaceutical interventions] measures in place restricted normal operations of education, presented logistical challenges and could be disruptive. DfE were keen to reduce the number of restrictions in place for the next academic year...”

The committee noted that the educational impact of the pandemic was outside its remit. But it still “discussed whether NPIS were causing more disruption in schools than the infection. It was also noted that the perception of risk within schools may be higher than the actual risk... now that vaccination was protecting individuals, the reduction of infection as an endgame was questioned.”

The committee “agreed that given data currently available, the benefits of vaccinating 12-15-year olds for the purpose of indirect protection for adults were not large enough to justify a programme”. It again “commented that there may be long-term benefits from natural infection in childhood.”

The Facebook message and photograph of Ciara by Bracknell Forest Council can be viewed here and its Twitter message here.



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