



MISCONDUCT IN PUBLIC OFFICE

Why did so many thousands
die unnecessarily?

Report of the People's
Covid Inquiry

December 2021

PEOPLE'S
COVID
INQUIRY 

Learn lessons, save lives.

MICHAEL MANSFIELD QC

Chair of the Inquiry Panel



What was the point of it all?

The phenomenon of the 'pandemic' is hardly novel. There is a long history of the planet being plagued; there are regular occurrences beginning with the first recorded in 430 BC through to the notorious Black Death (1350), bubonic plague during the life of Shakespeare in the mid-16th century, the Great Plague (1665), Cholera (1817), a sequence of severe influenza outbreaks – Russian (1889); Spanish (1918); Asian (1957); Swine (H1N1, 2009) – and most recently and highly relevant, Severe Acute Respiratory Syndrome (SARS, 2003) and MERS (2012, spread from camels).

Anyone in government responsible for health and safety must have been aware of the risk of a pandemic recurrence. This responsibility is well-recognised by the tenets of international and domestic law. Internationally it is embraced by a number

of different instruments – the Universal Declaration on Human Rights (1948 Article 25); the Charter of the UN (Article 1 1945); the Constitutional provisions of the World Health Organisation (WHO) and the World Health Assembly (1946/1948 – creatures of the UN and engaging over 190 states), both committed to countering cross-border health threats and giving rise to the International Health Regulations (IHR 2005).

Of especial interest is the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR). Articles 12 (1) and (2) read:

'The States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest standard of physical and mental health.'

'The steps to be taken by the States Parties to the present Covenant to achieve the full realisation of this right SHALL include those necessary for ... (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases.'

The United Kingdom ratified this treaty in 1976.

Domestic law reflects these obligations via the Human Rights Act 1996 (HRA) s6, by which the government must act in a manner compatible with the European Convention Articles (ECHR), for example Art 2, the Right to Life. Even more specific is the National Health Service Act 2006 s2A which imposes a duty to protect public health from diseases and other dangers to public health, and indicates appropriate steps which may be taken. Public Health England (PHE) was the executive arm of the Department of Health and Social Care (DHSC) dealing with this along with the Minister who bore ultimate responsibility,

Secretary of State for Health, Matt Hancock. Both PHE and Mr. Hancock have gone. PHE was replaced by the UK Health Security Agency in the summer of 2020. According to the Government website this agency will be responsible for planning preventing and responding to external health threats and providing intellectual, scientific, and operational leadership at national, local, and global levels. It will ensure the nation can respond quickly and at greater scale to deal with pandemics and future threats.

So what has been going on up to now? Or is this an admission of failure?

Besides the general historical context described above, there were far more specific warnings which were either ignored, or put on the back burner. In 2006, the Government Office for Science predicted a global pandemic within the next 30 years due to a virus mutating from a wild animal to humans (zoonotic disease). Ten years later, in 2016, there were two exercises, the full details of which have not been made public until recently – Cygnus and Alice.

The details of Cygnus were eventually leaked after threats of legal action. The Health Minister at the time in the House of Lords, Lord Bethell, in June 2020 asserted that Cygnus-style simulations should remain secret 'so that the unthinkable can be thought'. More machinations from a government which had lost the trust and confidence of the people.

They did not want the public to know that three years earlier the Cygnus report came to this conclusion:

'The UK's preparedness and response in terms of plans, policies and capability, is currently not sufficient to cope with the extreme demands of a severe pandemic

that will have a nationwide impact across all sectors.'

What the Health Secretary Mr. Hancock failed to reveal was that on top of Cygnus, in the same year there had been a number of exercises modelling different scenarios. Ten in all: some were for Ebola, some for flu – but one was for coronavirus, deriving its basis from a MERS outbreak caused by this virus. This too was kept secret. PHE and the Department of Health and Social Care were both centrally involved.

The Government should, therefore, have been well prepared for the eventuality that presented itself at the end of 2019. The NHS and social care infrastructure should not have been neglected and run down; effective in-date Personal Protective Equipment should have been readily stored and accessible; track and trace provision should have been anticipated as vital to basic public health measures; extra NHS hospital space carefully planned; an adequate NHS trained staffing complement at the ready; quarantine conditions and support sorted; strict border controls and isolation facilities programmed in advance. None of this is hindsight, as we make clear. This People's Covid Inquiry report is unequivocal – dismal failure in the face of manifestly obvious risks.

Even if distracted by Brexit – or Shakespeare – the Government went on to miss, overlook, or ignore the more immediate warning signs, which, if acknowledged, could have made a real difference to outcomes. On 31 December 2019 China alerted WHO about a cluster of what was thought to be pneumonia cases in Wuhan.

Of itself this was not perhaps overly concerning. However, events escalated in a way that was not entirely unexpected – especially given the exercises undertaken.

On the 10 January 2020 the World Health Organisation issued a technical guidance package on how to detect, test and manage a potential respiratory pathogen (SARS and MERS). On 12 January 2020 China shared the genetic sequence for SARS-CoV-2. On the 23 January Wuhan and other cities were in lockdown. By 30 January 2020 WHO declared a global emergency and the following day, 31 January, the first two cases were confirmed in the United Kingdom.

Yet it is not until the end of March that Mr. Johnson gets his act together. The Government was caught seriously on the back foot and remained that way for the rest of 2020, as detailed in the evidence. There has been no accountability in any form, and it cannot be offset by the vaccine distributed by the NHS throughout 2021.

There was no consistent, comprehensive and coordinated plan of public health strategy. What leapt off the press conference page was the dilatory initial response; the absence of any effective track and trace system; the sheer waste of taxpayers' money ploughed into the pockets of private cronies; the contradictory messaging; the abject failure to provide PPE; the albatross of Nightingale hospitals; the lack of trained staff; the failure to utilise NHS primary care facilities; the misrepresentations about care home ringed protection; the parlous state of the NHS in the first place. Above all is the utter distrust of the public and the disrespect for the frontline workers, who, once the claps and saucepan fanfares had abated, were offered a 1%, below-inflation, pay rise for their life-endangered troubles.

The UK remains near the top of the death and infection rate table. Mr. Johnson says (15 November 2021) he cannot rule out

more of the same on-the-hoof policy for winter 2021. Yet again he was advised months ago to implement a controlled raft of well-recognised public health suppression measures that accommodate the ongoing threat without resorting to the spectacle of see-saw lockdowns and disruption.

This Inquiry performed a much-needed and urgent public service when the nation was hit by a catastrophic pandemic coincident with an unprecedented period of democratic deficiency. It afforded an opportunity for the beleaguered citizen to be heard; for the victims to be addressed; for the frontline workers to be recognised; and for independent experts to be respected. When it mattered most and when lives could have been saved, the various postures adopted by Government could not sustain scrutiny. This was especially so when initially the Government thought the best thing would be to ignore the virus because overreaction could do more harm than good.

The Prime Minister initially rejected the idea of an independent public judicial inquiry into the Covid pandemic. Pressed by the bereaved and others, he eventually conceded in the summer of 2020 that there would be one – but not until later. Months went by and nothing more was said until earlier this year when the bereaved repeated their request. Again rebuffed: the time was not right, and it would interfere with government work. Once a bevy of notables lent their weight to the glaring and urgent need, Mr. Johnson relented and announced that there would be one 'launched' in the Spring of 2022. More silence thereafter. Despite continued requests – no definition of 'launch', no date, no judge, no terms of reference, no infrastructure. Nothing. Nor is there now, as we head towards

publication of our report having conducted a four-month People's Inquiry in the Spring of 2021.

It was plain to Keep Our NHS Public (KONP), the organisers of the People's Covid Inquiry, that Government words were bloated hot air, hoping to delay and obfuscate. Within this narrative lies a theme of behaviour amounting to gross negligence by the Government, whether examined singularly or collectively. There were lives lost and lives devastated, which was foreseeable and preventable. From lack of preparation and coherent policy, unconscionable delay, through to preferred and wasteful procurement, to ministers themselves breaking the rules, the misconduct is earth-shattering.

The public deserves the truth, recognition, and admissions.

For behaviour to be categorised in criminal law as misconduct in public office, it must be serious enough to amount to an abuse of the public's trust in the office holder and

'...must amount to an affront to the standing of the public office held. The threshold is a high one requiring conduct so far below acceptable standards as to amount to an abuse of the public's trust in the office holder.' (A-G Ref No3 2003 (Attorney General))

The test for a jury has been said to be whether the conduct is worthy of condemnation and punishment:

'Does it harm the public interest?' (LCJ in Chapman 2015)

16 November 2021

THE PEOPLE'S COVID INQUIRY

**The People's Covid Inquiry took place
from 24 February to 16 June 2021.**

A panel of four, chaired by Michael Mansfield QC, heard evidence from over 40 witnesses including bereaved families, frontline NHS and key workers, national and international experts, trade union and council leaders, and representatives from disabled people's and pensioners' organisations.

People's Covid Inquiry

www.peoplescovidinquiry.com

Keep Our NHS Public

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Keep Our NHS Public
PO Box 78440
London
SE14 9FA
United Kingdom

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**KEEP OUR
NHS PUBLIC**

The logo for 'People's Covid Inquiry' features the text 'PEOPLE'S COVID INQUIRY' in a bold, sans-serif font. To the right of the text is a white icon of a stethoscope.

**PEOPLE'S
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