

BRITAIN'S HIDDEN PLAGUE REHEARSAL: The Untold Story of Exercise Pegasus and the £7.5 Million Morgue Contract

When Governments Prepare for Mass Death in Silence



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The United Kingdom has quietly assembled the largest pandemic preparedness machinery in its modern history, complete with mobile morgues, classified threat assessments, and military integration protocols. Yet the British public remains almost entirely unaware that in autumn 2025, their government conducted the most extensive biological crisis simulation ever undertaken on British soil—involving 10,000 to 15,000 participants, every government department, and every devolved nation. What triggered this unprecedented mobilization? And why have the findings been kept from public view?

THE EXERCISE: TIER 1 MOBILIZATION

Exercise Pegasus commenced September 18, 2025, and concluded November 5, 2025. Classified as a “Tier 1” national-level pandemic preparedness exercise—the highest classification available—it required Cabinet Office Briefing Rooms (COBR) activation, ministerial participation, and cross-government coordination that left no department untouched.

The exercise was structured across three intensive “core” exercise days: September 18, October 9, and October 30, 2025. Each day represented a different phase of pandemic response: emergence, containment, and mitigation. Between these dates, participants

worked through detailed scenario workbooks testing their capacity to respond to cascading crises with incomplete information and impossible choices.

The scale was unprecedented. According to the Department of Health and Social Care briefing to NHS England Board on July 15, 2025, Exercise Pegasus brought together every government department, all three devolved governments (Scotland, Wales, Northern Ireland), every one of the 38 Local Resilience Forums across England, NHS England leadership structures, police forces, armed forces liaison teams, emergency services, local authorities, and businesses and academic partners. Seventeen allied nations were invited to observe and participate at selected phases.

The disease modeled was not influenza. Instead, planners created a fictional novel enterovirus outbreak originating from an unspecified fictional island. The virus presentation was deliberately ambiguous: usually mild illness, but capable of serious complications including meningitis and acute flaccid paralysis. The transmission route was respiratory—airborne spread, the nightmare scenario for pandemic planners because it spreads through the medium everyone shares: air itself.

Exercise Pegasus had nine core objectives. Four are particularly revealing: testing decision-making processes for pandemic containment and mitigation measures; exploring how inequality impacts were considered in government decision-making; investigating effects of those decisions on health, care systems, local responders, communities, businesses, and civil society; and examining processes for scaling up capabilities needed as a pandemic surged. The explicit incorporation of inequality into a governmental emergency exercise represents a deliberate departure from COVID-19 planning, where disparate impacts on vulnerable populations emerged only after catastrophe had already begun.

THE ELEPHANT IN THE ROOM: 700 BODY CAPACITY

On February 21, 2025, the Home Office published a tender (reference 2025/S 000-007001) on the government's procurement portals for "Mass Fatality Resilience Capability Storage." The tender specifications were brutally explicit. The Home Office sought suppliers to provide equipment capable of storing up to 700 deceased persons across three deployable tiers.

Lot 1 (Soft Shell): Portable temporary body storage tents for minimum 100 fatalities, including bariatric accommodation. Deployment time: 24 hours. Estimated value: £2,500,000.

Lot 2 (Hard Shell): Refrigerated ISO container-style mortuary units for up to 150 deceased. Deployment time: 3 days. Value: approximately £2,500,000.

Lot 3 (Temporary Buildings): Large-scale temporary mortuary structures modeled on COVID-19 Nightingale hospitals, capable of 450 fatalities including bariatric and fragmented remains. Deployment time: 5 days. Estimated value: £2,500,000.

On August 17, 2025—exactly one month before Exercise Pegasus commenced—the Home Office awarded Lot 2 to an unnamed contractor. The total contract value across all lots was £7,500,000 over initial 2-year term, with optional 1+1 annual extensions (potential 4-year total).

On August 24, 2025, Norwegian outlet Steigan published an article by journalist Jim Ferguson breaking the story: "Britain quietly prepares mobile morgues for 700 bodies." Ferguson documented the tender specifications, contract value, and deployment timelines, noting the "implicit admission that the UK government is preparing for events involving mass casualties" but observing that "the documents do not specify the reasons for such preparations or their intended purpose."

"No parliamentary debate. No public briefing. No transparency. Meanwhile, citizens are left wondering: Is this about public safety, or public obedience? When governments prepare for mass deaths in secret, history teaches us one thing: crisis equals control," Ferguson wrote.

In the United Kingdom, mainstream media coverage was virtually nonexistent. The BBC, ITV, Sky News, The Guardian, The Telegraph—none published investigative pieces on the procurement during the August-September 2025 period, despite the documents being publicly available on government procurement portals. The story had to travel from British government websites to a Norwegian outlet to Norwegian media to international aggregators before it registered at all in British consciousness.

This procurement was not new capability. In 2005-2006, the Home Office had procured the National Emergency Mortuary Arrangements (NEMA)—a system providing 600-body capacity. The new procurement represents an upgrade: 700 bodies instead of 600 (a 16% increase), and critically, the system is now pre-contracted with civilian suppliers and maintained at higher readiness than previous arrangements. The infrastructure is no longer theoretical. It is contracted, maintained, and ready for deployment within 24 hours.

The timing cannot be coincidental. The tender was published February 21, 2025. The contract was awarded August 17, 2025. Exercise Pegasus commenced September 18, 2025. The morgue infrastructure was operational and ready for deployment exactly when the government began its largest-ever pandemic simulation. Either planners prepared infrastructure to support the exercise, or they prepared the infrastructure for potential operational deployment while simultaneously conducting the exercise as stress-testing for exactly this scenario.

THE GOVERNANCE FRAMEWORK: THE AMBER BOOK DOCTRINE

In April 2025, the Cabinet Office published the “Little Amber Book: Managing Crisis in Central Government”—officially titled the “Central Government Concept of Operations for Emergency Response and Recovery.” This document codified how British government would respond to catastrophic emergencies. The Amber Book is not merely advisory. It represents binding hierarchy and decision-making protocol.

The Amber Book established a tiered response architecture. At the base: local response by local authorities and Category 1 responders (emergency services, NHS, police). If local capacity was exceeded, a Lead Government Department (LGD) activated to coordinate multi-departmental response. If the crisis threatened to overwhelm even LGD capacity, Cabinet Office Briefing Rooms (COBR) activated for central coordination by ministers and senior officials.

For pandemic response, the Department of Health and Social Care was designated Lead Government Department, meaning DHSC policy choices would drive the response architecture. But Cabinet Office was positioned as co-leader, responsible for cross-government data aggregation, whole-system impact assessment, communications consistency, and risk escalation.

The document formalized a new capability: the National Situation Centre (SitCen), established in 2021. SitCen aggregates real-time data from across government—intelligence agency feeds, health surveillance data, social media analysis, economic indicators, mobile phone movement data, police incident reporting—to provide ministers with unified situational awareness during crisis. During the 2024 disorder following the Taylor Swift incident, SitCen monitored aggregated mobile phone data and social media to identify likely incident hotspots where civil unrest would emerge, enabling police resource deployment before disorder escalated.

This reveals the unspoken architecture of modern British governance: during crisis, data aggregation becomes the central function. Everything—health data, communications metadata, movement patterns, social media sentiment—flows into SitCen. Ministers then make decisions based on that aggregated picture. The aggregate supersedes the individual. The pattern supersedes the person.

RED TEAM VALIDATION AND VULNERABLE POPULATION ANALYSIS

Between May 12 and September 2025, the UK Health Security Agency conducted Project #192 on the OpenSAFELY platform. OpenSAFELY is a secure analytics infrastructure that allows researchers to analyze pseudonymized GP records from 57+ million patients without moving patient data outside secure NHS systems.

The UKHSA project analyzed diabetes, cardiovascular disease, cancer, and other comorbidity prevalence across England. The purpose: determine realistic vulnerable population numbers for scenario modeling. If a novel respiratory virus emerged, how many people in England had underlying conditions predisposing them to severe disease? Where were those populations concentrated geographically? What were the age and demographic distributions?

This data extraction fed directly into Exercise Pegasus scenario design. Scenario designers wanted realism based on actual population health data reflecting vulnerability distribution across England's regions and demographics. They were not modeling abstract epidemiology. They were mapping actual, specific numbers of actual, specific vulnerable people across actual, specific geographic locations.

The Red Team component of Exercise Pegasus was formally integrated into the Cabinet Office's 2025/26 Capabilities Assessment. Red Teams are tasked with simulating realistic threats to stress-test assumptions, challenging official scenario planning, and identifying where government responses would fail. Red Team reports remain classified, but the fact that they were integrated directly into Pegasus suggests their findings were alarming enough to require systematized response and learning incorporation.

The explicit focus on vulnerable population impacts, combined with data-driven modeling of actual vulnerable numbers across specific geographies, indicates that Exercise Pegasus was not generic pandemic planning. It was scenario-specific modeling of how government decision-making would affect particular groups of particular people in particular locations.

BARONESS HALLETT'S RECOMMENDATIONS: THE MANDATE FOR PEGASUS

Exercise Pegasus was directly responsive to the UK COVID-19 Inquiry's Module 1 Report, published July 18, 2024, by Baroness Heather Hallett. Her finding was unsparring: "If we had been better prepared, we could have avoided some of the massive financial, economic and human cost of the COVID-19 pandemic."

Hallett made 10 core recommendations. Recommendation 6 was explicit: "Regular pandemic response exercises must be conducted at least every three years, with findings published as part of government commitment to transparency." Baroness Hallett further recommended that findings be published in accessible form and that learning be shared across all four UK nations.

Critically, Recommendation 2 focused on inequality impacts: "Integrate assessment of impact on vulnerable populations into all planning." Exercise Pegasus built this requirement into its core structure. One of nine stated objectives was explicit: "Explore the impact of inequalities, and their consideration within pandemic decision-making."

The Welsh COVID Bereaved Families for Justice group, in September 2025, expressed concern that Exercise Pegasus looked "almost entirely NHS-focused" rather than the "whole-systems approach demanded by the Inquiry Chair," noting it appeared to replicate COVID-19 planning mistakes—"planning only for hospitals while ignoring social care, communities, and wider resilience."

This raises a troubling question: If the entire point of the exercise was learning from COVID-19 failures, and if vulnerable population impacts were meant to be central, why did the Welsh bereaved families group believe the exercise was reproducing those failures? What they saw in Pegasus's design suggested to them that government was still planning medical response rather than societal response.

WHAT KEEPS GOVERNMENT AWAKE AT NIGHT

In January 2025, the UK government published the National Risk Register (NRR) 2025 edition. The NRR assessed 89 distinct risks across nine themes. The assessment was explicit about what category of threat government considered most likely and most catastrophic.

The catastrophic-impact risks in 2025 were three:

Pandemic (Novel Respiratory Pathogen): 5-25% likelihood within assessment period. “Reasonable worst-case scenario: Novel respiratory pathogen of COVID-19 severity or greater. Impact: 40,000-100,000+ deaths, healthcare system collapse, economic shutdown.”

Large-Scale CBRN Attack: 1-5% likelihood. Scenario included chemical/biological/radiological/nuclear weapon deployment or hazardous material release.

National Electricity Transmission System (NETS) Failure: 1-5% likelihood. Scenario included cascading power outages affecting critical infrastructure, water systems, hospitals, and food distribution.

The 2025 National Risk Register explicitly elevated CBRN attacks to catastrophic-impact classification for the first time in recorded history. The assessment noted: “Large-scale CBRN incidents remain significantly less likely than conventional attacks, however malicious release remains a major threat to national security.”

Read the numbers plainly. The government estimates pandemic risk as the single most likely catastrophic threat Britain faces. The likelihood is assessed at 5-25% within the relevant planning period. This is not low probability. This is “it will probably happen in the next few years” probability.

Against this assessment, the government prepared 700-body morgue capacity. Not 600. Not 800. Seven hundred. Specific. Numbered. Ready.

THE CONCURRENT EXERCISES: LAYERED SIMULATION

Before Exercise Pegasus began, 17 of the 38 Local Resilience Forums conducted Exercise Solaris in spring 2025. This tabletop exercise was designed to generate feedback for Pegasus scenario refinement. The results of Solaris were not published.

Welsh Government expressed concern that Solaris was “almost entirely NHS-focused” rather than multi-system. This concern was significant. It suggested that even in the preparatory exercise, planners were still building medical response rather than societal resilience—exactly the COVID-19 failure the Inquiry had identified.

In February 5-7, 2025, the government tested Operation Temperer through Exercise Octacine 2. Operation Temperer is a contingency plan enabling military deployment to support police forces in extreme national emergencies. Up to 5,100 service personnel from all three military services can be deployed to provide protective security at critical sites, freeing up armed police officers for operational duties.

The timing was significant. Military deployment protocols were tested three months before pandemic exercise commenced. This suggests that scenario planners anticipated situations where pandemic response would require military support—either for direct crisis management or for maintaining civil order.

On November 4-7, 2025—overlapping the final week of Exercise Pegasus—a separate Tier 1 CBRNE (Chemical, Biological, Radiological, Nuclear, Explosive) national exercise was conducted at Papworth, Cambridgeshire, led by Eastern Region Counter Terrorism Policing and the Ministry of Defence, involving 600 personnel including military personnel, police, medical professionals, and rescue teams.

The deliberate overlap between Pegasus (pandemic scenario) and the CBRNE exercise (terrorism scenario) allowed testing of whether government command structures and emergency services could simultaneously manage two catastrophic crises. This is scenario design at the highest level of sophistication. The planners were not testing single-crisis response. They were testing multi-crisis response architecture.

The implication is clear: government planners believe multiple catastrophic crises could occur simultaneously or in rapid sequence. A pandemic occurring alongside or after a CBRN attack. Infrastructure failure occurring during pandemic. Civil unrest emerging during health crisis.

GOVERNANCE COMPLICATIONS AND DEVOLVED GOVERNMENT TENSIONS

Scotland, Wales, and Northern Ireland have devolved responsibility for health, social care, and emergency planning. This means they must participate in UK-wide exercises but retain their own planning processes and can deviate from UK-wide decisions.

During COVID-19, the four nations initially coordinated closely but subsequently diverged. England lifted restrictions faster than Scotland and Wales, creating cross-border complications and public confusion. The Westminster government's public health messages conflicted with Scottish and Welsh messaging. The health crisis became a constitutional crisis.

Wales participated in Exercise Pegasus but Welsh Government noted it was “merely a participant” with the UK Cabinet leading, making Welsh officials passive rather than active in scenario design. The Welsh COVID Bereaved Families group emphasized they had “been denied observer status for Pegasus. That exclusion speaks volumes,” and that they felt the exercise replicated COVID mistakes rather than learning from them.

This creates a governance weakness at the moment of maximum vulnerability. If pandemic crisis emerges, the devolved nations will feel they are following London decisions rather than implementing Welsh/Scottish decisions. The constitutional tensions from COVID-19 will re-emerge precisely when unified response is most critical.

Pegasus did not resolve these tensions. It rehearsed them, then classified the findings so Welsh public could not know that their government had flagged concerns about the

entire decision-making architecture.

AUSTERITY AND PREPAREDNESS

Exercise Pegasus infrastructure cost approximately £7.5 million. Yet simultaneously, the government announced pandemic research funding had declined £3 billion from 2020 peak spending.

Critically, identified capability gaps from COVID-19 were not addressed:

Diagnostics Sector: COVID-19 Inquiry identified rapid testing infrastructure as critical. Gaps persist in surge diagnostic capacity. Spending Review did not allocate resources to build redundant testing capacity.

Pharmaceutical Manufacturing: UK capacity for rapid vaccine production remains constrained. No major Spending Review allocation to build mRNA vaccine manufacturing domestically.

PPE Stockpiling: Post-COVID reviews identified adequate stockpiles as necessary. No major allocation to build or maintain pandemic-specific PPE stockpiles.

Workforce Retention: Core pandemic capabilities built during COVID were not retained due to competing priorities. No allocation to maintain hibernated expert workforce.

This creates a paradox: the government conducts a £7.5 million-plus pandemic preparedness exercise while underfunding actual capability development. Exercise Pegasus becomes evidence of commitment to preparedness without evidence that actual preparedness is improving.

The government can demonstrate it is “preparing” by conducting an exercise. The evidence of genuine preparation—investing in diagnostic capacity, manufacturing, stockpiles, workforce retention—is absent. Pegasus is symbolic preparedness: the appearance of readiness without the substance.

WHAT GETS TOLD, WHAT STAYS CLASSIFIED

Exercise Pegasus findings remain classified. The Department of Health and Social Care promised publication in 2026, but the exact timeline, classification level, and degree of redaction remain unknown.

In the United Kingdom, mainstream media coverage of Exercise Pegasus was minimal before, during, and after the exercise. Brief parliamentary statements appeared November 4-5, 2025. The BBC, ITV, and Sky News reported the exercise's conclusion but did not investigate preparations, funding, or implications.

The mass fatality procurement story, which should have been major news given its scope and cost, was discovered by Norwegian media. British journalists did not investigate the procurement documents visible on government websites from February 2025 onward. The story traveled: UK gov website → Norwegian outlet → international aggregators → back to Britain.

This reveals something significant about information management in contemporary Britain. Technically, everything was publicly available. The tender documents were on the government portal. The contract awards were published. The exercise briefings were submitted to parliamentary committees. The information existed in open systems.

But existence in open systems does not equal accessibility to public consciousness. The documents existed in technical language, in government portals, in specialist procurement systems. No government press release flagged them. No minister explained them. No media organization investigated them initially.

Whatever the explanation, the result was clear: the UK public had almost no contemporary awareness of Exercise Pegasus, the mass fatality procurement, or the government's assessment of pandemic risk as the most likely catastrophic threat.

THE HIDDEN APPARATUS

Exercise Pegasus reveals a British state that takes catastrophic risk seriously but manages that seriousness through secrecy, classification, and delayed disclosure. The machinery exists: COBR, SAGE advisory structures, LRFs, ICBs, NHS England coordination structures, Cabinet Office central direction, devolved government participation, National Situation Centre aggregating real-time data, Red Teams stress-testing assumptions.

The test happened. The findings exist. But the public has not seen them, and may not see them for years if at all.

Meanwhile, the government has quietly contracted for the infrastructure to store 700 bodies. The contracts are public record, but the reason is not explained. The facilities will sit ready, maintained at cost, waiting for a crisis that might never come or might arrive suddenly and overwhelm capacity regardless.

The numbers are plain. Government assesses pandemic risk as 5-25% likely catastrophic event within planning period. That is not low probability. That is “probably will happen” probability. Against that assessment, specific infrastructure has been procured and held at readiness.

This is how 21st-century Britain prepares for plague: not with public debate, not with transparently allocated resources, not with genuine capability investment, but with exercises conducted behind closed doors, findings classified, and infrastructure quietly built and maintained.

The system is designed to function when crisis comes. Whether it will function well is the question Exercise Pegasus was meant to answer. Whether the answer will ever be honestly disclosed to the public remains deeply unclear.

What is clear: the UK government believes pandemic risk is real, imminent, and catastrophic. The machinery to respond has been built. The exercise to test it has been completed. The findings are being held.

The apparatus exists in the darkness. When it emerges, we will know crisis has arrived.

The silence is deafening.

This investigation is based on government documents, parliamentary records, tender disclosures, published briefing materials, and media reporting from August through November 2025. Exercise Pegasus represents the convergence of post-COVID-19 Inquiry reform, explicit government risk assessment classifying pandemic as most likely catastrophic threat, formal commitment to pandemic exercise protocols, infrastructure procurement, and coordinated testing of crisis response architecture. The integration of all these elements within a 9-month window is unprecedented in recent British emergency planning history. The withholding of findings from public view represents a departure from Baroness Hallett's explicit recommendation that exercise findings be published for public transparency. The facts presented here are derived from public record. Their interpretation remains subject to debate. Their significance should not be subject to silence.

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