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Covid 19: Two million deaths, so what went wrong?

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Covid restrictions across Europe are bringing a stuttering end to a costly second wave and with it the recognition that the world will be living with SARS-CoV-2 in some form for years to come. In the UK, more than 100 000 covid related deaths have been recorded on death certificates,¹ more than 30 000 of them in January alone, the second highest monthly death toll of the pandemic. With improved survival and lengthier hospital stays, pressure on the health service will continue even as infection rates fall, amplified by long covid² and the ever growing backlog of non-covid care.³

What then are we to make of the UK prime minister's assertion that his government did everything it could?⁴ When governments fail to take responsibility for their actions and omissions, what routes are available to hold them to account? "Should these deaths be seen as 'social murder'?" asks Kamran Abbasi.⁵ Or failing that, as crimes against humanity, involuntary manslaughter, misconduct in public office, or criminal negligence? Politicians must be held to account by any constitutional means necessary.

And that's because politics has driven the pandemic's trajectory around the world. As Clare Wenham writes, governments that were willing to take the early hit of harsh restrictions are now reaping the benefits.⁶ Meanwhile, in other countries, "trying to appease both public health demands and the libertarian views of the free market has led not only to astronomical death tolls, such as in the US, UK, and Brazil, but to flailing economies," she writes.

Avoidance, delay, and mishandling have been compounded by a refusal to change course in the face of evidence and events. Even as case numbers fall and vaccines bring new hope, urgent action is needed to support self-isolation^{7 8} and make workplaces safer, especially for healthcare workers. We should not accept the harms they face in the line of duty, writes David Berger.⁹ New evidence of aerosol transmission and higher rates of seroconversion among non-ICU staff should prompt urgent action in the form of respiratory PPE and improved ventilation.¹⁰

Meanwhile it's vital that we find sources of hope. The phenomenal success of the vaccination programme is the most concrete, not only for people receiving it but for those delivering it.^{11 12} Evidence based calls to "build back fairer"¹³ and to provide a universal basic income¹⁴ bring dreams of a 1948 moment,⁸ when, still struggling with the aftermath of war, our politicians found the energy to reconfigure society on fairer terms.

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