Doctors want a public inquiry into our leaders' handling of COVID

This week I counselled a patient who lost a family member to COVID-19 during the first wave of the pandemic. My patient has been suffering from clinical depression ever since.

It is easy to get caught up in the positivity surrounding the successful rollout of the coronavirus vaccines here in the United Kingdom, but the dark days that led to almost 130,000 COVID-related deaths are still etched in many NHS workers' minds.

Each one of these 130,000 people were human beings with hopes and aspirations; each one had someone who loved them and who will miss them now they are gone.

The Covid-19 Bereaved Families for Justice UK has called for a public inquiry into the government's handling of the pandemic, and has been backed by prominent figures including the Archbishop of Canterbury. But the government has refused, stating: "An inquiry now is not appropriate, and the very people who need to give evidence to an inquiry are working round the clock."

This has not only angered families of those who have died but also front-line healthcare workers who have watched their colleagues die after catching the coronavirus while at work.

To say that those who are in charge of the handling of the pandemic are too busy to give evidence feels like a smack in the face for many like myself who have been managing patients with COVID-19, balancing the needs of those with other illnesses and running COVID-19 vaccination hubs. We are the ones who are really "working round the clock".

Last week, Dominic Cummings, the man who was chief adviser to the Prime Minister during two waves of the pandemic, revealed just how poorly the government has handled the pandemic. He lambasted Boris Johnson, Health Secretary Matt Hancock and other senior members of the government as well as himself in a seven-hour session with MPs of the Commons' Science and Technology Committee.

The man who famously drove to tourist hotspot Barnard Castle in April 2020 when the rest of the country was in a nationwide lockdown to "test his eyesight" apologised for his own shortcomings over the handling of the pandemic before describing a government that allegedly lacked leadership especially in the early stages of the crisis. He claimed Boris Johnson failed to grasp the gravity of the situation and delayed lockdown measures meaning "tens of thousands of people died who didn't need to die". He went on to say he didn't think Johnson was "fit to be prime minister after presiding over a chaotic and incompetent pandemic". The government, of course, disputes these claims and Cummings has yet to provide evidence to back them up.

However, he took particular aim at Hancock, stating that he had lied repeatedly in government meetings about the testing of care home residents who were in hospital before being discharged home. Cummings told the committee: "The government rhetoric was that we put a shield around care homes … it was complete nonsense. The opposite of putting a shield around them, we sent people with COVID back to care homes."

Whatever the truth is here, I can speak from experience when I say that people were being sent back to care homes from hospital in March and April 2020 without being tested for COVID-19, potentially leading to the virus being seeded in care homes full of the most vulnerable people in our society.

As a community doctor, I went out to see these patients as they deteriorated. I had to assess them and make a diagnosis of COVID-19 on symptoms alone – tests were not available to us. I felt completely helpless.

Treatment options were limited and sending them back to hospital was futile as treatment options were limited then and many of them were not candidates for intensive care treatment and ventilators due to being so frail.

The lack of personal protective equipment (PPE) for healthcare workers during the first wave of the pandemic remains a contentious issue. Many hospital workers took to social media at the time with pictures of poorly fitting PPE and some even having to make PPE for themselves out of bin bags.

There were also concerns over who was being awarded contracts for making and delivering PPE. Companies such as Clandeboye Agencies were awarded contracts worth hundreds of millions of pounds to deliver PPE, but its main business was confectionery.

In February 2021, the High Court ruled that the health secretary had acted unlawfully by failing to publish details of these multimillion-pound contracts within the 30-day period required by law. Government regulations require details of all contracts worth more than £10,000 ($14,290) to be published within this time frame. At the High Court ruling, Hancock said that while "there were individual challenges accessing PPE, there had never been a national shortage, because of my team". Healthcare workers who had lost colleagues and put their own lives at risk due to difficulties accessing PPE were deeply offended by this. Dame Donna Kinnair, the chief executive of the Royal College of Nursing, said: "Nursing staff who were put in harm's way because they could not access proper protective equipment will find this claim deeply insulting."

More recently, as the UK battles with rising numbers of cases of the variant first detected in India, which has been discovered in some communities, people are asking why the borders were not closed down early enough to keep it out.

As UK citizens were told that they should only travel and leave the country for essential reasons, thousands of planes were allowed in from other countries, potentially bringing in a steady flow of new COVID cases. While people were told to self-isolate after entering the UK, it became clear many were not doing so, leading to the community spread of the virus.

Eventually, a "traffic light" system was introduced for foreign travel, with a ban on travel to countries on a "red" list, though those returning from red list countries were still allowed in but had to self isolate in hotels for 10 days and produce two negative COVID tests. Pakistan and Bangladesh were added to this red list on April 9, 2021, but despite India having much higher rates of infection and seeing a deadly wave of the disease sweep through its major cities, it was not added until April 23, when the country's disastrous second wave had already been under way for some time.

Many in the UK believe that this delay was due to Johnson's desire to fly to India to discuss a trade deal with Indian Prime Minister Narendra Modi. The trip was eventually cancelled, but not soon enough to prevent the variant first identified in India and causing chaos in that country from reaching the UK.

In the delay to place India on the red list, thousands of people were allowed to fly in from India and some of them were carrying the highly transmissible variant with them. This has led to outbreaks of the new variant in places like Bolton and Bedford in the UK, and local health authorities have struggled to contain its spread.

Furthermore, there are questions about how transparent the government has been about the spread of this new variant in schools. Data from Public Health England (PHE) originally contained a page that suggested 7.8 percent of cases of the variant first found in India in the UK were linked to transmission within schools, but when the document was published on May 13, this page had been taken out. Scientists are concerned that this variant can spread more readily in children and this data must be considered before any easing of restrictions that are set for June 21 in the UK.

There is no doubt that the vaccine rollout has been a huge success in the UK, but I want to make one thing clear: the success of the vaccine rollout is due to the dedication of my colleagues in the NHS who have worked tirelessly over the last six months to ensure as many people get the vaccine as possible. I, like many other doctors and nurses, have committed many of my days off to working in our local vaccine centre. To claim the success of the vaccination programme is down to the government alone without the huge contribution of the NHS, particularly those in primary care, would be untrue and insulting.

Despite all this, the government is still insistent it will not start a public inquiry until April 2022. As someone who has worked on the front line throughout this pandemic, who has seen patients die from the disease, I would like to see this inquiry brought forward and I am sure doctors in other countries feel the same.

There are many questions to be answered and lessons to be learned and we need to learn them while we are still fighting the pandemic – not afterwards. Without an independent, public inquiry right now, that will not be possible.

On May 28, the European Medicines Agency (EMA) announced that it had authorised the use of the Pfizer-BioNTech COVID-19 vaccine for children aged between 12 and 15. This means EU countries can start vaccinating school-age children.

The EMA reviewed the results of a study involving more than 2,000 children aged 12 to 15 which found the vaccine to have a 100 percent efficacy rate in preventing COVID-19, though they admit the sample size was small and the rate is more likely to be somewhere above 75 percent. Side effects experienced were similar to the ones experienced by adults and include a sore arm, tiredness, headache, chills and fever.

EU members reiterate support, assure diplomatic presence in Afghanistan

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Paola Pampaloni condemned the killing of students, journalists, civil society activists and civilians, and called for continued talks to achieve a peace that preserves the common gains of the Afghan people and the international community over the past two decades.

Deputy Foreign Minister responded to questions raised by the EU member states Ambassadors in Belgium, including Estonia, Belgium, Italy, Romania, France, Spain, Germany, Sweden, Latvia, Portugal and Greece, on the latest security and political developments in Afghanistan, regional cooperation, the Afghan security forces' capability to defend the country, and bilateral and multilateral cooperation between Afghanistan and other countries and regional and international organizations.

Emphasizing the continuation of financial-development cooperation and diplomatic presence of their respective countries in Afghanistan following the withdrawal of Resolute Support forces from Afghanistan, the participants supported the Afghan Peace Process while preserving the gains of the last two decades.

The Kabul Times

Palestine and the UN's 'responsibility to protect' doctrine

The recent escalation of the conflict in Palestine has emphasised the multiple paradoxes in the decades-long political stalemate in the Middle East, which is unique in the amount and extent of suffering heaped on its peoples. Notable also are the paradoxical levels of external complicity and indifference.

Influential foreign actors assist the perpetrators of atrocities but pay little attention to the mounting numbers of victims, except when they turn up as refugees at their doorstep. They do not care when Palestinians and Syrians are thrown out of their homes or bombed into oblivion, packed into a no-man's land. But they rise up in unison when the perpetrators are threatened.

Nowhere is this more evident than in the circumstances surrounding the obscene legal travesty of the double dispossession the Palestinians of Jerusalem's Sheikh Jarrah neighbourhood. Already driven out of their homes as Israel came into existence in 1948 and prevented from ever reclaiming their original homes, they are about to be turned into refugees again on the pretext that the homes they have lived in for decades legally belong to Jewish settlers, according to the rigged Israeli judiciary system.

Protests against this brutal dispossession have been ignored for years and it was only when Hamas fighters started launching rockets at Israeli cities that Israel, and the rest of the world, stood up and listened.

This is the abiding paradox of the current international system, which champions peace and justice but only listens to those who have guns. When the United Nations was set up in 1945, its guiding principle had been to contain war and violence in general and mass atrocities in particular. Haunted by international inaction in the face of the Holocaust, the UN hastened to adopt the Universal Declaration of Human Rights and the Convention on the Prevention and Punishment of the Crime of Genocide.

The UN Charter provided for peacekeeping and armed intervention against aggressors – principles that were implemented, significantly, first in Palestine a couple of weeks after the establishment of Israel and later on the Korean Peninsula, in Lebanon, Cyprus, etc. However, with the paralysis of the UN during the Cold War and the rather disappointing outcomes of interventions, the push for such action was weakened.

The post-Cold War proliferation of atrocities and acts of genocide (in Rwanda, Bosnia, the Democratic Republic of Congo, South Sudan, etc) provoked a lot of clamouring for active intervention to stop such mass violence.

Spurred both by a rise in atrocities and the partial success of interventions in Iraqi Kurdistan (1991), Somalia (1992), Haiti (1994), Bosnia (1992-1995), Kosovo, Sierra Leone, and East Timor (1999), the debate gained momentum. In 1998, the Rome Statute was adopted, establishing the International Criminal Court (ICC) to prosecute individuals for genocide, war crimes, and crimes against humanity.

In 2001, former Australian foreign minister Gareth Evans, Special Advisor to the UN Secretary-General Mohamed Sahnoun and their colleagues in the Canadian-sponsored International Commission on Intervention and State Sovereignty (ICISS) published the landmark report The Responsibility to Protect.

The commission was in turn inspired by a 1996 book titled Sovereignty as Responsibility: Conflict Management in Africa, produced by the Brookings Institution and edited by the veteran Sudanese diplomat Francis Deng, arguing that state sovereignty should be conditional on fulfilling obligations of human rights protection.

The ICISS report, with its rather ambitious subtitle: Ending Mass Atrocity Crimes Once and for All, reiterated the slowly evolving consensus that it was no longer acceptable to stand by and watch atrocities being televised live in this era of global media.

It advocated the "responsibility to protect" doctrine (R2P) that affirmed the responsibility of the wider international community for taking "timely and decisive" measures to protect endangered civilians when their state – bearer of the primary responsibility for protecting its citizens – is found "manifestly failing" to fulfil its duty. Appropriate and proportionate coercive measures, properly authorised by the UN, can then be taken as a last resort.

The R2P doctrine was formally adopted by the UN General Assembly at the 2005 World Summit. The unanimous adoption meant that Israel also endorsed it, as did many Arab countries, like Sudan, which later became a main target of the doctrine.

Nevertheless, the evolving fragile consensus around R2P continued to wobble. Divisions over the 2003 US-led invasion of Iraq were a key factor, given the prominence of the US and the UK as R2P advocates.

Some saw the doctrine as fundamentally flawed, even disingenuous, a combination of resurgent imperialism and the "war on terror" or as an attempt to sell militarism and neo-colonialism as humanitarianism.

By its very nature, the doctrine appeared wilfully selective, never being applied to the powerful states. Its moralist language was depicted as naïve, condescending, and so permissive as to justify intervention at the slightest pretext.

From the other side, some advocates decried the watering down of the doctrine to appease the sceptics, leading to the loss of its original ethos of urgency and non-consensual military intervention. This signalled a return to normal UN and international practices of fitful and selective, patchy and piecemeal interventions.

Regardless of mounting scepticism, the doctrine continued to enjoy support and was invoked formally in the NATO-led intervention in Libya in 2011.

These developments, especially the NATO military campaign in Libya, provoked some negative reactions, in particular from Russia and China, while the ICC's indictment of some African leaders, including Omar al-Bashir of Sudan, also brought resistance from African and Arab countries.

However, in spite of Arab and African solidarity with al-Bashir, Arab and African countries have endorsed the Palestinian Authority's decision to join the ICC in April 2015. The court's affirmation that crimes in Palestine fall under its jurisdiction issued in February this year was also widely welcomed. During the assault on Gaza in May, ICC prosecutors announced that they would be monitoring the conflict for possible war crime charges.

It is a supreme irony that the most ardent proponents of the responsibility to protect and the ICC, in particular Western democracies, have been very hostile to applying the doctrine in Palestine. This vocal opposition is an admission that serious crimes are being committed. In an interesting role reversal, arch-liberals who have always defended justice are practically advocating impunity for perpetrators of some of the most heinous crimes in the book, while former sceptics have now converted to the ICC.

Being lukewarm towards humanitarianism was the signature of the Trump era and the rise of pathological populism in Europe and the Americas. These trends have not only advocated turning a blind eye to atrocities abroad, but even presented tyrants like Russia's Vladimir Putin and Egypt's Abdelfattah el-Sisi as role models. They negatively impacted human rights in established democracies and more so in relatively fragile ones in Eastern Europe, Asia, Latin America, etc.

Given that left-wing populists have also been among the leading critics of R2P as imperialism in disguise, this has significantly narrowed the scope of support for genuine humanitarianism. However, there are signs of a revival of humanitarianism and human rights advocacy, strengthened by the surge in principled activism among the youth all over the world. It is that surge which carried President Joe Biden to power in the US and is now pushing Western governments to change their stance on Palestinian rights.

The international reaction to the war in Gaza is a positive sign of a major shift back to active humanitarianism. Palestine could become a focal point in this resurgence. A number of considerations favour the application of R2P in Palestine.

First, Israel is the first state that had been created by a UN resolution. Its refusal to adhere to the terms of that resolution undermines its own legitimacy. More to the point, the UN is directly responsible for the suffering and dispossession of the victims of that decision. The UN and the international community must account for those sins and act to stop the current "robbery in progress". This is aside, of course, from the specific responsibility of major international actors for more substantive moral, political, financial and military complicity in these crimes.

Second, even from the Israeli perspective, applying R2P to Palestine should be desirable. The whole rationale for a Jewish state is to offer a refuge for a category of people who had suffered persecution and enmity. It would be incongruous and morally perverse if the state that is supposed to protect against atrocities indulges in an abundance of atrocities, dangerously resembling the fascist entity from which many of its citizens sought refuge. A repressive state is not an ideal refuge for anyone.

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