

***The COVID-19 Pandemic and British Exceptionalism:  
Explaining Policy Failure***

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The COVID-19 pandemic elicited a policy response from the UK government that may be described as “British exceptionalism”. The concept of exceptionalism here denotes a pattern of government decision-making (and non-decision-making) that diminished the efficacy of NPIs that would suppress the virus. This was detrimental to the cause of public health protection, leading to thousands of unnecessary deaths. The chief aspects of British exceptionalism were: (1) eschewal of border defence; (2) deferred lockdowns and fast-tracked re-openings; and (3) failure to encourage or mandate public mask-wearing. The paper will argue that these were attributable to the interface between neoliberalism and Brexit nationalism in the politics of the ruling party and the high degree of internationalization of the UK economy.

Keywords: COVID-19, Public Health Policy, Neoliberalism, Brexit Nationalism

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## Introduction

This paper presents the findings of a particular case of governmental crisis management in the context of public administration. This is crisis management of the COVID-19 pandemic. Research is informed by this author's own recent works of pandemic sociology: *The Pandemic in Britain* (2023) and *Modernity and the Pandemic* (2024). The focus here on the UK is owing to the outlier status of the UK government's response to COVID-19 when compared with those of most other countries. This is the meaning of British exceptionalism. The negative consequences of policy failure are outlined alongside an explanation of policy failure that constitutes British exceptionalism. The paper concludes that the UK experience demonstrates that the British version of neoliberalism which informed the UK government's COVID-19 policy is incompatible with the cause of public health under pandemic conditions. Other countries, notably those of Southeast Asia, delivered much better public health outcomes. This was owing to the stringency of their NPIs stemming from refusal to put profits before people.

## Methodology

The data supporting measurement of comparative public health harms of the British pandemic was gathered on a daily basis throughout the crisis. This was gleaned from review of: (1) morbidity and mortality data from Public Health England (PHE), GOV.UK; and (2) international comparative data on relative and absolute levels of pandemic-generated mortality (derived from the Worldometer dashboard primarily).

## The British Pandemic – In Numbers

By mid-July 2021, on the cusp of “Freedom Day”, the UK remained as it had from the beginning in the top quintile of countries for death rate per million of the population (19 out of 222), and in second place in Europe (behind Russia) on total number of deaths. The UK, with 0.87 percent of the world's population, recorded 4,096,239 cases of infection by mid-July 2021, almost three percent of the world's then total caseload of 177,327,697. Up to and including 15 July 2021, 128,609 people in Britain died from the virus, on the official counts. This was a death rate per million almost three-and-a-half times higher than the international average (Worldometer, 2021,15/07).

Nor has the UK's position at the wrong end of the COVID-19 league tables changed substantially since “Freedom Day”. Indeed, its relative position has worsened. In the UK, 232,312 people have been killed by the virus, up to and inclusive of 3 April this year. Only five other countries worldwide – all of them far more populous than the UK (the USA, Brazil, India, Russia, and Mexico) – have recorded a higher number of mortalities (Worldometer, 2024, 03/04).

**Table 1: COVID-19 total deaths by country (3 April 2024)**

|    | Country | Population    | Mortalities |
|----|---------|---------------|-------------|
| 1  | USA     | 334,805,269   | 1,218,843   |
| 2  | Brazil  | 215,353,593   | 710,966     |
| 3  | India   | 1,406,631,776 | 533,547     |
| 4  | Russia  | 145,805,947   | 402,612     |
| 5  | Mexico  | 131,562,772   | 334,958     |
| 6  | UK      | 68,497,907    | 232,312     |
| 7  | Peru    | 33,684,208    | 221,161     |
| 8  | Italy   | 60,262,770    | 196,466     |
| 9  | Germany | 83,883,596    | 182,917     |
| 10 | France  | 65,584,518    | 167,642     |

Among Europe's leading states, which are comparable to the UK in terms of per capita income and resources for healthcare, the UK now has the highest mortality rate from the virus relative to population size. This also makes the UK the second worst performer of the G20 under this metric. Of 231 countries and territories that have offered data on pandemic harms, the UK has the sixteenth highest mortality rate per head from COVID-19 in the world (Worldometer, 2024, 03/04).

**Table 2: G20 COVID-19 mortalities per 1,000,000 population (3 April 2024)**

|    | Country      | Mortality rate |
|----|--------------|----------------|
| 1  | USA          | 3,640          |
| 2  | UK           | 3,389          |
| 3  | Brazil       | 3,301          |
| 4  | Italy        | 3,260          |
| 5  | Argentina    | 2,841          |
| 6  | Russia       | 2,761          |
| 7  | France       | 2,556          |
| 8  | Mexico       | 2,546          |
| 9  | Germany      | 2,181          |
| 10 | South Africa | 1,689          |
| 11 | Canada       | 1,536          |
| 12 | Turkey       | 1,194          |
| 13 | Australia    | 934            |
| 14 | South Korea  | 700            |
| 15 | Japan        | 595            |
| 16 | Indonesia    | 581            |
| 17 | India        | 379            |
| 18 | Saudi Arabia | 269            |
| 19 | China        | 4              |

## British Exceptionalism and COVID-19

British exceptionalism refers to the peculiarity of the UK government's policy response (and non-response) to the pandemic that delivered these mortifying results. What are the key elements? I will address four.

1. *Deferred lockdowns*. This is deferral in the sense that lockdowns were enacted in response to crises that had escaped controllability rather than as a means of averting crises or preventing them from spilling out of control (Creaven, 2023, pp. 22-48, 114-18).

On 2 March 2020 SAGE recommended that the UK government implement stringent public health protection measures or else risk 80 percent of the population catching the disease and 250,000-500,000 people dying from it (Conn *et al.* 2020). Yet lockdown was delayed until 24 March. The first UK lockdown was brought in when caseloads were running at higher scales than in comparably highly populated countries in Europe (Worldometer, 2020, 14/04). [1]

2. *Fast-tracked easing of lockdown restrictions* (Creaven, 2023, 96-114). The unlocking of restrictions in the UK commenced when pandemic caseloads, hospitalizations and deaths were running at higher rates than comparable European countries. Italy's lockdown spanned 56 days. Spain's spanned 54 days. France's spanned 55 days (BBC News, 11/05). Germany's spanned 50 days (BBC News, 06/05). By contrast, the UK was already beginning to phase out its own lockdown after just 48 days. This was even though the UK was, by the end of the first wave's mid-May peak, the European leader for COVID-19 fatalities, and in fourth place internationally for total infection caseload (Creaven, 2023, pp. 101, 197). [2]

The UK government was also the first in Europe to declare the pandemic as finished as far as public health policy was concerned. The bulk of legally mandated NPIs all went together on 19 July 2021. This was on the grounds that the vaccination programme had decisively terminated the virus's capacity to harm those it infected. Yet, at this time, there were significant shortfalls in population vaccine coverage, including amongst vulnerable groups (Creaven, 2023, Ch.8). From 19 July 2021 to mid-June 2022 (when the bulk of research informing this paper was completed), 44,860 British lives were lost to the virus, on the official measure (Worldometer, 2022, 20/06). That is an average of 136 a day. This was under the government's "living with Covid" policy.

3. *Resistance to at-the-border control measures to reduce or restrict the import of COVID-19 cases*. The UK government refused to implement border/travel restrictions (or indeed basic temperature screening or testing, quarantining of inbound people with symptoms, even basic health and safety guidance) long after these had become the international norm.

An open borders policy remained in place not only in the runup to the British pandemic. This also persisted alongside the first nationwide lockdown and beyond, into the period where internal restrictions were being released. Border restrictions did not come into force until June 2020. From that point, the government opted for compulsory quarantining of all entrees. However, there were no special facilities (quarantine hotels) for entrees to be detained in, so that arrivals were simply entrusted to take care of that themselves. Nor was there any monitoring or tracking compliance with compulsory quarantining. So, for

these reasons, border defence in the UK remained weaker than internationally (Creaven, 2023, Ch.5). In the 11 days before the start of the first British lockdown on 24 March, up to 10,000 cases of COVID-19 were imported into the UK, carried by one million entrees (Creaven, 2023, p. 139).

4. *Mask-wearing scepticism.* What may be termed as “mask scepticism” was another striking feature of British exceptionalism (Creaven, 2023, Ch.7). This refers to official government views on wearing face coverings in public places as an aspect of anti-pandemic NPIs. British mask-scepticism at the level of government and government-approved science was indeed exceptional. This was outright mask deterrence for a significant part of the pandemic.

Throughout the first lockdown and much of the runup to it, the UK government insisted (contrary to evolving WHO guidance on the matter, and in sharp difference to pandemic control policy in most other countries) that there were negligible health-protection advantages in public mask-wearing (Gehrke and Furlong, 2020).[3] Indeed, the potential harmfulness of the practice was stressed (Creaven, 2023, 176-78).[4] The UK government did not mandate any public mask-wearing until 15 June 2020 – but this was only on public transport (Department of Transport, 2020). This was extended to include retail premises towards the end of July (BBC News, 2020, 14/07), and cinemas and theatres in August (BBC News, 2020, 31 July). [5] By contrast, mask-wearing was either legalized or strongly encouraged by governments right across the EU in the period from March to May 2020 (Creaven, 2023, p. 178).

The result of British mask scepticism was much lower rates of public mask-wearing in the UK than internationally. This was from February 2020 through to June 2022. Whereas mask-wearing was much lower in the North Atlantic region than in the Asia-Pacific region over this period, it was at its lowest in the UK and USA (Creaven, 2024, pp. 237, 239, 240-42). In March and April 2020, during the first wave, less than seven percent of the UK public self-reported wearing face coverings in public places. From May to July, as the first wave receded, this had risen to 36 percent on the monthly average (YouGov, 2022, 30/09). Self-reported public mask-wearing in the UK did not peak (at 77 percent of the adult population) until December 2021 (Creaven, 2024, p. 240), at which point the country was on the cusp of its third national lockdown.

5. By way of contrast, all southeast Asian countries except Singapore were self-reporting public mask-wearing ranging from 60-80 percent before the end of February 2020. This peaked at between 80-95 percent by mid-March of that year, where it remained for the rest of the year and for most of 2021 (Creaven, 2024, pp. 118-19, 224-24, 239-40). This is part of the explanation for why the Asia-Pacific region dramatically outperformed the North-Atlantic region over the course of the pandemic (Worldometer, 2024, 03/04).

**Table 3: COVID-19 mortalities southeast Asia (3 April 2024)**

|     | Country     | Total mortalities | Mortality rate per 1 million |
|-----|-------------|-------------------|------------------------------|
| 1.  | China       | 5,272             | 4                            |
| 2.  | Laos        | 758               | 101                          |
| 3.  | Cambodia    | 3,056             | 178                          |
| 5.  | Singapore   | 2,024             | 341                          |
| 6.  | Vietnam     | 43,206            | 437                          |
| 7.  | Thailand    | 34,581            | 493                          |
| 8.  | Indonesia   | 162,063           | 581                          |
| 9.  | Philippines | 66,864            | 594                          |
| 10. | Japan       | 74,694            | 595                          |
| 11. | South Korea | 35,934            | 700                          |
| 12. | Taiwan      | 19,005            | 796                          |
| 13. | Malaysia    | 37,348            | 1,126                        |

These are four key aspects of British exceptionalism. To be clear, the concept of British exceptionalism does not mean that the UK government's response has been unique among others in manifesting any one or more of these specific failings, or even all of them collectively. Rather, the exceptionality consists in the fact that this has manifested *each and every one* of the policy failings found elsewhere and on a bigger scale than in most other countries.

### **Explaining British Exceptionalism**

An explanation of British exceptionalism will now be advanced. This is a pattern of policy responses to the pandemic that compromised public health owing to the overriding priority accorded to capitalist economics and free markets above all else. As such, British exceptionalism has been profoundly shaped by neoliberalism, which is the most doctrinaire expression of unfettered capitalism and absolute markets in politics and ideology.

Initial and then later resistance to lockdowns was animated by the imperative to keep Britain “open for business”, even though business was closing elsewhere. Incautious de-escalation of lockdown restrictions was animated by the imperative to restore as quickly as possible Britain's “openness” for profit-making. Indeed, this was to ensure that British business was restored faster than anywhere else that matters, so that there was no comparative competitive disadvantage for home-grown or home-based capitals *vis-à-vis* those of competitor countries.

For exactly the same reasons, an aspect of Britain's “openness for business” was also maintaining borders that were open to anyone and everyone who would bring commerce to UK shores and who would convey it from those shores to elsewhere. What stands above all else in British exceptionalism, therefore, is the rejection of border-control policy. This more than anything else made the UK an outlier state in international relations in the pandemic world. A few more words on this is warranted.

Neoliberalism, the policy-framing ideology of international corporate capitalism, is noisily insistent that economic disaster and social malaise must befall any state that is protectionist. Borders, according to neoliberalism, must be porous in the economic sense, so that the flow of income-generating transfers (whether tourists, guest workers, students, capital, goods and

services, business practices, etc.) are unimpeded. Endorsement of these mantras of neoliberalism may explain the failure of the UK government to enact border defence.

This explanation is along the right lines. But it does not appear fully satisfactory. Neoliberal governance is an international phenomenon. Yet this did not stop most other countries from implementing at-the-border policies in an attempt to stop or slow the importation of COVID-19. The solution, I think, is to flesh out the above argument rather than jettison it. The decision of the UK government to reject pandemic border defence could be due to the particular status of British capitalism in world economy. There are three features worthy of note.

1. Britain's capitals are among the world leaders in export business (Clark 2021; Federal Ministry for Economic Affairs and Energy, 2019; Statista, 2020; Trading Economics, 2019; Walker (2018); World Integrated Trade Solution, 2020; Workman, 2020), just as the largest British MNCs are in the front rank for global reach under the "transnationality index" – more so than those of the EU and USA (Rugman and Verbeke (2003). Britain's economy is thus more export-oriented than the USA and those of the EU and its trade is more globally dispersed than theirs.
2. The City of London is one of the world's biggest financial centres (vying with New York for first place), which is globally interlinked with all of the others (Financial Centre Futures, 2016; *Financial Times* (2020, 15/12). The interests of financial capital have also been especially prioritized by governments in the UK *vis-à-vis* industrial capital over a long period of time (Gamble, 1981), and these financial services make a larger contribution to GDP than do those in virtually all other countries (Hutton and Shalchi, 2020). [6] This is arguably to the detriment of the country's "real" manufacturing economy which has largely been subordinated (Gamble, 1981). Today the British manufacturing sector contributes only 17 percent to GDP (O'Neill, 2022).
3. The UK's tourist industry is among the world's biggest and most lucrative, and this also makes a significant contribution to GDP. Travel and tourism is an integral aspect of British capitalism, which is heavily rooted in services rather than industry, with services making up 73 percent of GDP (O'Neill, 2022). A fundamental aspect of the tourist industry is international tourism. The UK is among the world's top ten countries for international arrivals, in fourth place internationally for expenditure on international tourism, and in fifth place for countries which are the most lucrative tourist destinations (UNWTO, 2020).

So, on the basis of a range of indicators, British capitalism is more internationalized than most. For this reason, British political elites especially identify "British" (national) interests as those which are synonymous with economic "globalization". That is, as those which lie in promoting world commerce and placing British capitalism at their centre. Seen in this context, the UK government's eschewal of border defence measures as a first line of defence against the pandemic becomes comprehensible.

Finally, as for mask-scepticism, this was a curiosity in that, unlike other aspects of exceptionalism, this hardly served the cause of unshackling capitalism from the constraints of physical distancing. However, mask-scepticism may be read as the expression of an economic liberalism and consumer libertarianism thwarted by physical distancing. This was perhaps a case of displacement.

This distils a general explanation of British exceptionalism. But there is, I think, more to be said about it. In two words, Brexit nationalism.

British exceptionalism was also made in the interface of neoliberal internationalization and Brexit nationalism that lies at the core of then UK government's political vision of the world. This is because those business interests to which public health needs were to be so disastrously subordinated were likely to have become especially prioritized by ministers due to the uncertainty of the post-Brexit economic situation. The UK had finally exited the EU at the close of 2019. But it had done so without having thrashed out a deal with Brussels that would allow for new trade relations that would cancel out the deficits of formally leaving the single European market. Moreover, it had done so without setting up alternative or additional trading deals with the other great trading states of North America and South Asia (Conn *et al.*, 2020).

Yet a dazzling future of boundless national cultural and economic renewal was promised to the Brexit-voting electorate. Given this context, it was probable that Johnson's government was eager to send a message out to the world that Britain was indeed fully "open" for global business, and that nothing, not even a global pandemic, would obstruct that purpose. This would certainly account for the UK government's delayed lockdowns and incautious unlockings. I contend that the interface of Brexit nationalism and neoliberal internationalism in the politics of the UK's ruling party is as at least a plausible explanation of the inadequacy of the UK's pandemic policies.

## Conclusion

The lesson to be drawn from British exceptionalism is primarily that thoroughgoing neoliberal politics is incompatible with the cause of public health. This is because these will prioritize corporate profit-making over public health under conditions where both are faced with radical danger – such as that posed by a global pandemic. However, the strong pandemic performance of southeast Asian countries (owing to the stringency and proactiveness of their NPIs) provide a beacon for how the impacts of future pandemics may be far better managed.

## Notes

- [1] On the eve of the UK lockdown, the daily new case rate was 12,568. This compared to 6,254 in France, 7,800 in Germany, 9,240 in Italy, and 9,250 in Spain, on the eve of their own national lockdowns.
- [2] A notable aspect of fast-tracked reopenings was Rishi Sunak's Eat Out to Help Out Scheme. This offered financial incentives for people to go to restaurants during a time when COVID-19 caseloads were building in the summer of 2020 (Creaven, 2023, 197).
- [3] As Professor Melinda Mills observed, following on from the WHO's declaration of a global pandemic in mid-March, 70 national governments immediately recommended mask wearing. By early July 2020, in more than 120 countries, mask-wearing was mandatory in all or most public settings (University of Oxford).
- [4] It seemingly did not occur to ministers that mask-wearing could actually reinforce the other NPIs rather than deter them (since the visibility of the mask symbolises viral threat)



or that people could be educated into correct mask use – despite the obvious plausibility of these scenarios. This is probably what happened in the better pandemic-performing countries of southeast Asia in particular. Here physical distancing (along with border controls, travel restrictions, robust quarantining, hand sanitization, and so on) co-existed with mask-wearing – and this and other NPIs were maintained at high levels.

- [5] Typically, there were illogical exemptions. Children under 11 years of age, for example, were not required to wear them. This was presumably based on the myth that children were less likely to either catch or transmit the virus than adults.
- [6] In 2020, the sector was the third largest in the OECD in terms of its contribution to GDP, earning the British economy £164.8 billion, or 8.6 percent of total GDP, with financial exports valued at £62 billion and with a trade surplus of £16 billion.

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