

# Government by numbers?, by Tamar Pitch and Roger Jeffery

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Two questions: Government of what? Which numbers?

Every day at 6pm Italians waited for the news on Covid-19 delivered on TV by one member of the 15 task forces instituted to deal with the emergency. In Britain, daily news conferences at 5 pm were hosted by a kaleidoscope of government ministers, usually flanked by a senior scientific adviser; in Scotland at 12 noon, the First Minister a constant presence. These press briefings dominated the news broadcasts from 6 pm onwards. In Italy, we all watched as we had little else to do, locked in as nowhere else in Europe (apart from medics, workers of "fundamental" business, etc.: quite a large number of people exposed to the contagion). All the media focused on numbers and targets.

Increasingly, governments around the world said that they were following the science. Science involves numbers. Sometimes, media, government and epidemiologists tried to make these numbers more meaningful (such as using rates per million population, rather than totals). Sometimes, other figures were added to the cocktail. By May, the Scottish government offered daily updates on tests (total, numbers positive and negative), deaths (by two different reporting systems, classified by age, sex, setting and location), numbers in hospital (intensive care or not), and numbers of staff off sick, as well as some

others of how the pandemic was progressing. But the daily totals, unadorned and simplistic, still dominated the headlines.

What are these numbers supposed to say? Why these numbers and not others? As we soon discovered, apart from the numbers in intensive care (which at least conveyed the pressure on scarce medical resources), the headline numbers were confusing and misleading. Too few tests done, no idea how many people had been infected but were asymptomatic.  $R_0$  suddenly entered the public vocabulary: but only a tiny number of people knew what it meant, let alone how it was estimated. Yet these data were, according to politicians, directly responsible for their policy decisions.

Who did the interpretation? This is the age of modellers, whether in climate change, infectious diseases, or election predictions. Medical experts, virologists, epidemiologists, and a plethora of other scientists took over our screens, media, social media included. They battled with each other, giving slightly or even largely different interpretations of the data. Slowly it was admitted that models were only as good as the data they used. Some pretended that what they said was the "truth", being based on "science". Others admitted that they dealt with uncertainties; but politicians demanded a fig-leaf to cover their own confusion. We needed epistemic humility; we got overconfidence. So, we entered a state of dystopia and became more afraid. The governance of the epidemic was apparently delegated to "experts" who changed their minds but never admitted they might have made mistakes. Questioning the power of institutional experts doing health metrics is difficult, requiring substantial counter-expertise: who can stand up to dominant discourses? So we accepted to be locked in, as perhaps the only possibility to save our national health systems, despite the muddle visible among those in power.

And where were ethics among the clamour of numbers? Ethical

issues came to the fore when front-line staff made visible the tragic choices they were asked to take in a dearth of intensive therapy places. Who to admit to a respirator? Were age, other pathologies or disabilities relevant or desirable criteria? In some countries they were explicit; elsewhere, one could just guess if one would be resuscitated. So, numbers again, in this case of ventilators, but numbers that posed difficult ethical (and political) questions. Why so few ventilators, so few masks and so little personal protective equipment? In Italy, why so many deaths in Lombardy, until then extolled as having the best health system in Italy and maybe in Europe (though Ota De Leonardis and her team had been denouncing it for years)?

Then in both Italy and Scotland we discovered how many people had been dying in care homes for the elderly. Only in mid-April did we learn that the trumpeted death totals were only of those who died in hospital; care-home deaths, deaths in hospices or at home, deaths where Covid-19 was suspected, or as a contributory factor but not tested for: all had been missing. Terrible deaths for the elderly, with no relative present, no funerals: lines of army lorries carrying corpses to the crematoria in the night. Is such "harvesting" a problem? After all, most of them were old people, some with dementia, others with numerous pathologies. Better they died than younger people, right?

As older people, we find it blackly humorous that, until just before the epidemics, we were told that we were to be considered young until at least 75 years of age. Because: as baby-boomers, most of us have pensions, we are precious consumers, we travel, we look after grandchildren and subsidize our children. But now we are proclaimed old at 60 or 65. And the idea circulated that our lockdown should last another year. We are more at risk if we get Covid-19, and (especially, we think) we might then make the health system collapse.

Mathematical, 'nudge' models, badly constructed, variously interpreted, were yet used as justification by our national and regional governments for their decisions. In Britain, a Minister said that the virus created age-discrimination, not the government. The original policy was to let us catch the virus, and for the elderly to die in unknown numbers, until the epidemic worked itself out. Yet these models, on closer scrutiny, lacked any validity. An incessant flow of ordinances, contradicting one another, and arbitrarily interpreted by the police, rained on us from different institutional agencies, but who took responsibility?

We were (and are) constantly reminded of our primary individual responsibility: staying at home. "It's up to each and every one of us" was repeated. So, after an initial show of solidarity and communion (people singing from balconies, putting out the national flag), we turned into informers, spying on people walking outside, denouncing the solitary runner, sometimes even attacking them.

Having dismally failed at primary and collective prevention, our governments put all the responsibility of preventing the collapse of the health system (plus flattening the curve of contagions) onto individual citizens. Here are (at least) two major contradictions: on the one hand, while the onus is on each citizen, we are not really trusted to comply, therefore the flow of decrees and ordinances; on the other, many cannot comply. Not only those who have to work anyway, but also those without a house, or only a very small one, or who must live with violent partners.

No, we are definitely not all on the same boat. Some have no boat, many have a small boat, a few have a yacht. This epidemic, and the measures taken to confront it, starkly show and deepen social, economic, and cultural inequalities, along the lines of gender, class, and "race". All of which calls for collective responsibility, i.e. the State and its institutions. The "State" doesn't trust us; can we trust the

State? Can we trust governments who have done nothing to prevent the pandemic (which they should and could have done), nor its effects on the more vulnerable? Can we trust governments which hide behind “experts” while failing, ethically and politically, to admit their responsibility to analyse “expert” advice on the best policies to pursue?

Italians just entered phase 2. We can go for a walk and visit our “congiunti”. This word is much debated: who does it refer to? First spokesman for government said: relatives up to the 6th grade. Anxious consulting of anthropological expertise on kinship systems followed. Second spokesman said: stable relationships. Third spokesman clarified: definitely not friends!

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