

Witness Name: Matt Fowler

Statement No.: 1

Exhibits:

Dated:

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MATT FOWLER, CO-FOUNDER OF COVID 19 BEREAVED FAMILIES FOR JUSTICE UK

I, Matt Fowler, will say as follows: -

1. Covid 19 Bereaved Families for Justice was established in May 2020 with the aim of bringing about a Covid 19 Inquiry so that lessons could be learned to save lives in this and future pandemics. Covid 19 Bereaved Families for Justice is a Private Limited Company by guarantee without share capital use of 'Limited' exemption, and operates across the UK.
2. Covid 19 Bereaved Families for Justice represents over 6000 members across the UK who have lost loved ones to Covid 19. Our aim has been to establish a UK wide inquiry into the handling of the pandemic, as well as inquiries in each of the devolved nations. We aim to ensure that the experiences of those who suffered the ultimate loss to Covid 19 are learned from in order to prevent families from losing loved ones in the future.
3. It appears to the families/group that the level of preparedness for the pandemic was extremely poor, evidenced by the standing start and hopeless early response which indicates the lack of ready-made plans and contingencies. The families will use this R9 response to raise questions, which they hope that the inquiry will strive to answer.

4. The group recognises that there was/is a framework for preparedness, in particular the CCA, and there were local structures, including LRFs, which should have assisted the coordination of a swift and comprehensive response. The group recognises that pandemics (both flu and emerging diseases) were high on the National Risk Register, so the state appears to have actually foreseen what was obviously foreseeable. The group recognises other frameworks which were in place and should have guided planning and preparedness, in particular the PSED and associated anti-discrimination policies, guidance and awareness training.

5. The group raises three fundamental issues as a starting point. Did the lack of preparedness lead the UK to be reactive rather than proactive in response to the pandemic? Was the level of preparedness, and the structures, frameworks, policies and guidance, sufficiently transparent and open to alert decision-makers, the media, and the public to shortcomings? Was sufficient resourcing ring-fenced for preparedness, given the obvious problem that such provision is designed to deal with something which is unlikely to happen at any particular time, or to avoid a tangible outcome?

6. Given the legal requirement on the state to safeguard citizens generally, and those known to be vulnerable in particular, from foreseeable threats to life, the group believes that the failed responses raise the following Qs regarding preparedness:
 - a. To what extent was the framework including the CCA, LRFs, policies and guidance fit for purpose, and did it work in practice regarding preparedness for a pandemic? What were the obligations on national, devolved, local and public authority bodies? What oversight, compliance, and enforcement measures were in place (if any) to ensure the framework delivered on preparedness?
 - b. What was the extent of resourcing for that framework at UK, devolved administration, local government, and public authority levels, and was it sufficient?
 - c. Were associated legal and policy requirements properly incorporated into preparedness, in particular the PSED, and planning for disproportionate effects on different communities, and different sections of those communities?

- d. How was UK preparedness affected by devolution, and how was preparedness coordinated between the UK and three devolved administrations?
- e. How did each of the three devolved nations/jurisdictions fulfil their preparedness obligations? Did they do so sufficiently?
- f. Was there sufficient planning and exercising for simulations, and was there appropriate learning, and action taken accordingly?
- g. Was there sufficient provision for monitoring problematic international disease outbreaks, and coordinating with international public health bodies concerning the same, and appropriate measures?
- h. Was there sufficient provision to support decision-making as to how to minimise the transmission of viruses into the UK, in particular at the earliest stages of an outbreak?
- i. Was there sufficient provision and contingencies to ensure that testing would be available as early as possible?
- j. Was there sufficient provision to ensure the testing of persons seeking to travel to and entering the UK?
- k. Was there sufficient provision to establish effective test and trace within the UK, at the earliest possible stage?
- l. Was there sufficient planning, provision, and contingencies to ensure urgent medical research and development of testing, and of vaccines and other pharmaceutical and medical devices required to mitigate a pandemic, and laboratory provision to support such activities?
- m. Was there sufficient provision and contingencies to ensure the urgent manufacture and supply of such testing, vaccines, pharmaceuticals and medical devices?
- n. Was there sufficient provision and contingencies to ensure the identification of needs, and the urgent manufacture of PPE, or to ensure supply lines for the same?
- o. Was there sufficient planning and provision for the delivery of measures to contain the virus, to have sufficient testing, vaccines, and other pharmaceutical and medical interventions?
- p. With respect to non-pharmaceutical measures including lockdowns, closure of leisure and hospitality facilities, and restrictions on movement,

assembly and public transport, was there sufficient planning in terms of behavioural and other implications which were essential to decision-making?

- q. Was there sufficient planning and provision for the maintenance of essential services and food?
- r. Was there sufficient planning and preparedness for the protection of emergency service workers, healthcare and social care staff, education and social services, other essential workers, and those in the gig economy who were required to work with limited or no protections?
- s. Was there sufficient planning and provision of measures to ensure urgent due diligence and prevent fraud in the procurements necessary in this type of emergency?
- t. Was there sufficient planning and provision for maximising the protection of potentially vulnerable communities, both through structural racial discrimination, and sections of the community who were potentially vulnerable through age, gender, disability, economic disadvantage or any other foreseeable reason?
- u. Was there sufficient planning and provision for expanding capacity, and for safeguarding against transmission into, within, and out from hospitals, care homes and other facilities?
- v. Were factors such as chronic underfunding, austerity, Brexit, poor regulation, privatisation, the dominance of private provision and the use of agency workers in the social care sector, significant in the level of UK preparedness? Were these factors which affected the preparedness of LRFs, the NHS, the HSE, and regulators? Were these factors which contributed to healthcare and other provision inequalities?
- w. Was there sufficient planning and provision to support effective decision-making by Government, devolved, and local authorities, and through COBRA and other emergency committees at national, local and public authority levels? What provision was there for the gathering of information and relevant expertise to meet an emerging public health emergency of the nature of a pandemic? How were relevant expert scientific bodies and individuals selected? Was learning from historical events (such as SARS 1) included in preparedness for emergency decision-making?

7. The group thinks that the statement should be a public document.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: _____

Personal Data

Dated: 29-03-23