

**IN THE UK COVID-19 PUBLIC INQUIRY**

**BEFORE BARONESS HEATHER HALLETT**

**IN THE MATTER OF:**

**THE PUBLIC INQUIRY TO EXAMINE THE COVID-19 PANDEMIC IN THE UK**

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**Submissions on behalf of Covid-19 Bereaved Families for Justice UK**

**relating to Module 4 Impact Evidence**

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**Introduction**

It was confirmed within Counsel to the Inquiry's Note for the second preliminary hearing that the Inquiry intends to hear impact evidence from the Core Participant groups in Module 4.

These submissions accompany the written submissions of Covid-19 Bereaved Families for Justice UK (CBFFJ UK) for the preliminary hearing on 22<sup>nd</sup> May 2024. As confirmed within our written submissions, we are in the process of inviting further evidence from our clients. The accounts provided within these submissions will be supplemented with further accounts in due course.

CBFFJ UK is made up of bereaved family members from across the four nations of the UK. Our client group has relevant evidence to give regarding the key issues to be examined within Module 4. Given the expressed intention to put bereaved families at the heart of the Inquiry, it is extremely important to hear about the impact of the vaccination programme and the use of antivirals and therapeutics on the people who died during the pandemic and the family members they have left behind.

A summary of the evidence from members of CBFFJ UK appears below:

## **Proposed Witnesses:**

### **(1) Deborah Toohey**

Ms Toohey's mother, Mrs Lumsden, tested positive for Covid-19 at Ridgway Manor Care Home in Surrey on 11<sup>th</sup> January 2021. She passed away on 17<sup>th</sup> January 2021.

Ms Toohey states that doctors did not visit her mother's care home to distribute vaccines to the residents when they first became available. Staff were due to go into the care home a week or two before her mother contracted Covid-19 but Ms Toohey understands they refused to do so as a resident had tested positive.

Mrs Lumsden had Alzheimer's and she had reached a point where she was starting to be more positive and Ms Toohey wishes she had been able to spend more time with her.

Ms Toohey is of the belief that if doctors had visited her mother's care home sooner, or if the vaccines became available at an earlier date, then some of the care home residents, including her mother, may have survived Covid-19.

### **(2) [REDACTED]**

[REDACTED]'s husband, Mr [REDACTED], had underlying health conditions (including asthma) and was being treated by a GP for a chest infection that was not responding to antibiotics. It is believed Mr [REDACTED] caught Covid-19 through public transportation.

Mr [REDACTED] was admitted to hospital on 7<sup>th</sup> October 2021. His Covid-19 test was initially negative but a different test was undertaken and he subsequently tested positive on 8<sup>th</sup> October.

Mr [REDACTED] was given some medication that he was told was being trialled. Mrs [REDACTED] was informed that her husband met the criteria for the medication but she was never told what this was. The only information she was given was that only 1 dose was needed. The medication did not appear to help as Mr [REDACTED] was transferred to the ICU on 12<sup>th</sup> October and was placed on a ventilator on 17<sup>th</sup> October. Sadly, Mr [REDACTED] passed away on 30<sup>th</sup> October. A DNR order was also introduced to Mr [REDACTED]'s care plan.

Mr [REDACTED] received two doses of AstraZeneca and was awaiting his third dose of the vaccine before he fell ill.

Mrs [REDACTED] is a senior nurse and has retained a copy of her husband's medical records. Mr [REDACTED]'s GP wrote that the AstraZeneca vaccine was not effective for those with respiratory conditions, however this was not communicated to Mrs [REDACTED] or her husband, and an alternative vaccination was never offered.

Mrs [REDACTED] gained greater insight regarding Covid-19 vaccinations as she was drafted to work for 9 months in various vaccination centres [REDACTED]. Mrs [REDACTED] states that the timing between vaccines did not appear to be based on scientific advice as this was constantly changing. Therefore, it appeared to Mrs [REDACTED] that the gap between the second and third dose of the vaccine, which was set at 6 months, was not scientifically validated.

Mrs [REDACTED] caught Covid-19 from her husband. She was under a consultant as she was classed as vulnerable. The consultant took blood samples from her and initially the antibodies for Covid-19 were high. Further blood samples were taken 3 months later and the level of antibodies had dropped completely. Mrs [REDACTED] therefore wonders how effective the vaccines were.

### **(3) Sara Meredith**

Mrs Meredith's son Daniel passed away from Covid-19. He was 7 years old.

Daniel had complex needs, and throughout the pandemic, Mrs Meredith advocated for children who are vulnerable to have access to the vaccine as early as adults. She and Daniel spoke to members of Parliament and from the House of Lords but were constantly met with the response that "children are not adversely affected". The UK Government appear to have ignored the fact that children could be vulnerable too.

In the USA, children were vaccinated parallel to adults and received the protection they needed. This acted as a stark juxtaposition to the position in the UK, where teachers and children were allowed to return to school with vulnerable children who had not been vaccinated. Daniel did not return to school, but he was exposed to Covid-19 from his sister who was working as a teaching assistant who cared for a child was unknowingly positive for Covid-19.

Daniel sadly passed away from Covid-19 on 27th April 2022. He had only received one dose of the vaccine. Daniel fought for his life in a children's hospital for over two weeks, but there were no treatments available to help him, as they had not been prioritised for children.

When Daniel had passed away, his doctor told his family that if they wanted Covid-19 to be recognised on his death certificate they would have to wait until it had been cleared by the coroner. If the family accepted an alternative cause of death, Daniel's death would have been recorded that day. Mrs Meredith questions how many children's deaths were recorded differently due to parents wanting to progress arrangements straight after death; and how many Covid-19 deaths were registered as alternative causes of death, and why was this allowed to happen.

#### **(4) Nicholas Willis**

Mr Willis' grandmother, Mrs Newton, acquired Covid-19 in a care home in early January 2021.

Mrs Newton was within days of receiving her vaccine, but due to the delayed rollout at the time in the area, she missed out and was not afforded this vital protection. Mr Willis believes his grandmother was not prioritised for a vaccination, as Mr Willis' own mother was an NHS worker and got vaccinated first whilst his grandmother was in hospital.

Mrs Newton was not given any antiviral treatments from her GP or the NHS whilst she was at the care home or hospital having contracted Covid-19.

Mr Willis queries how Covid-19 was brought into his grandmother's care home, as up until this transmission occurred, the care home had done an exceptional job at keeping its residents safe. It is speculated that a health care worker was reusing their surgical gloves and personal protective equipment, and possibly spread Covid-19 among several local care homes.

Mrs Newton was taken to Bassetlaw Hospital in an ambulance. She received no treatment to fight the virus and sadly passed away within a week from Covid-pneumonia, a stroke, and a heart attack.

#### **(5) [REDACTED]**

Mrs [REDACTED] believes her husband's death could have been avoided if he had received the vaccine on time.

When the vaccine first became available, it was for the vulnerable, disabled and elderly. Mrs [REDACTED] [REDACTED]'s husband fitted all of these conditions.

They were asked to phone a certain number which was engaged all day for several days and finally when the call was answered, they were informed that they had run out of vaccines and they would let them know when there was a new supply. They did not get back in touch until after her husband had been admitted to hospital for an investigation unrelated to Covid-19 on Wednesday 6th January 2021.

Mrs [REDACTED]'s husband tested negative for Covid when he was admitted to hospital. She asked whether he could be vaccinated in order to protect him but she was told this was not possible as they did not vaccinate patients. Mr [REDACTED] was placed on a ward with patients who had tested positive for Covid. Mrs [REDACTED] believes the hospital did not have any policy in place for virus control.

After 10 days in hospital, Mr [REDACTED] was permitted to return home on Friday 15th January and he was discharged, even though his condition had deteriorated.

Mrs [REDACTED] had to call an ambulance the following day. Her husband spent only one night at home, which subsequently resulted in Mrs [REDACTED] contracting Covid-19 from her husband, and she was later admitted to hospital herself.

Mr [REDACTED] was taken to his local hospital and the ambulance crew commented on the fact that the emergency service department Mr [REDACTED] was going to was much better than the previous hospital he had visited.

Once Mr [REDACTED] reached the hospital, he was placed in a single room for protection. He was tested the following day and his results were positive for Covid-19. Mr [REDACTED] received the best care and treatment at this hospital, but after the weekend he had to be transferred to the hospital where he is believed to have originally contracted Covid-19 as the local hospital did not have a dialysis unit.

Mr [REDACTED] was not given non-invasive ventilation at this hospital, but he had been at the local hospital. When they asked the consultant why they were not giving him non-invasive ventilation

they were told that it would not make any difference, but it did appear to make a difference at the local hospital.

Mr [REDACTED] passed away on Friday 22<sup>nd</sup> January 2021. Mrs [REDACTED] believes the hospital where he died sought to cover their tracks by including prostate cancer and apnoea as other possible causes of death in addition to Covid-19.

#### **(6) Amandeep Girm**

Mrs Girm's husband was a nightclub owner and she believes he contracted Covid whilst at work.

Neither Mrs Girm nor her husband were vaccinated. They were about to start trying for their third baby and they asked their GP whether it would be advisable to have the vaccine. The GP recommended that they did not have the vaccine as it was not known what effect the vaccine could have on fertility. They also had a conversation with a midwife who was looking after Mrs Girm following a miscarriage and she said they should follow the GP's advice.

Mrs Girm's husband decided he would try and get the vaccine 2 weeks before he became ill with Covid. He had returned to work and he was concerned about contracting the virus. The nearest appointment he could find was an hour and a half away from their home so he decided to wait. As a result, he never received the vaccine.

When Mr Girm was admitted to hospital, doctors kept saying he should have had his jabs. Mrs Girm shares that she received conflicting information in the hospital, and wonders what may have been had her husband received his vaccinations.

Mr Girm was 38 years old when he passed away. He was a fit and healthy man and had no underlying health conditions, leaving behind two very young children.

#### **(7) [REDACTED]**

Mrs [REDACTED]'s mother, [REDACTED], was 82 years old when she passed away.

Mrs [REDACTED] was told to shield due to having a pre-existing heart condition. During 2020 her family kept her safe. Her daughter did her shopping and took her for appointments and her 2 sons stayed away, just speaking to her by phone.

During 2020 Mrs [REDACTED] had a number of stays in hospital due to anemia, which indicated blood loss, and she required blood transfusions. In November 2020 she collapsed at home and was readmitted to hospital. In December 2020, whilst in hospital, she was diagnosed with a spinal infection which required intravenous antibiotics for 3 months which had to be administered in hospital.

Mrs [REDACTED] was in hospital from 27<sup>th</sup> November 2020. She contracted Covid-19 on 6<sup>th</sup> March 2021 and died on 13<sup>th</sup> March 2021. Due to the restrictions on hospital visiting her sons did not spend any time with their mother from October 2020 until the night before she died, when they were allowed to see her.

During the time Mrs [REDACTED] was in hospital many letters and phone calls were received at her home encouraging her to receive the vaccine. However, she was not vaccinated in hospital, despite the fact that the hospital was being used as a vaccination centre.

In its response to Mrs [REDACTED]'s complaint after her mother's death, the hospital confirmed that they did not start to vaccinate in-patients until 1<sup>st</sup> March 2021 due to training, logistical and vaccine storage issues.

Mrs [REDACTED] was vulnerable and in the priority group for vaccines. Mrs [REDACTED] believes that the hospital should have been vaccinating patients in line with the priority used in the community.

(8) [REDACTED]

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[REDACTED]  
[REDACTED]

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