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

MODULE 10 OPENING SUBMISSIONS
COVID-19 BEREAVED FAMILIES FOR JUSTICE UK

These submissions should be read alongside those of NICBFFJ, which we endorse and support.

I. Introduction

1. The very first Module of this Inquiry opened with a film featuring the voices of the bereaved. The very first person to speak on that film was Brenda Doherty of NICBFFJ, who was also the final witness in Module 1. As we wrote in our Module 1 Closing Submissions, Brenda's evidence and that of other bereaved witnesses, including Matt Fowler of CBFFJ UK, gave substance from the outset to all the evidence of policies, guidance documents, acronyms and charts that the Inquiry had had to consider over the preceding weeks.

2. That pattern has been repeated in in modules dealing with health and social care, test trace and isolate and vaccines and therapeutics. The bereaved and others with lived experience have provided the Inquiry with invaluable evidence which has sought to ensure that the Inquiry's evaluation of planning and preparedness, decision-making and operational measures is grounded in its proper context, namely Covid-19's devastating impact on individuals, families and communities.

3. It is therefore fitting that Module 10, the very final module of the Inquiry, will conclude the Inquiry's hearings by calling further powerful evidence from bereaved witnesses from across the UK to speak once more to the impact of the pandemic.

4. From the outset CBFFJ UK has made its aims within this Inquiry clear, namely for members to establish what happened to their loved ones, to participate effectively in that pursuit of the truth, and in doing so to assist the Inquiry in ensuring accountability and preventing future deaths. CBFFJ UK approaches this final impact module with those aims firmly in mind.

5. As we have argued, and as the Inquiry has recognised in its Module 1 and 2 reports, serious failings in preparedness, core decision-making and political governance marked the response to Covid-19 in the UK and across the four nations. The State's pandemic response was integral to the scale of loss across the UK and also to its particular traumatic impact, as we explain further at (II) below. It is therefore our strong submission at the opening of Module 10 that the Inquiry cannot understand the particular impact of bereavement in the pandemic and, crucially, bereavement by Covid-19, except in the context of the State's pandemic response and the failures to avoid preventable deaths and unnecessary suffering.

6. Against that background we highlight below at (III) some of the particular aspects of impact on the bereaved which call for scrutiny in this module. The Inquiry will recognise the significance in this context of key themes and concerns raised by CBFFJ UK about the circumstances in which people died, notably communication with loved ones and their clinicians and carers, advanced care planning and the inappropriate discussion and use of DNACPR. Other important issues include disruption to mourning rituals, barriers to bereavement support, and the overall complexity of grief for those bereaved by Covid-19. The Inquiry must take the opportunity to examine these matters carefully and holistically and identify what needs to change to mitigate the impact of a future pandemic and properly support those affected.

7. As the Inquiry is aware, CBFFJ UK is comprised of a huge range of people from across the UK and many of our members have direct experience not only of bereavement during the pandemic, but also other impacts to be explored in Module 10. Perhaps the

most obvious cross-cutting issue in scope is mental health, but CBFFJ UK also counts key workers among its members and the loved ones they lost in the pandemic and will seek to assist the Inquiry in its scrutiny of their experience, including infection and mortality linked to employment.

8. Finally, we note that the written evidence disclosed in this Module, including the expert evidence on inequalities, again emphasises what has been clear since Module 1, namely that the pandemic and response served to expose and exacerbate existing inequalities, and had the greatest adverse impact on those groups who were already marginalised and disadvantaged. Throughout the Inquiry CBFFJ UK has consistently sought to highlight these issues and the role of structural and institutional racism and discrimination in the pandemic response. We call for robust investigation of unequal impacts in Module 10 in light of the stark findings of experts providing evidence to this Module, including Professors Nazroo and Bécares and Professors Watson and Shakespeare.

II. Pandemic response: impact on the bereaved and society as a whole

9. The evidence provided by CBFFJ UK members clearly illustrates how significantly the pandemic response has affected their experience of bereavement. As highlighted in the Inquiry's Module 2 report, Joanna Goodman told the Module 2 hearings that she found it "*very difficult to grieve"* the loss of her father Stuart and that what was blocking her was that she *"felt very strongly that his death was not an inevitability."*[1][2] In her statement for Module 4 Jean Rossiter said simply that she had lost a child *"in circumstances that I feel were preventable",* adding that the grief is still overwhelming.[3]

10. Graphic evidence from bereaved witnesses reflects the impact of what the Inquiry found to be "*inexcusable*" repetition of the mistakes made in the early stages of 2020. Matt Fowler said that seeing the same *"horror stories"* happening at Christmas and beyond was *"frankly traumatic to all of us that are involved."*[4] Joanna Goodman also described

[1] M2 Transcript Day 2 p116
[2] M2 Transcript Day 2 p34
[3] M4 INQ000398406 §35
[4] M1 Transcript Day 22 p15

this as *"very traumatic"*, adding that *"all of us were very, very low at this point"*.[5] Rivka Gottlieb vividly describes her similar experience in her statement for this Module:

> There was no room for my grief, but I was very angry at the circumstances surrounding my father's death, and I swore that I would not rest until the government's mishandling of the early days of the pandemic had been exposed, examined and those responsible held accountable. I was deeply concerned and distressed by what I saw as repeated failures, as the pandemic continued with wave after wave, I felt as though I was watching a car crash in slow motion over and over again. The subsequent loss of life following the first wave felt devastating as nothing was being learned.[6]

11. She goes on to explain that she is *"haunted by the implications of Covid grief and by the knowledge that had lockdown been called one week earlier, my father's life – and that of so many in subsequent waves – may have been saved."*

12. The relevance of these factors to the experience of bereavement in the pandemic is set out in the written evidence of Andrew Langford, Clinical Director for Cruse. He notes that anger has been a predominant feature for those bereaved during the pandemic, and comments that *"the understanding that some of the bereavements were preventable (for example, a person dying who had not yet received a vaccine) has also fed into a heightened experience of anger for many bereaved people."*[7] A report assembled by Cruse about the lived experience of people bereaved by the pandemic in Northern Ireland found that the public recognition of bereavement and how bereavements could potentially have been prevented was *"vastly important"*.[8] It is submitted that the work of the Inquiry can play an important role in such recognition, but this should include explicit acknowledgment in the present Module of how government actions have exacerbated the impact on the bereaved.

13. Both Rabinder Sherwood and Rivka Gottlieb also highlight concerns about the broader impact of government actions during the pandemic, and their potential to influence

---

[5] M2 Transcript Day 2 p129
[6] INQ000659978 §18
[7] INQ000659963 §53
[8] Ibid §60

behaviour in the future. Rivka identifies 'Partygate' and NHS decisions as 'key themes' which members of CBFFJ UK are still processing, meaning that they still need support.[9] Rabinder feels that the government *"has created a culture of low confidence"* and that the general public will have little faith in their government because of errors highlighted in the Inquiry and beyond. She is concerned that this will result in lower compliance rates in future unless lessons are learned.[10]

III. The impact of bereavement by Covid-19

a. Complexity and particularity of grief

14. The written evidence before the Inquiry features a range of professional opinion attesting to the complexity of bereavement in the pandemic and more specifically by Covid-19. An article co-written by Dr Emily Harrop and a number of other researchers describes the pandemic as *"a devastating, mass bereavement event"* and records findings from two surveys of people bereaved which *"demonstrate the exceptionally difficult sets of experiences associated with bereavement during the pandemic"* and how they impacted on people's reactions.[11]

15. Andrew Langford of Cruse notes that *"bereavement during the pandemic was often symptomatically more complex and challenging for the bereaved to deal with, in terms of its initial impact and then the ongoing ramifications of the death"*.[12] Evidence encountered by Cruse *"indicates a greater prevalence of higher levels of grief and support needs amongst people bereaved during the pandemic in the UK"*. The information communicated by bereaved people to Cruse noted predominant features of anger and guilt relating to the circumstances of the death and increased isolation. The inability to carry out mourning rituals left people feeling *"bereft"* with many bereaved people expressing *"a feeling of emptiness twinned with the guilt described above."*[13]

---

[9] INQ000659978 §34
[10] INQ000651047 §36
[11] INQ000650073
[12] INQ000659963 §51
[13] INQ000659963 §§52-56

16. Speaking in his statement to the report of the UK Commission on Bereavement, Dr Samuel Royston made similar points:

> Evidence from individuals and organisations gathered by the Commission confirmed that the pandemic had profound and largely negative impacts on people's experiences of grief and their support needs, increasing feelings of pain, isolation and trauma.[14]

17. These features are reflected and compellingly expressed by members of CBFFJ UK in their evidence to the Inquiry. In Module 6, Jane Wier-Wierzbowska provided a moving statement about the death of her mother, Patricia Smalle, describing "*an open-ended trauma, a wound that won't close. Guilt that won't abate.*"[15] Rivka Gottlieb says simply that "*Covid grief is not like other grief.*"

18. Rabinder Sherwood's statement describes her own experience of *"the isolation, guilt, confusion and frustration resulting from losing a loved one to Covid-19"* and provides further detail about the wider experience of CBFFJ UK members. Of the members who responded to an initial call for input into the statement, a large majority (over 80%) had experience prolonged grief and/or long-term emotional consequences, trauma and anxiety. Many group members have experienced PTSD.

b. Circumstances of death

19. Dr Royston's statement further highlights some of the factors contributing to the complexity and specificity of grief described above, many of which relate to the circumstances of death:

> In the quantitative data, it was observed that bereavement due to Covid-19 compared with all other types was more likely to be complicated by being unable to say goodbye, and having a lack of contact with the person who died. It also decreased the likelihood of being involved in care decisions and of feeling

[14] INQ000657845 §37
[15] M6 INQ000614372 §30

well-supported by healthcare professionals after the death. The UKCB also heard of pandemic related disruptions to Advance Care Planning; community-based care; access to medical information; human connection and human touch; cultural and religious sensitivity; and funerals and rituals.[16]

20. Restrictions on communication with loved ones in hospitals or other caring environments, together with difficulties in getting information from clinicians, permeate the families' experience of bereavement in the pandemic. This is exemplified by Lynn Goulding's experience in connection with the death of her husband Charles, whom she had not spoken to since his admission to hospital due to lack of communication with the ICU. She describes herself as "*stuck in the grieving process due to the lack of information and insight she was given into her husband's death and the lack of control she had over the events as they happened*".[17]

21. Members of the group wish to emphasise the profound impact of loved ones passing away in hospital and care homes after a period of time when they were not allowed to visit. Almost all CBFFJ UK members who provided input into the Rule 9 response to the Inquiry raised concerns relating to restrictions on contact and a majority experienced concerns around uncertainty about the treatment of their loved one.

    Matt Fowler explained in Module 1 that many members were *"traumatised by the fact that they didn't get to see their loved ones in their last days"*. Jane Wier-Wierzbowska described herself as traumatised by the fact that she was not given key worker status and allowed to visit her mother in her care home. For her, it seemed extraordinarily cruel and inhumane to be kept apart from her mother for ten months. Linda Dinsdale gave powerful evidence in Module 6 about the death of her daughter Sheryl and describes as "*utterly traumatising*" the knowledge that her daughter Sheryl was alone and frightened. Rabinder Sherwood expresses similar fears about the experience of her mother and father.[18] Glen Grundle explains the impact of separation from his mum before her death, saying that this "tears him apart"".[19]

---

[16] INQ000657845 §37
[17] INQ000651047 §59
[18] Ibid §25
[19] INQ000657842 §183

22. Katherine Poole was the main carer and advocate for her father, John Hoare, who died in hospital of Covid-19 on 31 March 2020 at the age of 62. John's mental health deteriorated rapidly on 5 March 2020, leading to his detention under the Mental Health Act before transfer to hospital for treatment for Covid. Katherine was refused all contact with him in the 26 days before his death which had a major impact on her and her family. She believes that the ongoing guilt of not being with her father in his final month of life will stay with her. [20] Naomi Fulop explained that it was a source of great pain to her that she was unable to be with her mother when she died.[21]

23. The Inquiry has already received a significant amount of evidence relating to the discussion and use of DNACPR, but the seriousness of this issue and its impact on bereaved people mean that it must be considered as part of this Module. Rabinder Sherwood describes for the first time her experience of repeatedly being asked to sign DNACPRs for both her father and mother. She explains how distressing she found this and describes how the *"coldness and brutality"* of a conversation with her mother's doctor stays with her to this day. Katherine Poole only discovered after her father's death that he had been made subject to a DNACPR without the knowledge of mental health staff. The Inquiry will recall the powerful evidence given by John Sullivan about discussion of DNACPR in his daughter Susan's case. It is a concern which is also described powerfully by Glen Grundle in relation to the experience of his mother, Milda Grundle.[22]

24. Also of key significance in relation to the circumstances of death are the families' experiences of how they and their loved ones were treated immediately after their death. Rabinder Sherwood's statement includes the experience of Lynn Jones MBE who was ushered out of the hospital with her husband Gareth's clothes in a bin bag. Similarly, after her mother's death Clare Farnsworth had to quickly leave the ward with a plastic bag of her mother's belongings. The whole of her experience was extremely traumatic and led to PTSD. Josephine Hanlon was told by the undertaker that she had no choice about whether her partner Ernie would be encased in a 'Covid-proof' body bag after he died on 18 May 2020. She remains distressed that this will not biodegrade for centuries

[20] INQ000660030 §25
[21] M7 Transcript Day 1 p134
[22] **INQ000657842** §§140-148

and has constant nightmares about her bereavement. Glen Grundle shares similar concerns about the immediate aftermath of his mother's death, explaining that the fact that he never got to see his mum's body is "*another factor which prevents me from having closure, acceptance, or peace over my mum's death.*" [23]

25. When considering the overall circumstances of bereavement by Covid-19 and their impact, the Inquiry is invited to recall Matt Fowler's evidence in Module 1 that *"Those that we lost, we lost without dignity."*[24]

a. Mourning rituals

26. The Inquiry will readily appreciate the importance of mourning rituals and their fundamental role in the grieving process. This is summarised in the statement of Andrew Langford of Cruse, who notes that they *"play a key role in bringing people together at a time of loss, enabling a space to remember a loved one together, and creating a shared sense of purpose and community."*[25]

27. All three CBFFJ UK Module 10 statements provide powerful evidence of the impact of disruptions to mourning rituals in the pandemic and reflect the wider concerns of CBFFJ UK members about this crucial aspect of their bereavement.

28. Rabinder Sherwood sets out her own experience of restrictions on the funeral of her parents, and the impact on her immediate family. This felt very isolating and magnified the feeling of grief. She also explains how her family tried to honour the rituals of the Sikh religion in the face of restrictions.[26]

29. The statement also draws on experiences from the wider group about mourning and other cultural and religious practices, describing a unanimous feeling of isolation and many expressions of guilt at not being able to provide loved ones with the send-off they deserved.[27]Members have recounted their experience of mourners being turned away

[23] ibid, §184
[24] M1 Transcript Day 22 p19
[25] INQ000659963 §56
[26] INQ000651047 §28
[27] Ibid §49

from outside their loved one's funeral and family members being unable to participate by carrying their loved one's casket.'

30. Rivka Gottlieb's statement sets out in detail the restrictions on her family's ability to fulfil Jewish burial and mourning rituals and the impact upon them. She feels that her father did not have a fitting farewell and without the normal structures for mourning and grief she has felt a lack of closure.[28]

31. Katherine Poole has particularly struggled with being unable to see her father's body after his death: *"at no point was I allowed to see him, he was simply identified by his hospital wristband, which I never saw, how can I be sure it was him?"*. All attempts to personalise her father's funeral, including a request for him to be driven over the moor where he grew up were refused, which was very upsetting. Katherine describes that she "*did not experience the closure that funerals would usually give, and I held a lot of guilt that I could not give him the send-off he deserved"*.[29]

32. Members of CBFFJ UK have also expressed concern about a lack of clarity and consistency in guidance around funeral arrangements during the pandemic. Although she was ultimately able to find some comfort in spending time with her mother before the funeral, Jane Wier-Wierzbowska's evidence provides one example of variation in approaches by funeral providers.[30] In one case a funeral was not held online because cemetery staff were working at home. There were regional issues – for example mourners could not travel from England to Wales or vice versa for funerals. When it was possible to travel public transport was expensive and not safe. It is submitted that this is an issue which requires investigation in this Module because of the obvious impact on bereaved people and the desirability of achieving consistent guidelines to mitigate distress in a future health emergency.

33. Dr Royston notes that respondents to the UK Commission on Bereavement felt that lessons should be learned on this issue, and that steps should be taken to improve funerals and burials in future mass bereavement events. We invite the Inquiry to investigate the potential strategies offered by respondents, including more careful consideration before restrictions are imposed on funerals in the future and consideration

[28] INQ000659978 §§10-13
[29] INQ000660030 §25
[30] INQ000614372

of alternative possibilities such as outdoor services or mandatory testing.[31] This should form part of pandemic planning now and in the future.

b. Bereavement support

34. As set out in Dr Samuel Royston's statement, over 40% of adult respondents to the consultation conducted by the UK Commission on Bereavement who wanted formal bereavement support did not receive any. The Commission found that there are significant challenges to accessing formal emotional support: in summary *"there's not enough of it, it's not accessible to all who need it and certain groups in society are particularly poorly served"*. Dr Royston notes that overall many people are not getting the right support at the right time, with potentially serious consequences in all areas.

35. These findings resonate with the experience of CBFFJ UK members. Rabinder Sherwood's personal experience was that *"the support offered by the hospital was non-existent, as was that of the Government"*.[32] Clare Farnsworth found herself in a similar situation as there was no government-funded Covid-specific support, and existing bereavement charities were overwhelmed. Others found that support was very limited or unavailable due to resource constraints or expressed concerns about waiting lists. This may chime with the oral evidence sessions of the UK Commission on Bereavement, which received evidence about regional disparities in provision – an area for further research.

36. One key concern expressed by CBFFJ UK members is that even where professional support was available it was not able to address the complex nature of bereavement by Covid-19. This is evident from Katherine Poole's statement, which describes challenges around the provision of support from a variety of different agencies and an inability to find appropriate support for her eldest child. It is striking that Rabinder Sherwood attempted grief counselling in a group setting but felt that it was not right to continue after discussion of her experiences resulted in other participants leaving the room crying. Rivka Gottlieb describes seeking support for her mother, noting that the maximum time which could be offered via the NHS *"simply was not enough"*.

[31] INQ000657845 §227
[32] INQ000651047 §30

37. Dr Royston notes that *"the pandemic crystallised and exacerbated a longstanding need to improve bereavement support across the UK"* and sets out a number of recommendations made within the UK Commission on Bereavement's report in 2022. It is disappointing to note that in 2026 there remain significant challenges to accessing formal bereavement support and that there has been a lack of progress in providing the funding identified as necessary by the Commission. [33]

38. CBFFJ UK welcomes the Inquiry's focus on bereavement support as a central issue in Module 10 and will invite the Inquiry to make strong recommendations to government aimed at achieving progress in this area. Given the cross-cutting impact of bereavement as identified in the UK Commission on Bereavement report, this is likely not only to assist those individuals who are in need of appropriate support, but also to bring benefits to society as a whole, including potential economic benefits.

c. Post-death processes

39. Lastly, we invite the Inquiry to consider the impact of difficulties experienced by the bereaved in accessing information about their loved ones' care before and after their deaths and in engaging with post-death investigative mechanisms. Many CBFFJ UK members expressed concerns about dealing with authorities in connection with their loved one's death, and significant numbers raised concerns about hospital complaints systems and access to medical records. There are also concerns about inquests and other investigative processes. Glen Grundle's statement to the Inquiry illustrates the range of issues arising and their profound impact on the bereaved.[34]

40. Linda Dinsdale's evidence provides a striking illustration of the challenges experienced in obtaining information. When she sought to obtain her daughter Sheryl's records from the nursing home, they refused on the basis that the cost of photocopying would be too high. She has never been able to get those records and only received hospital records after the intervention of her MP.

---

[33] INQ000657845 – see paras 75, 156-169, 211. We note that the statement identifies additional funding in Wales only.

[3] INQ000657842 §§207-226

41. Other members of CBFFJ UK have raised concerns about the stress and adverse impact on their health of engaging in post-death investigative processes, and we urge the Inquiry to consider recommendations for best practice in all such mechanisms, including public inquiries based on what the Inquiry itself has learnt from conducting such a large-scale and wide ranging engagement with bereaved and vulnerable people during the Inquiry's lifetime.

42. Inquests are an area of particular concern. Members of our group consider that bereaved people have been deprived of a proper investigation despite grave concerns about their loved ones' deaths relating for example to the circumstances in which their loved one contracted Covid-19 or to their treatment and care. Among those who did have inquests there are concerns about the inability of the process to address key issues about the death, including issues relating to Covid. The difficulties of engaging with the coronial system and the failure to get the answers they need have compounded the grief caused by their loved one's death. This is another area which must be thought about now to ensure that these experiences are not replicated in a future pandemic.

43. CBFFJ UK members are well placed to comment on the absence of post-death investigative processes, having campaigned for and argued with the then Government regarding the necessity for this Inquiry. The group sent two 'letters before claim' and were on the cusp of issuing judicial review proceedings at the time the Inquiry was announced. Until that point, not only was there no actual prospect of a whole-system investigatory process into the lack of UK preparedness and the failures of the response to the pandemic, but active resistance to it, including the threat of huge adverse costs if legal action was taken. The struggle to achieve scrutiny and accountability, and thereby recommendations for change to ensure things would be better in a future similar emergency, was not only difficult but traumatic at a time when their bereavement was both recent and raw.

IV. Unequal impacts

44. As set out above, CBFFJ UK welcomes the decision by the Inquiry to seek further expert reports on inequalities and impact to supplement the evidence provided in Modules 1

and 2. Such evidence is crucial to any meaningful assessment of the impact of the pandemic on the population as a whole (including the bereaved) and of disproportionate impact.

45. While we look forward to further exploration of these issues by the experts in oral evidence, their conclusions are stark and mirror those from earlier Modules:

    a. Ageism led to an increase in the harm experienced by the older population, particularly more vulnerable groups within this population, during the pandemic.[35]

    b. There have been clear and stark ethnic inequalities in infection and mortality rates, testing, monitoring and vaccination and health, health behaviours and healthcare. Ethnic minority people also experienced detrimental impacts of the pandemic in connection with important social determinants of health and wellbeing. This means that ethnic inequalities have been exacerbated as a result of the pandemic. Those inequalities result from inherent and ongoing racism.[36]

    c. The pandemic exposed and amplified the many pre-existing challenges faced by disabled people. Many of these challenges could and should have been foreseen. Disabled people were significantly impacted by the pandemic and the policies implemented to address it. Their mortality rate was higher, they faced greater social pressures, their physical and mental health were significantly impacted and so too were their opportunities. The impact of financial insecurity was severe, wide ranging and affected the most vulnerable.[37]

    d. Mainstream policy, practice and research efforts during the pandemic ignored and de-prioritised LGBTQ+ people. This compounded existing health and social inequalities, leading to unequal impacts of the pandemic for LGBTQ+ people. This disregard for LGBTQ+ lives is rooted in heterosexism and cisgenderism.[38]

---

[35] Report of Professor Nazroo INQ000588213 §136
[36] Report of Professor Nazroo and Professor Bécares INQ000588214 §4-6
[37] Report of Professor Shakespeare and Professor Watson INQ000588216 §2; §76
[38] Report of Professor Bécares INQ000657973, §10

e. The pandemic exposed and intensified existing gender inequalities across the UK, with women disproportionately affected in multiple, intersecting ways. These adverse impacts were particularly severe for women already facing disadvantage.[39]

46. It is evident that action must be taken now to address the causes of these disproportionate adverse impacts to ensure that they are not replicated in a future pandemic. A further theme that emerges in this Module, as it has throughout the Inquiry, is the need for further research on inequalities and, crucially, proper data capture and analysis.

47. We will invite the Inquiry to make robust recommendations on these issues to complement those made in other modules.

V. Conclusion

48. From the start of the Inquiry CBFFJ UK has sought to amplify the voices of the bereaved in order to ensure that lessons are learned and lives are saved. In his evidence to Module 1 Matt Fowler said that *"right from the get-go"* he and Joanna Goodman felt that the important thing was change: *"we need to learn lessons, we need to learn about things that went wrong, and we need to put something in place to prevent those mistakes from being carried out again in the future".*[40] Those principles are applicable to Module 10 as they were in previous modules.

49. The evidence to be heard in Module 10 will illustrate the impact of what went wrong in our pandemic response and emphasise the lessons of previous modules, i.e. that we have to be better prepared and respond more effectively next time. However, it must also highlight what factors served to exacerbate the effects of the pandemic and how those effects were unevenly distributed: to borrow from the Joseph Rowntree Foundation "*we may have been in the same storm but we were not all in the same boat".*[41]

---

[39] Report of Professor Wenham INQ000657974 §2
[40] M1 Transcript Day 22 Pg 20
[41] INQ000659871 §82

50. Looking to the future, the Inquiry's work in Module 10 should provide a foundation for assessing and preparing for the impacts of the future pandemic or health emergency which we know to be inevitable. The aim must be to mitigate harm and ensure that proper support is provided to those who will need it.

51. The Inquiry cannot change the past, but it can help shape the future. The pandemic hit our shores more than five years ago. In reaching its conclusions on the facts and in formulating its recommendations, we urge the Inquiry to explore whether positive change has been made in that time. Most of the issues explored above should have been obvious prior to the emergency and should have been the subject of planning and preparedness but were not. Since the onset of the pandemic what should have been anticipated has actually occurred. Where change has not been made the Inquiry should sound the alarm so that its own recommendations will not fall on unresponsive ears.

Pete Weatherby KC
Anna Morris KC
Kate Stone
Christian Weaver
Counsel for CBFFJ UK

Nicola Brook
Zoe McConville
Solicitors for CBFFJ UK