

Gary Ramsden – Written Evidence (LBC0079)

We are asked by the committee to consider the repercussions of the coronavirus pandemic in the medium term but I need my life back now. I'm afraid if the current situation continues much longer, I'll be dead in 2 to 5 years, just like the many thousands who have died because of the lockdown and the effective closure of the NHS for anything other than Covid19 business.

My hopes for the next 2 to 5 years are very simple but I have little faith in achieving them under the current circumstances. I'd like to be alive and in meaningful employment on something more than the national minimum wage. An immediate accounting for this political scandal and ensuing disaster is required to shore up and underpin the collapsing foundation of British democracy. Parliament needs to be seen to be effective, relevant and essential to peoples lives. Defend yourselves and, in turn, do your job and defend your constituents.

At the very least, the long term effects of this crisis could be a continuation of the lockdown death toll, economic catastrophe and the complete disintegration of trust in politics and media. The latter would be a continuation of a trend already in train, witness the elections of Boris Johnson and Donald Trump. For a 21st century western democracy, this is an absolute disaster. No effective debate over the desolation caused by the coronavirus lockdown scandal undermines the very basis of our democracy and may lead to some very dark repercussions.

I would place these words in the mouths of Boris Johnson and Rupert Murdoch, "Look on my works ye mighty and despair!" I'd ask them, what have you done!?

To every parliamentarian and professional journalist I would ask, where were you?

As we have been battered and berated and terrified and threatened into submission, where are the dissenting voices in parliament and the press? Where are the heretics offering critical scrutiny and demanding accountability? War is the ultimate failure of politics but even as war looms there is always some mainstream politician, a lord or media outlet, offering some dissent. The silence in this scandal has been deafening.

The committee has asked for ideas on how to 'press the reset button' and begin a return to normal life. I would suggest parliament and the media start doing their jobs and hold power to account and demand some redress for the disaster inflicted upon us all. Those institutions may begin to recover their tattered reputations and earn something close to the respect that is required for them to function in a democracy. At the very least, I would see Boris Johnson and his crew behind bars alongside every editor in the country. You may do what you will with Rupert Murdoch. I consider myself to be a moderate, others may have a different view, I couldn't possibly comment.

Johnson's gang were democratically elected, it is true. But if they can be shown to be criminally incompetent, stupid, wilfully destructive, ineffective,

untrustworthy or politically clueless then they may be politically buried and we can return to what is left of our lives. It is time for parliament and journalists to do their jobs and offer people the reassurance that this lockdown disaster will not pass without comment, unlike the 48,000 odd flu deaths in previous years.

Die at home. Die in Care homes. Protect the NHS.

I have a chronic lung condition which is manageable but, in the end, will likely kill me. At the beginning of this scandal I received a number letters, emails and text messages from the government, the council and my GP and the message was loud and clear: If you get the virus you will die, but if you get the virus, for Christ's sake, stay away from us. Stay at home and die quietly which, effectively, is what people have been doing.

I did not register for the shielding service and kept my condition to myself. In the unlikely event I could get access to an hospital if I was in need, I did not want to find myself struggling to breathe on a gurney in a corridor with an administrator deciding to deny me health care because I was going to die anyway. I wanted them to see a productive member of society who works and who has years of quality life ahead of him.

As the scandal developed momentum, I was surprised to receive a phone call from my consultant to discuss my plans for shielding. I assumed the call was to discuss a scan that was due but it wasn't mentioned and the scan was subsequently postponed. The rules for certifying deaths had been changed to accommodate the predicted tidal wave of death and destruction about to overwhelm the NHS. A consultant could now remotely pronounce on a cause of death without physically seeing a patient so long as they had recently had a consultation. A telephone consultation would suffice to meet the new criteria. If I had died, nobody would have to see my corpse.

In the event, I didn't have to worry about shielding because I was furloughed early in the pandemic. The tensions it caused at home led to a breakdown in my relationship of ten years standing and I became homeless. After a brief period in a guest house, I find myself at 54 years old, living in a single room with no work, struggling to breathe and alone. The prospects of returning to my current job seem bleak and in all likelihood I will find myself redundant in November. As a skilled manual worker in a third-world service economy my prospects are likely to be limited to serving in a coffee shop, volunteering in a charity shop-front or working in a care home just before I become a resident myself, if I can afford it. I doubt that I am really alone, I imagine many, many thousands of people have found themselves in worse positions than me.

I suspect the desolation and destruction caused by the lockdown scandal was all for nought. I believe the lethal potential of the virus has been amplified from the beginning, that hysterical panic in the media and government has led to wholly inappropriate, ineffective and destructive policies. There has been a desperate need to be seen to be doing 'something' in the face of something for which there is no real protection: a viral pandemic. A viral pandemic that may turn out to be less lethal than either flu or the lockdown.

Given the unprecedented use of "if", "could", "might" and "maybe" in almost every piece of "journalism" and government pronouncement covering the virus crisis, I'd like to ask a speculative question too. If we remove the people killed by the lockdown from this years excess death figures, likewise the people who died with but not of the virus; Is it possible the virus has killed less people than either the lockdown or influenza this year? If so, and given that 42,000 / 48,000 flu deaths can pass without comment, why have we killed thousands of people, smashed the economy to smithereens and torn the social fabric of a continent to shreds?

When did a technique to quell prison riots become appropriate for tackling viral infection? If viral transmission is primarily through close contact, defined as being indoors within 1 metre of an infected person for more than 15 minutes, why would you lock the entire nation indoors? If, by far, the safest place to be is outdoors, why use fear and the threat of criminal prosecution to prevent people from going outside?

When the potential range of pandemic deaths of 20,000 to 500,000 was presented in the media, why didn't somebody point out how useless this range was in terms of formulating an opinion? The range was so wide and the justification so speculative as to be effectively useless. Why didn't somebody question whether this idiot knew what the hell he was talking about and how implausible the upper figure seemed to be? The UK was facing a death toll of 500,000 when the global death toll during a bad year of influenza is 650,000. Really?

If the problem we faced was unprecedented why was the virus called Sars-Cov2? There must have been a Sars-Cov1 to add to Mers-cov virus, Avian Flu and every flu year where we have to estimate the development of the virus to achieve a more or less effective vaccine. Caronavirus' weren't unprecedented because they had emerged before, it wasn't unprecedented in terms of having no vaccine, it wasn't unprecedented in terms of how its spread and it seems far from unprecedented in terms of death toll.

The virus is a natural phenomenon, the unprecedented hysterical response is entirely man-made and a function of the perverted relationship between 24 hour news and social-media. It is no coincidence that a subject gaining traction on social media is described as going viral. This is the first pandemic of the media age. I'm embarrassed for us all.

The Imperial College report that led to this catastrophe unashamedly used the 1919 flu pandemic as a comparative model to describe what we may be facing. The objective, sober, academics who were using objective, sober, science to inform public policy decided it was appropriate to equate the caronavirus lethal potential to a global death toll of between 50 to 100 million in a world devastated by war and famine without the defence of anti-biotics or 21st century medical science. The comparison was effectively useless beyond being a vehicle for disseminating terror.

Use a tissue and wash your hands was the mantra before the panic induced knee-jerk convulsion into lockdown. I believe it was probably the best and most appropriate advice and remains so. If you get the virus and are healthy, don't

worry, if you get the virus and are vulnerable, seek help. The world health organisation says of flu, "To a large extent survival is determined by access to and quality of healthcare." The German experience probably stands as a monument to the veracity of this statement. So what happens when your health service is shut for business?

A recent Public Health England report raises the possibility that Covid-19 deaths have been routinely over reported thereby inflating the lethal potential of the Sars-Cov2 virus while masking the fatal consequences of the lockdown policy.

If correct, the implication is that the Sars-Cov2 virus is no more lethal than a moderately bad year of flu which would generally pass without any comment at all. The policies introduced to tackle the virus have left a wake of devastation that is hard to comprehend, additionally, they may have killed thousands.

On the 14th July 2020 Public Health England published the report, "Excess Mortality in England, week ending 03 July 20 20." The report is described as an attempt to understand the impact of Covid-19 and covers a 15 week period from 20.03.20 to 03.07.20 presenting excess deaths by age, sex, region, ethnic group, level of deprivation, cause of death and place of death.

Table 8 details excess deaths in care homes, private homes, hospices, hospitals and other places. Hospitals are the only setting in which every one of the 14,299 excess death is attributed to Covid-19, moreover, Covid-19 accounts for another 16,033 deaths in hospitals before the estimated excess death figure is reached. If Covid-19 deaths are removed from the figures, the registered deaths in hospitals would be 25% lower than the expected five year average. There is nothing to suggest any such significant trend in the 15 week period prior to 20.03.20.

In figure 35a, Excess Deaths in England by Underlying Cause of Death, the only conditions showing no excess deaths are respiratory diseases. It appears many deaths normally attributed to acute respiratory infection, chronic lower respiratory disease and other respiratory disease have been attributed to Covid-19.

Every other underlying condition records significant excess deaths with a striking similarity. There are many more excess deaths attributed to the underlying conditions than the virus. The report acknowledges the figures and accepts there may have been more deaths due to the underlying conditions but doesn't offer any explanation for the rise. The report does suggest there may have been some under-reporting of the virus to account for the findings.

We should consider the possibility that the excess deaths due to underlying causes are at least correct and may even be under-reported and that many of these deaths may have been a result of the lockdown policy. The Financial Times reports the cabinet discussed lockdown deaths as early as 12 April and a Whitehall official is quoted as saying, "Most of the cabinet are aware that the lockdown is harming the nations health and its economy, but its collateral damage to save lives from caronavirus."

Louis O'Neill was a 24 year old football coach who was furloughed from his job at Centre Parcs in March. Louis spent the next three months cooped-up in his room playing computer games and subsequently died of deep vein thrombosis. Louis' father called 111 with his concerns two weeks before he died when it was suggested Louis had food poisoning. Louis' father also called 111 on the day of his death but the paramedics arrived too late.

There are many opportunities to over-report Covid-19 deaths. As a notifiable disease, Covid-19 must be mentioned on a death certificate if there is a suspicion the patient was infected at the time of death. Mention of Covid-19 on a death certificate is the only criteria for attributing a death to covid-19 whether it is confirmed or suspected and whether the patient died with or of the virus.

The Office of National Statistics explains, "Covid-19 deaths are those where Covid-19 is mentioned on the death certificate. A doctor can certify the involvement of Covid-19 based on symptoms and clinical findings. A positive test result is not required. A death can be registered with both Covid-19 and "Influenza and Pneumonia" on the death certificate. Because Pneumonia may be a consequence of Covid-19, deaths where both are mentioned have been counted as Covid-19."

This goes some way to explain the fall in deaths due respiratory diseases and establishes the principle of over reporting Covid-19. The question arises, to what extent is Covid-19 over reported? A young man in Coventry was widely reported as the youngest victim of Covid-19 until the hospital stated he had died from a separate cause although he had tested positive for the virus. It is a single example of over reporting but, again, establishes the principle.

69 year old Sir Kenny Dalglish was admitted to hospital to treat an existing condition with intravenous antibiotics. He was successfully treated and discharged after testing positive for caronavirus from which he has subsequently recovered. There has been a lot of disquiet expressed in medical circles at the collapse of GP referrals and A&E admissions alongside the rise of deaths in private homes since the imposition of lockdown. If Sir Kenny had been one of the people who failed to access healthcare and had died of his condition at home he would have been misleadingly recorded as a victim of Covid-19.

If the excess death figures are revised to reflect people killed by the lockdown policy, those misleadingly attributed to Covid-19 and those dying with the virus but not of it: Is it possible the virus has killed less people than either the lockdown or influenza this year?

As mentioned previously, the World Health Organisation states, "To a large extent survival is determined by access to and quality of healthcare." I suspect the same is true of caronavirus and every other cause of excess death during this crisis. A policy of treat early and treat well would have had a more positive outcome than shutting society down and throwing care home residents under a bus.

The government has already performed an immediate and drastic u-turn to lead us into the lockdown and all that followed. Is it time for another immediate and drastic u-turn? An immediate return to pre-Covid normality to stem the

continued physical, mental and economic damage to the health of the nation. In the meantime we could identify the populations more likely to suffer serious consequences from the virus and offer them access to healthcare. The rest of us should use a tissue and wash our hands.

I received a brief but illuminating message from the house of commons in response to the preceding argument and formulated the following response:

"Further to my recent message referencing the Public Health England report, 'Excess Mortality in England, week ending 03 July 2020.' which was published on 14th July 2020. On Friday the 31 July I received the following message from a veteran parliamentarian who is also a former government appointee.

'I think govt has told PHE to re-compute it's mortality data. Best....'

Should Public Health England revise the information in the report, it should be viewed with reference to this potential interference."

This, in turn, elicited a message from a member of the House of Lords and another response from me:

House of Lords: "PHE has got it wrong on a number of fronts. Apparently anyone who had any evidence of COVID and then died of something else that is unrelated, even if they recovered, seems to have been included in the COVID figures. This is just bad epidemiology, and if it has been happening then the figures do need to be recomputed to get an accurate picture."

My response: "I appreciate your time and thoughts on this issue, they offer me the opportunity to consider formulate my own position.

I agree over-reporting of Covid-19 deaths needs to be highlighted. Every excess death not attributed to Covid-19 will have to be explained and may well illustrate my point; lockdown has killed many thousands, the virus isn't close to the catastrophic scenario we have been presented with, in fact, it may be no worse than seasonal flu in terms of fatalities.

I fear bad epidemiology has been the motive force for this disaster since before the publication of Imperial College's fateful doomsday report. Bad epidemiology, bad journalism and bad government are, as we have witnessed, are a deadly combination.

It is true recomputing the figures may lead to a more accurate picture but it could just as easily lead to more confusion and obfuscation. The Imperial College report claims it was used to inform public policy for weeks prior to the governments drastic and ruinous u-turn into lockdown. The doomsday conclusion was a result of recomputing the data and allowed the government to effect a complete policy revision while still claiming to be 'following the science'.

The timing of the revision was fortunate given the hysterical clamour in the media and across social media that 'something' be done. Subsequent arguments have revolved around whether the lockdown was early enough, long enough, hard enough. Nobody has questioned whether lockdown was effective or

necessary. The recent arbitrary application of the ludicrous 'whack-a-mole' policy begs the question, when will this ever end? Professor Fergusons resignation was a perfect opportunity to start backing away from the lockdown but I suspect ministers were addicted to the camera glare by this point.

Lockdown drove the government into a political dead-end then barricaded the exit. They need enough Covid deaths to justify the implementation of the disastrous lockdown but not so many that it can be claimed the lockdown didn't work. We find ourselves in the absurd but terrifying territory described by Franz Kafka in *The Trial*. Iron-clad self-destruction.

I have no faith the media will offer any insight or ideas how pre-covid normality can be resumed. They are largely responsible for the pressure which led to this, they are entirely invested in the lockdown model. My only hope is that parliament will finally raise its head and raise the questions that will demand the scrutiny and accountability this government deserves.

In the absence of a critical and effective parliament, the 1922 committee could cut the reigns from the Johnson Cabal and start the national healing and the return to normal life but I fear we are beyond fairy-tales at this point."

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