

# Plans, Plots and Pandemics

## *some notes on the coronavirus*

*I am not a doctor nor a medical professional. I am just a yoga teacher who reads widely and attempts with varying degrees of success to have an open mind; a person who has campaigned for more than 35 years for social equality and social justice and believes that society needs to significantly change and that sustainability is possible. This pandemic has many teachings. Knowing that I certainly do not have all the answers – or all the questions! – I sent this article to about 20 people prior to publishing for feedback. Definitely not all agreed with me. Thank goodness! Comments ranged from critiques to congratulatory. One person wrote: “I feel I need a large glass of wine now.” My aspiration is to encourage discussion as paths to empowering and engaging.*

### **Plans**

The 18<sup>th</sup>-century French philosopher Voltaire wrote: “Doubt is an uncomfortable condition, but certainty is a ridiculous one.” In this time of global pandemic, confusions are understandable and the future is unknown. That comment could be a good start for how we proceed. As the weeks and months pass, more is learned about the virus and early ‘facts’ have to be redefined in the light of knowledge and experience. My own opinions regarding coronavirus have shifted significantly in the last nine months. Coronavirus is here to stay. Another virus in the viral seas in which all life is swimming.

The pandemic has been a vast upheaval of life. Coronavirus has wrecked many plans and will continue to dance on our planning tendencies until spring next year (and very probably beyond). For me personally, it has had huge impacts: on my income, on my friendships, on my views. I am heartbroken at the lack of hugs and the need for physical distancing. As we become accustomed to the changes, current circumstances are revealing themselves as deeply disconcerting and quite dystopian.

Now there are more than 30 million confirmed coronavirus cases worldwide (which might translate to maybe 200 million people infected). Nearly a million deaths. Some say that the fatality figures are over-inflated. Some say these figures are an underestimate. Whether over or under, surely we can agree that huge numbers of people are impacted. Some are experiencing long-term health impacts from coronavirus. In the words of a doctor: “Covid is clearly a deeply unpleasant infectious disease, with both a significant fatality rate and severe long-term health consequences.”<sup>1</sup>

But immunity is increasing. Research in August showed that once a person had been infected by coronavirus, their immunity could be long term and potentially become stronger. This has been disputed by other researchers (perhaps another case of seeing what time reveals). In some areas, large numbers of people have been infected and therefore highly likely to be immune. In New Delhi, the estimated figure is 25%; in London it is 17.5%; in Stockholm it is 10%.<sup>2</sup> For those who wish to be vaccinated, it appears increasingly likely that there will be effective vaccines available from spring/summer 2021.

This article is an attempt to look more closely and reflect more broadly on what is happening and what may happen next. Discussing, thinking, disagreeing are tools for us to make sense of our surroundings. Doing this in a way that listens and learns rather than shouting statements is a real challenge.

## **A virus best avoided...**

Let the statistics be personalised. In London, 29 bus drivers have died because of coronavirus. In the London borough where I live (population 250,000), it has caused the death of over 250 people. In the UK, more than 640 health and social care workers have died because of coronavirus. In the US, one in every 1125 African-Americans have died of coronavirus.<sup>3</sup> I myself know about 10 people who have had coronavirus (a few of whom have been quite ill).

A doctor wrote: “It’s a virus best avoided.”<sup>4</sup> However, hospitalisation and fatality rates for coronavirus are now dropping in some countries as treatments improve, as the average age of those infected gets younger and as the amount of viral load people are being infected by is less, due to tactics such as physical distancing, hand washing and mask wearing.

It is true that the majority of infected individuals experience mild symptoms or are asymptomatic. A suggested figure is that about 80% of infected individuals are mildly affected – but they can infect other people and this viral shedding is one of the challenges of coronavirus. It is also true that for school-age children, a coronavirus infection is less deadly than most flu infections (in the UK, only 0.3% of children aged 10-19 with coronavirus symptoms end up in hospital).<sup>5</sup> The economist and journalist, Tim Harford, wrote: “This infection is 10,000 times deadlier for a 90-year-old than it is for a nine-year-old.”<sup>6</sup> But obviously a nine-year old can infect a 90-year-old...

## **Fears...**

Levels of fear have been particularly high this year – and fears definitely are contagious. Fear sells news; the news sadly thrives on stoking fears rather than calming them. The Swiss novelist Rolf Dobelli said: “News is to the mind what sugar is to the body.”<sup>7</sup> And there were plenty of fears prior to this pandemic. Fears about Brexit, fears about climate change. When I was growing up, it was fear of a nuclear war.

Fear is a fundamental component of human nature (which partly explains our survival as a species). But the pandemic fears feel sharper and stronger, more personally triggering than many other fears. The difficulty is when fears become overwhelming and so lessen our cognitive abilities and undermine our capacity to make wise decisions. Quite practically, fears can adversely influence our nervous systems which could then make us more susceptible to viruses.

Coronavirus is ageist, classist, disablist and racist. Older people, poor people, people with existing health conditions, black and brown people are much more likely to be seriously ill or die because of coronavirus. The best protection against coronavirus – and every other disease – is wealth. Death rates from coronavirus in the UK are more than double in poor areas than in rich areas.<sup>8</sup> We are all vulnerable to viruses but clearly, some have much greater vulnerability than others.

## **Strategies**

Numerous opinions exist about how best to manage this uneven playing field. There has been a huge spectrum of actions and opinions, from strict lockdowns to denial that the virus exists. A few take the muscular libertarian approach, denouncing lockdowns and demanding business continues as usual. Inevitably, lockdown has had enormous consequences for mental health, economic circumstances, personal relationships. According to the UK’s Office for National Statistics, the number of adults experiencing depression has doubled during the pandemic.

One argument is that the attempted handling of coronavirus by lockdown – which does vary from country to country – has been more damaging than the actual illness itself. But this non-lockdown libertarian approach neglects the reality that coronavirus is highly transmissible. Non-lockdown

could have resulted in many more thousands of people being seriously ill and health systems buckling under the strain. Essentially, this approach is survival of the fittest.

The reality of a pandemic with a new virus means there *must* be a significant reaction. Doing nothing could have been an act of wilful negligence on a colossal scale, an act of eugenics almost reminiscent of Nazism. How many more might have died without lockdown and physical distancing? This would have been sacrificing large swathes of society for the ideological dogma of neoliberal individualism.

Some suggested that the UK could have followed the Swedish strategy (no lockdown with encouragement of public health precautions). This overlooks particular facts. The UK population density is much greater than Sweden (275 people per sq km compared to 25 people per sq km); nearly as many people live in the London area as in the entirety of Sweden (where the total population is 10.2 million); Sweden's health care system is significantly better than the UK.

To make a more basically societal – but equally influential – comparison, Swedes are among the fittest people in Europe<sup>9</sup> while the UK population is the second fattest (with Malta – population of 500,000 – as the fattest country in Europe).<sup>10</sup> According to epidemiologist Tim Spector, the UK has “the worst diets, eats proportionally the most ultra-processed food and snacks more than any other European nation”.<sup>11</sup> Being unfit and overweight can substantially increase the risks of being seriously ill from coronavirus.

## Plots

A few have denied the existence of the virus and its impact. Conspiracy theories and suggested mysterious plots have been common, ranging from 5G masts causing coronavirus to Bill Gates and the World Health Organisation establishing a global dictatorship. Conspiracies and cover-ups do certainly happen. Like the Gulf of Tonkin incident in 1964; Bloody Sunday in 1972; Iraq's weapons of mass destruction in 2002. But the biggest conspiracy is the most obvious one: the powers and the privileges of a small number of people being created and supported by millions of others. This is called capitalism.

Myths and misinformation have been actively disseminated by social media super-spreaders. Like “the illusion pandemic of Covid 19...they are making it up”. That injecting disinfectant will prevent a person getting coronavirus. That this is a “planned global power grab”. That “the vaccine is going to sterilise you”. That vaccination will be mandatory.<sup>12</sup> Such conspiracy theories can mislead people into feeling that they are somehow special by having this secret knowledge – and deliberately confuse what is actually happening.

One person I know wrote “from the first moment I heard of this ‘deadly’ virus drama – I knew, with every bone in my body, that it was being manufactured”. It is as though some people simply cannot accept that bad things happen. They have a deep desire to explain the unexplainable. To them, it feels safer to state that there is a conspiracy behind everything and that our lives are being controlled by secretly constructed plots. Their world view prefers to see a manipulation behind everything rather than accepting that events happen – like the emergence of a pandemic. But things do just happen.

Joseph Pierre, a health sciences professor at UCLA, wrote: “Some of the psychological quirks that are thought to drive belief in conspiracy theories include need for uniqueness and needs for certainty, closure, and control that are especially salient during times of crisis ... conspiracy theories capture our attention, offer a kind of reassurance that things happen for a reason, and can make believers feel special that they're privy to secrets to which the rest of us ‘sheeple’ are blind”.<sup>13</sup>

## Freedom for a few

A recent anti-mask/anti-vaccination march in London that featured the well-known conspiracy theorist David Icke speaking included, according to eye-witness reports, substantial numbers of far-right individuals.<sup>14</sup> There were also people from wellness circles who were walking alongside the racists and white supremacists. One irony is that some of these marchers chanting “freedom” are also fervent supporters of Donald Trump. Instead of a freedom for all (which in my view necessitates equality), this is freedom for a few – and a fairly restricted view of what even that freedom might mean. These marchers’ version of freedom is frequently a potent mix of strongman individualism, nationalistic boundaries and rejection of those who fail to fit into certain categories.

Behind some of these people is the so-called QAnon conspiracy. Amongst their theories is the idea that Donald Trump is waging war on a gang of Satan-worshipping paedophiles that includes Hilary Clinton, Tom Hanks and Barack Obama. These conspiratorial theories claim “coronavirus is a cover-up for child sex trafficking” and declare that they are “saving the children”.<sup>15</sup> This ignores the fact that children are far more at risk of abuse and assault from family members in the home rather than from a shadowy secretive paedophile network of “global elitists”.

In these fields of conspiracy theories are often found charismatics with mafia godfather-like tendencies and messianic delusions – people like Donald Trump and David Icke. Behind them lurk deeply disturbing ideologies. Beliefs that might is right and that the wealthy capitalist few are masters of the universe. Deregulating to maximise profit. Diluting environmental protections. Removing workers’ rights (such as the right to organise). These charismatic individuals regularly have products that they are peddling like snake oil salesmen. Common characteristics among them are making money, intense aversion to being challenged and addiction to being adored.

A few people in the wellness worlds have been caught by these conspiracy whirlpools. Possibly shocked by collapsing income streams, possibly lacking clarity about social structures, possibly just overwhelmed by everything that is happening, they then take refuge in conspiracies. There are also people who genuinely believe the earth is flat. But instead of turning to simplistic solutions for complex circumstances, instead of being lured by that aura of specialness that conspiracies often contain, could there be an aspiration towards seeing clearly and being grounded in what is actually happening?

## Viruses happen...

Coronavirus is a virus – neither the Wuhan flu nor a bioweapon. It is a virus. Viruses happen all the time – and as human beings increasingly interact invasively with nature, then more viruses will impact on our lives. Humans forget again and again that they cannot ultimately control nature. Because it is nature in the form of this particular virus which is throwing our 21<sup>st</sup>-century world upside down. We are part of nature but, more importantly, we must remember that we are subject to it.

In some ways, we are fortunate that the fatality rate for coronavirus is so low, with current estimates about 0.3%.<sup>16</sup> As a comparison, the fatality rate for Ebola is 80% whereas for SARS in 2003, it was 10%. So unlike Ebola which is much more likely to kill its host (thus slowing its spread), the low fatality rate of coronavirus means that its spread is significantly wider and so seriously impacts many more people.

Coronavirus is not like the common flu. It is different in a variety of ways. People with coronavirus can be infectious for on average five days before showing symptoms; people with flu can be infectious for about two days before showing symptoms. One coronavirus case can become 1000 cases in a frighteningly short period of time. There were hardly any cases in early December 2019 and now there are many millions.

At times, the viciousness of discussions about coronavirus has been shocking. For example, there is the intensity of debates about face masks. Someone said to me “take the bloody mask off and breathe” – as though I was not breathing with it on. Stating that masks are muzzles is deeply Eurocentric (in other areas of the world, masks are normal ways of helping to protect others from contagious illness). As someone said to me, the way that a few people behave is almost as though these masks are balaclavas made out of bees – rather than just a piece of cloth.

Obviously, masks only provide partial protection. Seat belts do not stop car crashes but with airbags and other measures, they reduce fatalities. As the biologist Dylan Morris wrote: “[that] X won’t stop COVID on its own is not an argument against doing X.”<sup>17</sup> Masks can be models of mindfulness – and a recognition of our interdependence. Being mindful towards others rather than self-centredly individualistic. Without question, some people cannot wear masks for health reasons and this is completely understandable. As much as some people do not wish to take vaccines. Wholesale imposition of masks and vaccines can create angry divisions and stubborn walls – and inadvertently (and unhelpfully) hide the underlying values and risks involved.

Inevitably, there are different opinions and disagreements about what can be done. This is part of the processes towards better understanding and empowerment. A frontline NHS advanced nurse practitioner wrote: “I wear and advocate the wearing of masks to protect everyone. I don’t like wearing a mask, but I don’t want to catch or share Covid-19, for me it’s about personal and social responsibility. The virus is real. I see how it affects people regularly, so want to do everything I can to stop it spreading.”

## Corporate powers

For years, I have campaigned against capitalism and corporate power. Corporations like pharmaceutical corporates, tobacco corporates, fossil fuel corporates, food industry corporates which have deliberately lied, marginalised, confused and ignored facts for their gods of profit. There are numerous examples of corporate profiteering taking precedence over human life. Like the Tamiflu fiasco in late 2000s when its manufacturer Roche (revenues in 2018 \$57 billion) deeply buried data about this drug’s lack of effectiveness.

Of course, modern medicine makes many mistakes (especially when profit is the primary motive). And it must be noted that rushed vaccines can have a poor track record. An example is the vaccine for swine flu raced through testing in 1976 that subsequently caused Guillam-Barre syndrome, a paralysing illness, in more than 1000 people. Those damaged by modern medicine’s mistakes require genuine acknowledgement and appropriate compensation. Thorough and open investigations are necessary so as to learn from mistakes made instead of these mistakes being ignored or brushed under the carpet.

Science and scientists have substantial self-correcting abilities. An element in this equation is realising that expertise and debate are essential. People who know much about a topic – such as an illness – have a lot to offer. Inevitably, experts get things wrong. We are all fallible beings and this is how we learn. By making mistakes. Sometimes experts can become drunk on personal glory and financial rewards – for example, those who testified in support of the tobacco industry – and thus their expertise is more tainted and less truthful. These are real issues that need to be publicly discussed.

Fearful statements such as what a friend wrote to me – “many vaccine trials are based on small numbers of less than 50 people and all these people are fit and healthy” – are contrary to the reality of clinical trials. A scientist, a yoga teacher (yes the two can certainly co-exist) and a person I deeply trust wrote: “Clinical trials worldwide are governed by Good Clinical Practice – these are ethical, scientific and practical standards to which all clinical research is conducted. Each trial has three separate phases which involve 100s if not 1000s of people and proves

effectiveness, correct dosing and identifying any side effects. Each country is subject to their own specific regulations, but Good Clinical Practice will always be at the highest standard.”

## Medications and vaccines

Medications and vaccines have saved many millions of lives. My partner’s mother had polio when she was 19 (a little over a decade before the polio vaccine) and, as a consequence, had loss of function in her right leg and left arm. She has also suffered long-term post-polio syndrome, with a gradual debilitation of the compensating limbs. This is a vivid reminder that survival does not necessarily mean complete freedom from the disease’s impact. We are blessed that nearly everywhere in the world, we no longer have to live with polio and smallpox. We are blessed that many millions infected by HIV/AIDS have had their lives saved by modern medicine’s drug treatments such as AZT.

I myself have had several occasions of being deeply grateful for modern medicine, with its interventionism and pharmaceutical paraphernalia. And personally I also use many complementary approaches such as maximising movement (walking, yoga, weights), arnica, massage, Vitamin C and D supplements, ginkgo biloba. These are not mutually exclusive tactics and technologies – this or that. This is not about being stuck in a particular box of beliefs. Utilising different approaches is one of the best ways of maintaining health and looking after ourselves.

The next pandemic – whenever that happens – might have a drastically higher death rate. One way of putting it could be: is it worth putting millions of lives at risk for cheaper chickens? Because due to the appalling factory farming conditions of the food industrial complex, the drive to provide cheap chicken comes at the cost of being potential breeding grounds for infection.<sup>18</sup> Dr Michael Greger stated: “If you actually want to create global pandemics, then build factory farms.”<sup>19</sup>

A useful question is how much more resilient could we be in the face of a rapidly spreading virus if our world – and thus our bodies – were not clogged with pollution and toxins? There is correlation between severity of air pollution and intensity of coronavirus infections. World air travel has more than doubled from the mid-1990s. That has been responsible for a massive amount of toxic pollutants being released into the atmosphere. We live in a toxic environmental soup and this negatively impacts on health. And prior to coronavirus, many people were already highly stressed (which is another form of toxin) because of isolation arising from the ultra-individualism of much of Western society.

## Vulnerabilities

In the din of information about the virus, I particularly appreciated this advice from a French doctor: “Everyone needs to be humble about this, take care and pay attention.” The pandemic has presented us with possibilities. A microscopic virus has shown how rapidly economies and lives can be challenged and changed. The tired arguments that change is impossible and that all people are inherently selfish have been exposed as false. Opal Tometi, a Black Lives Matter activist, said in early August: “There was something really profound about what the pandemic did for humanity – it created a real sensitivity to our own frailty, it gave people an opportunity to reflect on their own vulnerabilities.”

Unfortunately, governments rarely look at health – or anything else – long term. In the UK, 15,000 hospital beds have been lost since 2010 (prior to the pandemic-driven construction of the Nightingale hospitals) and there are chronic shortages of health staff due to years of austerity and underfunding. Unfortunately, much of society is about immediate gratification, having more stuff, cheap junk food. Unfortunately, there were warnings about what could happen, such as

when Dr Hilary Pickles, who worked for many years at the UK Department of Health, declared in 2011: “When the next pandemic strikes, expect public health systems to be in disarray.”<sup>20</sup>

And now a pandemic *has* struck. So what can be seen? The focus in the UK became more about spectacular projects so as to hide the prosaic reality that the sixth richest country in the world was unable to provide adequate personal protective equipment to health care workers when it was desperately needed. Or establish a viable and essential test-and-trace programme. These failures are factors in many unnecessary deaths. One commentator explained: “Gleaming buildings grab attention”.<sup>21</sup> Waiting lists for routine surgery have been predicted to rise to 10 million by the end of this year.<sup>22</sup>

## **Pandemic positives**

The pandemic temporarily pressed the pause button. Pandemic positives are definitely present. The accelerating decline of coal-produced power, the rising of renewably-sourced energy.<sup>23</sup> Lockdown giving some of us a taste of how we can live in a more local way – walking to shops and spending less time commuting. The air we breathe being cleaner. Urban areas becoming quieter. Perhaps the pandemic has helped us to understand that the Western world consumes too much, whether that is pointless plane journeys or cheap clothes.

In my opinion, health needs to be grounded in social reforms. These reforms are embedded in issues of diet, education, housing, poverty, sanitation and work. Poverty means people have to choose between heating, eating and health. A more communal model of primary healthcare emphasises preventative strategies rather than the individualistic glamour of the business-tech model. A doctor wrote: “Focus on prevention, helping others and lifestyle medicine is a lot cheaper and more enjoyable than medicating for diabetes and depression”.<sup>24</sup> And the pandemic has clearly shown the need for antidotes to the power of pharmaceutical corporations – such as research data transparency, encouragement of ethics and social health care (rather than privatisation of health services).

Numerous challenges are facing us. What is certain is that fear and social isolation are incredibly damaging. Isolation undoubtedly causes despair. What is certain is that looking after ourselves – how we move, what we eat, how we connect – can be incredibly important. We could eat more plant-based diets. We could fly less. Maximising fibre and minimising processed food are simple but attainable elements in strategies of self-care.

But this is not merely a matter of more individualism. It is about living in community and collectively repairing our relationships with self, with others, with the natural world. It is about choosing: aggression, dishonesty, intolerance or thoughtfulness, kindness, empathy. Instead of blaming and othering, we could consciously connect to our shared common humanity. We have many tools – from electoral processes to street demonstrations to occupying areas. How can society be reconstructed? How can qualities such as sustainability be centred in our existence?

We are not conquerors of the world (as some believe); we are part of this world. We are as much nature as trees, birds, mountains – and coronavirus. But being a part of nature is not the same as controlling it, as humankind seems to need to learn repeatedly. We have to do the deep work of healing wounds, restorative justice, profound connection. This is not easy; these are times of upheaval and this certainly has been a roller-coaster year. We have to avoid being swayed by hysteria and by messianic charismatics. We have to make sure that we are not being drowned in despair by sensationalising media stories. We have to balance healthy scepticism with open-mindedness while also being alert to agendas (whether that is from corporations or conspiracy theorists).

## Taking risks

Life is inherently risky. That is stating the obvious. But minimising risks – such as wearing seat belts and looking when crossing the road – is common sense. The pandemic has raised awareness – of our vulnerabilities, of our environments, of our connectivity. Understandably, many are keen on easy options and technological quick fixes. But the facts seem to show this is a long-term situation. Could we dare to dream? Instead of spending billions on militarism, that same money could be spent on public health systems. Instead of private profiteering, there could be a more equitable distribution of resources.

Atul Gawande, a surgeon and writer, said: “The pandemic has given us all a master class on infectious disease, diagnostics, and the reality that individual health is inseparable from community health.”<sup>25</sup> People’s livelihoods have been devastated. Senses of security have been demolished. Maybe the pandemic has been nature’s way of saying ‘please slow down’ to the human species. Maybe the pandemic has created space for us to reflect on what is most important in our lives. Maybe during lockdown, the earth was giving a great big sigh of relief... Perhaps this pandemic pushes us into recognising our interdependence and therefore encouraging connectivity.

In words from the poet and writer, James Baldwin:

*For nothing is fixed,  
forever, forever, forever,  
it is not fixed;  
the earth is always shifting,  
the light is always changing,  
the sea does not cease to grind down rock.*<sup>26</sup>

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I have a monthly newsletter. If you would like to receive it, please email me at [yogawithnorman@gmail.com](mailto:yogawithnorman@gmail.com)

I am deeply grateful for all the comments, suggestions and advice I received from about 20 people. I feel this is in many ways a collaborative expression of opinions and that together we are much stronger.

## Sources

This article is based on many different sources. Some of the main ones have been the daily talks on YouTube from Dr John Campbell, *Private Eye*, *The Economist*, *The Financial Times*, *The Atlantic*, *The New Yorker*, *London Review of Books*, *The Guardian* and the work of Dr Michael Greger.

Other sources include watching some of a film from the anti-mask/anti-vaccination march in London on 29 August 2020 (including the speech by David Icke); watching talks by Del Bigtree, Zach Bush and Robert Kennedy; and looking at social media feeds of people who take different perspectives from me on the current situation.

This is an excellent seven-minute film by Double Down News: ‘The Weaponisation of Coronavirus Conspiracy Theories’ <https://www.doubledown.news/watch/2020/8/september/the-weaponisation-of-coronavirus-conspiracy-theories-peter-jukes>



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