

24.06.2020

Open letter from Woking Labour to Jonathan Lord

Dear Mr Lord,

Woking Labour is calling for an inquiry into the handling of the Covid-10 crisis, in solidarity with the families of over 40,000 UK citizens who have suffered or lost loved ones due to Covid-19.

Questions about the handling of this crisis can only be fully addressed in a public inquiry, which must be implemented as soon as possible.

There is growing and compelling evidence on the devastating effect of the UK government's approach to lockdown when compared to other countries that took swift action and followed World Health Organisation advice on testing and tracing (such as South Korea, Taiwan and Singapore).

A UK citizen is many times more likely to have died with Covid-19 than either South Korea (~ 100 times) or Taiwan (~ 1700 times). It appears the comparatively high UK death rate could have been very different if the right action had been taken at the right time.

Even compared with countries with heavy death tolls, the relative position of the UK has steadily worsened. This is government failure to safeguard on a massive scale. Numbers of confirmed Covid-19 deaths in the UK contrast so adversely with those of other countries that adopted the measures suggested by the World Health Organisation (*Ref 1*), at an earlier stage (please see the attached appendix).

There have been sharp differences in deaths from Covid-19 with age-adjusted death rates in the most deprived tenth of areas in the UK more than double those in the least deprived tenth. Those on lower incomes are the most likely to have underlying medical conditions making them vulnerable to Covid-19 and some ethnic minority groups have far higher death rates than the white British population (Blundell et al., 2020). Accounting for differences in age, sex and geography, the IFS found deaths of British black Africans background to be 3.5 times those of the white British population and British Pakistani deaths to be 2.7 times as high. The IFS previously found that a third of all working-age black Africans are employed in key worker roles, 50% more than the share of the white British population. Additionally, Pakistani, Indian and black African men are respectively 90%, 150% and 310% more likely to work in healthcare than white British men. It is vital that any inquiry specifically investigates the high level of deaths in BAME communities and also acknowledges that this crisis has emphasised and exacerbated existing deep structural inequalities in income, work, health, education, housing, savings, ethnicity and age.

In his letter to all homes (*Ref2*) the Prime Minister asserted, "From the start, we have sought to put in the right measures at the right time." Whether the right things have been done at the right time should be a central question, as it looks very likely that people have died, are dying and will die unnecessarily in the UK. Already, the evidence points to relative success in some countries being no accident, leading to far fewer deaths and much less misery. Similarly, it also points to

relative failure of both strategy and implementation of policy that could have prevented thousands of deaths in the UK.

The following questions, not exhaustive, should be included in an inquiry:

Was the Prime Minister's statement in the letter to all homes in the UK a reasonable one to make? i.e. "From the start, we have sought to put in the right measures at the right time." And were the best measures chosen?

- Why was the UK not better prepared for a pandemic despite it being identified as the number one threat to the country? Were there warnings and reports which had been ignored such as Operation Cygnus (*Ref3*)?
- Why were initial attempts at community testing and contact tracing abandoned with no further substantial attempt to contain the virus before the lockdown?
- Why was there no real attempt to insist on quarantine for those entering the country? (As an island, the UK was in a better position than others to follow up these individuals).
- Why did the Government not appear to take notice of urgent WHO requests, especially over implementing widespread tracing and testing (*Ref1*)?
- Were the health service and social and care services adequately staffed? (*Ref4*)
- Were the health service and social and care services properly equipped, with particular reference to protective equipment for staff, to testing facilities, and ventilators? (*Ref4*)
- Did lower UK standards of protective equipment, and/or distribution failures contribute to deaths of frontline staff? (*Ref 1*)
- Did the special needs of Care Homes receive reasonable attention, especially over PPE and the extra level of shielding required?
- How have the last decade's funding cuts to the NHS and social services affected their response to this crisis? (*Ref4*)
- Were incorrect statements made by ministers that need investigation and explanation? (*Ref5 includes some*)
- We also note that Alistair Campbell's 20 pertinent questions written on April 10th all need an answer. (*See the first link on Ref5*)

Woking Labour would like to thank our comrades in Fyld Labour, and in particular Ken Cridland, for the time and care that went into producing the research behind this letter. We urge you for a prompt and thorough response to the concerns and questions raised in it.

Yours sincerely,

The Executive Committee of Woking Constituency Labour Party

Appendix

Countries which have higher virus-related death rates compared with countries which have been far more successful.

Tables 1&2 below shows the recorded deaths of some nations as of the morning of 19th May 2020, and then gives a figure for the number of deaths per million people in the population by that day. Confirmed coronavirus cases have not been used as it seems to depend on whether much testing has been done. The last column is a comparison showing how much more (or less) likely a UK citizen is to have died with the virus already. Numbers of deaths are taken from the BBC charts (*Ref6*) except Hong Kong, although it is known that the real number of UK deaths is likely to be larger as they are often hospital deaths only. Tables 1&2 have been produced because the BBC league tables fail to give a full picture for two reasons –

1. They rank the order using the number of confirmed coronavirus cases. As this depends on the amount of testing as well as the number of cases, it is not a fair measure. Deaths have been used instead.
2. They ignore the fact that the population of countries varies considerably. Therefore, the deaths per million in the population have been used to give a fairer comparison.

Country	Deaths	Deaths per million	Comment	Comparison with UK death rate
Spain	27,709	594	Past peak	1.2 times worse than UK
Italy	32,007	529	Past peak	Very similar to UK
UK	34,796	512	Past peak, behind others	-
France	28,239	433	Past peak	1.2 times less than UK
US	91,985	288	Past peak, coming down slowly	1.8 times less than UK
Germany	8,123	97	A lot of testing	5.3 times less than UK
Iran	7,057	84	Some question the official figures	6.1 times less than UK

Country	Deaths	Deaths per million	Comment	Comparison with UK death rate
South Korea	263	5.1	Once started, lots of testing & tracing	100 times less than UK
New Zealand	21	4.4	Virus arrived here later but action was quick – “Go early, Go hard” said PM	116 times less than UK
Singapore	22	3.7	Arrived here quickly but kept control	138 times less than UK

China	4,634	3.2	Started here. Some question official figs	160 times less than UK
Hong Kong	4	0.5	Arrived here quickly. Quick action taken	1024 times less than UK
Taiwan	7	0.3	Arrived here quickly. Quick action taken	1707 times less than UK

Table 1 Some major countries with higher virus-related death rates (Ref 7)

Table 2 Some of the countries which appear to be dealing with the situation far more successfully (Ref8)

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