

HEALTH CAMPAIGNS TOGETHER

#OUR NHS



March budget: pay up for buildings and staff!

In the build-up towards chancellor Rishi Sunak's March 3 budget he has warned health workers that any pay increase must be determined by 'affordability' and insisted on the need for 'restraint' in future public sector pay awards.

Despite an extensive poll showing a [majority of the public](#) in favour of an increase to recognise the hard work, dedication and stress endured by health workers in a year of combating the Covid pandemic, it seems ministers are again hoping to fob them off with applause in place of any move to catch up on the decade of pay restraint.

Any savings to be made in this way are short-sighted in the extreme. The NHS went in to the Covid crisis with upwards of 84,000 unfilled vacancies, and the strain of dealing with the pandemic is taking a savage toll of morale and stamina.

A [December poll of over 10,000 NHS staff](#) by UNISON found more than half (52%) said they were considering leaving the NHS in the next year, and 22% saying the pandemic has made them want to leave 'whatever happens'. 64% said the government ignoring calls for an early and significant pay rise has made them question their future

in the health service. This is not the basis on which the NHS can be built back and improved.

But it's not just NHS pay that is facing a renewed austerity squeeze.

The most recent figures show NHS hospitals are being left to crumble and clapped out equipment left to fail, as the [bill for backlog maintenance](#) has rocketed over 32% in a year to a massive £9 billion, and set to grow: the total capital allocation to trusts for 2021-22 is less than £6 billion.

But in addition to backlog maintenance, thousands of NHS beds have closed in the past year, as staff and resources have been channelled towards Covid wards and ICU.

The most recent [winter sitrep figures](#) (week 8) show England's NHS had just **90,506** front line general and acute beds available in January 2021 – compared with **97,990** a year earlier. The occupancy rate has also fallen, leaving just under **79,000** beds occupied in 2021, 14% down on **92,000** in the same week last year.

NHS hospital trusts now need an [extra injection of capital](#) to allow them to remodel clinical areas, refurbish and bring back into use older buildings, and expand and equip to deal safely with both Covid

patients and with pre-Covid levels of emergency and elective treatment.

Instead, from April a [4-year £10 billion deal](#) will siphon off cash from hard-pressed NHS trusts to commission private hospitals to treat some of the backlog of waiting list cases – leaving NHS resources even more depleted and thousands of NHS beds still closed.

That's why we need a budget that includes a major injection of both capital and revenue, to raise British health spending per head towards the levels of France and Germany, raise NHS pay, and create useful jobs rebuilding and expanding hospitals, mental health, and GP and community services.

MONTHLY
ONLINE NEWS
BULLETIN #5
FEBRUARY
2021

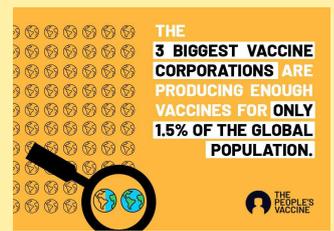
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KONP launches
People's Inquiry – p3



White Paper leaked –
but no end in sight to
privatisation – 4-5



Vaccines for all - back

THURSDAY, FEBRUARY 25, 2021 AT 6.30 PM – 8.30 PM

HEALTH CAMPAIGNS TOGETHER

Register free: bit.ly/NHSprivatisation

NHS campaigners launch a People's Covid Inquiry

A [host of leading](#) academics, celebrities, campaigning groups and unions together with frontline workers, have joined health campaigning organisation Keep Our NHS Public to launch a [People's Covid Inquiry](#).

A dedicated website and [campaign video](#) have also been launched featuring testimony from members of the public, keyworkers and celebrities, which will aid the publicity and public accessibility of this important project.

In the absence of an arranged formal public investigation, campaigners believe that the time for a Covid Inquiry is now, in order to analyse why this country has suffered over 100,000 deaths, and what lessons should be learned to inform future decision and policy making.

Overseeing proceedings will be the renowned human rights barrister Michael Mansfield QC.

Participants will include:

- Green Party MP Caroline Lucas,
- Chair of Independent SAGE Sir David King,
- Author and poet Michael Rosen,
- Lancet editor Richard Horton,
- Representatives from the

Covid-19 Bereaved Families for Justice group,

■ President of the UK Medical Women's Federation Neena Modi, and the doctor,

■ Writer and broadcaster Phil Hammond.

Eight sessions

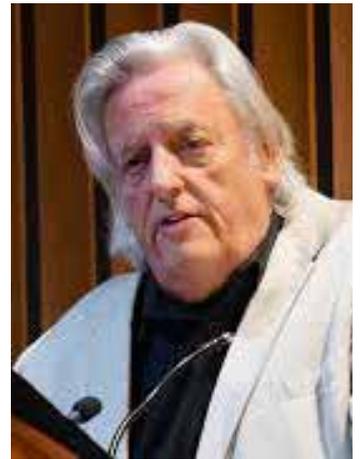
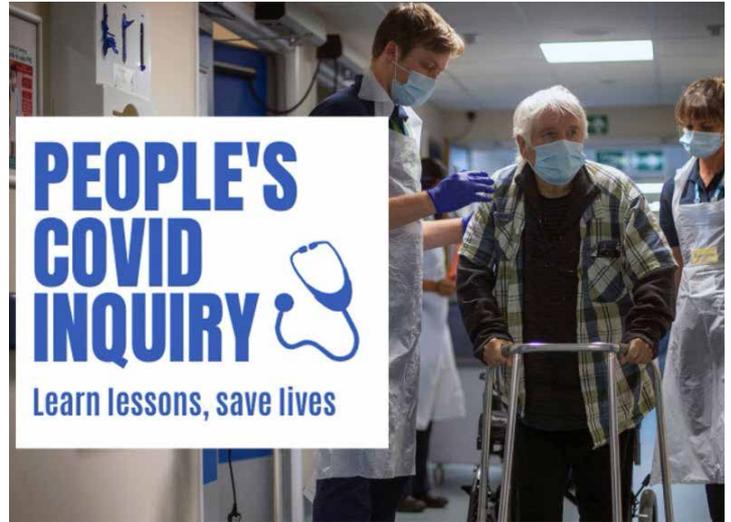
Keep Our NHS Public will host a series of 8 online panel sessions beginning on [Wednesday February 24](#) to be held at two-week intervals. Evidence provided by both expert and personal testimonies will be interrogated, and used to inform future sessions.

Each session will explore a separate aspect of the pandemic including; a Zero Covid strategy, the privatisation of public health, the preparedness of the NHS, and the impact of the pandemic on NHS staff and keyworkers.

Sessions will consider new oral, written and video testimony from frontline workers, academics, politicians and influencers, as well as from members of the public.

Open online sessions

These online events are open to all, and the details of how to join them can be found on The People's Covid Inquiry website.



Participants: (above) Prof Neena Modi and Michael Mansfield QC

The Inquiry will culminate in a report and a key set of findings presented to the government.

Testimony gathered will provide the basis for evidence-based recommendations on the provision of health and social care in the UK, including the future funding and organisation of the NHS.

Co-Chair of Keep Our NHS Public Dr John Puntis says:

"It's clear that the government aims to avoid scrutiny and the inevitable criticism that will come its way for the mismanagement of this pandemic.

"Ministers wish to delay any inquiry until such time in the distant future when this will have become both a largely academic exercise and pose them no threat.

"There are, however, powerful reasons why an inquiry should be a matter of urgency. To this end we are launching the People's Covid Inquiry - to answer the questions the government lacks the courage even to ask."

Junior doctor and member of Keep Our NHS Public Sonia Adesara says:

"We have experienced a horrendous number of deaths over the past year. It is vital that we learn lessons now, to stop any more unnecessary suffering.

"Over a decade of NHS neglect by this government means we will be counting the cost in our health service for years to come.

"We need to understand what went wrong and the underlying systemic problems within society to ensure we are better prepared in future pandemics."

Professor of Neonatal Medicine at ICL, and President of the UK Medical Women's Federation Neena Modi says:

"The People's Covid enquiry is important because over 100,000 lives have been lost, many families left struggling and bereft, and honest answers are needed to understand why this tragedy has occurred."



Lancet editor, Richard Horton

SESSION 1 19:00 -21:00 Wednesday 24 February

Covid-19: How well Prepared was the NHS?

SESSION 2 19:00 -21:00 Wednesday 10 March

How did the Government respond?

SESSION 3 19:00 -21:00 Wednesday 24 March

Is 'Zero Covid' Possible?

SESSION 4 19:00 -21:00 Wednesday 07 April

Impact on the population #1 including families, social care, disability

SESSION 5 19:00 -21:00 Wednesday 21 April

Impact on frontline staff & key workers

SESSION 6 19:00 -21:00 Wednesday 05 May

Inequalities & discrimination

SESSION 7 19:00 -21:00 Wednesday 19 May

Privatisation of the Public's Health

SESSION 8 19:00-21:00 Wednesday 02 June

Impact on the Population #2 including schools, young people, women and mental health

Leaked White Paper would not bring an end

John Lister

There is no substance to claims that the government's leaked White paper represents plans to scrap or reverse the privatisation process that was accelerated and entrenched by the Cameron coalition government's Health and Social Care Act, passed in 2012.

If ministers really wanted to reduce the role of the private sector they could do so now, or have done so at any point since 2013 without new legislation, by scrapping the regulations that were added to Section 75 of the Health and Social Care Act.

Instead the past year has seen the government vastly increasing the role of the private sector, and squandering billions on private contractors and consultants to

deliver test and trace rather than invest in NHS and public health.

They have ploughed tens of millions into establishing new Lighthouse and mega-laboratories rather than developing the existing network of NHS labs, and committed to upwards of £10 billion paying private hospitals to treat the backlog of waiting list patients rather than invest in re-planning NHS hospitals and reopening thousands of closed and empty NHS beds.

The proposed new Integrated Care Systems would also bring more privatisation – in the form of new data systems and “population health management” techniques.

These rely on expertise largely developed by private health insurers in the USA – and supplied in England by a pre-approved list of over 80 providers in NHS England's



White Paper draft backs NHS England's plans, and also restores powers to Secretary of State

Health systems Support Framework.

Almost all of them are private companies, and more than a quarter of them are US-owned. And while the White paper does seem to propose reducing the requirement

to put some services out to competitive tender, these new “professional services” are exempt from the new legislation.

We have also had twelve miserable months of huge contracts for consultancy and for PPE being handed *without* competition to cronies of ministers and companies with no expertise and few assets.

There is nothing in the draft which suggests ministers want to bring any existing contracted out services back in-house, even at the end of current contracts.

Without this, much of the fragmentation and privatisation created by the 2012 Act will remain as an impediment to genuinely integrated care. Even if some of the clumsier bureaucracy of the 2012 Act is reduced, the split between commissioner and provider will

US corporation buys up more GP services

Operose Health Ltd, the UK arm of the large US healthcare insurance provider Centene Corporation, is to take over AT Medics, one of the leading providers of primary care services in London, according to an [exclusive report](#) from *The Lowdown's* Sylvia Davidson

AT Medics operates 49 GP surgeries across London, providing services to around 370,000 people, with 900 employees, and until the takeover was owned by six GP directors.

Operose Health was [formed in January 2020](#), when Centene Corporation brought together its subsidiaries in the UK – The Practice Group (TPG) and Simplify Health.

Expanding

This latest acquisition is a further sign of Centene Corporation taking an expanding interest in the UK health market.

The Corporation took a major shareholding in [Circle Health](#) around the time the latter company acquired BMI Healthcare, the UK's leading private hospital group.

The investment gives Centene significant influence, but not control over Circle Health.

According to the [Operose Health website](#), in December 2020, the company had contracts for 20 GP surgeries, plus one urgent treatment centre in Birmingham.

In addition, the company lists ten ophthalmology services and a single dermatology clinic in Kent.



Court challenge to Covid contract cronyism

Martin Shelley

The government has failed to deny it breached its obligations on transparency on £4bn-worth of pandemic-related contracts, in a hearing at the Administrative Court.

The hearing was on a judicial review requested by not-for-profit campaign organisation [Good Law Project](#) [GLP], alongside a cross-party group of three MPs.

Nonetheless the government spent more than £200,000 of taxpayers' money on nine solicitors and five barristers – to prepare for a one-day hearing that featured just one witness, and put forward an unconvincing claim that GLP lacked the legal standing to question the Department of Health and Social Care.

The judicial review followed revelations last October that the Department of Health & Social Care (DHSC) had spent £17bn on covid-related goods and services over the previous six months, but [contract details](#) for just £12.4bn had been made available to the public, in contravention of [legal requirements](#) as well as [government guidance](#).

78 days to publish

As part of its case, in November GLP revealed that the average time the DHSC took to come clean about [unpublished contracts](#) was, at that stage, 78 days.

GLP's justification for pursuing its judicial review was bolstered by publication of a damning report

by the [National Audit Office](#) (NAO) in November revealing that, under emergency legislation, contracts worth £10.5bn had been awarded directly to companies – with no open competitive procedure.

Follow-up research from the [Institute for Government](#), released only last week, showed 99 per cent of covid-19-related contracts have been awarded with no competition.

The [Byline Times](#) has also published research showing that the government has awarded covid-related contracts worth more than £880m to individuals and companies who have donated £8.2m to the Conservative Party.

■ This is a truncated version of a [longer article](#) in *The Lowdown*



to privatisation

remain, along with an "important role" for private contractors.

Without measures to sweep away the markets in health care and social care, any talk about "integration" of services is deception or delusion.

Two boards for each ICS

The government's proposals in the leaked Draft are only different from the NHSE proposal in providing for TWO ICS boards in each area.

One (NHS plus local government) is for NHS commissioning; the other, an "ICS Health and Care Partnership" board, could include anyone, but specifically could include voluntary and "independent" [private] sector "partners."

This second, subsidiary Board appears to have been introduced as a sop to the Local Government Association which has complained

at the way local government has been marginalised in the secretive development of early ICSs.

But it's unclear what actual powers this second tier of bureaucracy would have.

Plans for new powers for the Secretary of State to intervene in reconfiguration processes are coupled with abolition of the right of councils to refer contested plans to the Secretary of State, which will be controversial with many councillors.

It makes it quite clear that local government remains a subordinate bit-part player, included to make the set up look more local and less undemocratic.

There is little but the name and the rhetoric of ICSs to suggest this is about any real integration of health and care.



£1m per day on consultancy for failed test & trace system

Revelations on the scale and cost of Deloitte's continuing extensive Covid consultancy contracts came thick and fast last month.

On January 18 David Williams, a top-ranking civil servant at the Department of Health and Social Care (DHSC), told MPs 900 Deloitte consultants were currently employed – at a rate of £1,000 per day on the still poorly-functioning

Test and Trace system – a cost approaching £1m per day.

The Commons Public Accounts Committee also heard that DHSC expected to spend £15 billion on the privately-run testing system alone – particularly the rollout of controversial rapid testing – to tackle the pandemic.

On January 28 details of a **£145m contract** awarded without competition to Deloitte for covid-related consultancy up to January 11 were published.

And on the same day **Solomon Hughes in Tribune** revealed the key role of Tory peer James Bethell, unelected government minister in charge of Test and Trace, in handing out multiple contracts to Deloitte – for whom he worked as a private lobbyist until 2018.

Strengthening the fightback – sounding the alarm

The pandemic has been a goldmine for private contractors and management consultants. But while the private sector (not least Tory ministers' chums and donors) celebrate their new-found riches, the fiascos of failed private services have been exposed to millions.

Privatised test and trace systems have become byword for failure, just as poor standards of hospital cleaning epitomised the failures of the first outsourced contracts in the 1980s.

The question is how health unions and campaigners can pool their knowledge and work together to develop the right publicity and information to show the folly and expose the waste and inefficiency of privatisation and outsourcing.

Join us for an online conference on February 25, called by Health Campaigns Together, working in partnership with the health unions UNISON, Unite and GMB, the PDA union, the TUC, Keep Our NHS Public, the NHS Support Federation (NHS For Sale), and The Lowdown

This conference will be prepared by seven **Briefing Sheets** giving background on current aspects of privatisation, and what we can learn from previous struggles as we fight to keep private hands off our NHS.

It will hear short introductions on each of the topics before breaking into workshops to consider and discuss priorities and various lines of argument to reach out to the wider, uninformed public.

Shadow Health Secretary **JONATHAN ASHWORTH MP** will respond to the presentations and outline the opposition view. Streatham MP **BELL RIBEIRO-ADDY** will chair the opening session

- **Privatisation – why it matters:** speaker - **PAUL EVANS**, NHS Support Federation and co-editor The Lowdown
- **Billions wasted on PPE and Track and trace fiasco** – speaker **PASCAL ROBINSON**, We Own It
- **Lighthouse (and mega) Labs: bypassing the public sector** – speaker **IAN EVANS**, Chair, Unite Healthcare Sciences National OPC
- **The great consultancy boom from Covid to ICSs** – speaker **Dr SONIA ADESARA**, NHS doctor
- **NHS cash to the rescue for private hospitals:** - speaker **DAVID ROWLAND**, Centre for Health in the Public Interest
- **Privatised staff as second class citizens – and the impact on the NHS:**
Speakers: **JAMES ANTHONY**, Vice President **UNISON**; **JACALYN WILLIAMS** acting national officer, **Unite**; and **LOLA McEVOY**, GMB
- **Learning lessons past & present: developing popular arguments & accessible information** – speaker **JOHN LISTER**, editor Health Campaigns Together & co-editor The Lowdown

Heads must roll over Leicester trust's £46m shock

The resignation of the entire trust board of University Hospitals of Leicester has been demanded by angry local councillors after a major financial scandal has emerged, in which 2018-19 accounts declared a deficit of just £55m instead of the true figure of £101m.

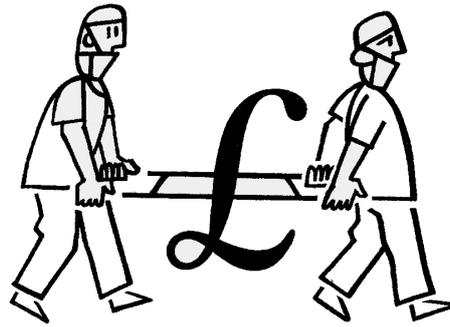
The Trust had been [under pressure from the regulator](#), NHS Improvement, to cut spending to achieve an impossible 'control total'.

Accounts that falsely reported having hit a revised £55m target deficit were simply signed off by the docile trust's audit committee.

UHL's former chief executive John Adler has since retired on health grounds, and chief financial officer Paul Traynor has left the NHS, but both have now been belatedly reported to the CQC care

regulator under its 'fit and proper person' process.

Councillor Phil King, a member of the Leicestershire Health and Wellbeing Board [told the Leicester Mercury](#): "At the very least the chairman needs to quit - he should have done so already - and to be honest all of them need to go.



... Either they knew what was happening and did nothing about it, or they didn't know and have failed in that respect."

It has also emerged that the trust attempted to evade a critical report by auditors Grant Thornton by [changing auditors](#).

The company has criticised both

the trust board and audit committee for failing in their duty to scrutinise the actions of management.

The National Audit Office said there had been an ['unprecedented' failure by UHL](#) to provide true and fair accounts for 2018-19 when trust management attempted to alter the numbers "to achieve a certain outcome rather than to represent accurately the economic reality of transactions into which UHL entered."

The huge inaccuracy in the 2018-19 accounts means that the 2019-20 accounts have also fallen foul of the auditors, leaving UHL again in breach of the law.

The Trust is now hoping to press through a controversial £450m reconfiguration plan. With a track record like this what could possibly go wrong?

Crush Covid with local Test & Trace

Crush Covid is a campaign that [originated in Oxfordshire](#), calling for testing and tracing of Covid cases to be put back into the hands of local public health teams.

The campaign is working at a local level to persuade city and district councils to pass motions calling on their county council to run test and trace themselves.

Proper government funding is needed for this. Crush Covid hopes to inspire and assist people all over England in fighting for this. The campaign notes that:

"It will be many months before sufficient numbers of people are vaccinated and we can all be safe. To be really effective, vaccination needs to be complemented by other measures.

"These include restrictions on travel, special arrangements for schools and universities, and support for businesses and workplaces.

"We also need to test people, including those who don't have symptoms, then trace their contacts as soon as possible and require them to self-isolate before they can infect others."

Expert view

Find, test, trace – with support to isolate – is the system advocated by Independent SAGE, a group of eminent scientists and public health experts.

Each county council has a director of public health, whose responsibility it is to protect the public from such diseases. The director of public health has the expertise, experience and personnel to run a testing and



Take cash from Serco for T&T

tracing programme.

Their staff have local knowledge and specialist training. They are in touch with other professionals, such as GPs, environmental health officers and social workers.

Serco

But instead of giving these local public health teams enough money to build up their test and trace systems, the Government has given billions of pounds to private companies with no relevant experience, such as Serco, Sitel and Deloitte, to run so-called 'NHS Test and Trace', whose misleading name obscures the fact that it is not run by the NHS.

The money allocated to these private companies so far would be enough to pay for the running of all the GPs' surgeries in England for two years.

Meanwhile, the more the virus continues to circulate, the more opportunities it will have to mutate. This could produce forms

of the virus that are resistant to the vaccines currently available and make the vaccines ineffective.

Join us in calling for your taxes to go to the NHS and public health teams, not to private companies and overpaid consultants.

To find out more about how to get your local council to pass a cross-party motion supporting local test and trace, download a [copy of the motion](#) passed by Oxford City Council or a [copy of the speech](#) given by a member of the public at the meeting at which the motion was passed.

■ **LAMBETH COUNCIL** in south London has joined those calling upon the government to let local councils take over the Covid-19 test and trace scheme.

The council has passed a motion which argues that the whole system could be better coordinated at a local level, with support from London Region's Director of Public Health and with London Regional Government pressing national government to devolve control and sufficient resources locally.

[Lambeth Keep Our NHS Public](#) and other SE London campaign groups have thrown their support behind this motion. They, like Lambeth Council, want the Government to give all councils many more resources to coordinate the work and fund people who can't afford to self-isolate or quarantine.

They claim money has been wasted on running the national service which could have been spent more efficiently.

Essex cancer patients face catastrophic risk

Covid-19 pressures have brought cancer services at Mid and South Essex Foundation Trust, spanning hospitals in Basildon, Chelmsford and Southend, to the point of "catastrophic" risk of death or irreversible harm to patients according to its latest [Board papers](#).

High levels of occupancy by Covid patients – requiring the diversion of staff to covid wards and ICU – brought a halt to cancer surgery being halted at both Southend and Chelmsford before Christmas.

The trust is now seeking to arrange to [use private hospitals in the area](#) for patients needing urgent treatment.

● As this bulletin is completed (February 8) the Health Service Journal reporting [19 of the 42 English ICS areas](#) have fewer than 5% of beds available to treat non-Covid patients. As a result there have also been serious delays to cancer treatment in London and in other parts of England.

NEXT ISSUE

Our next issue of the monthly bulletin will be early in March. Please get any articles, photos, tip-offs or information to us no later than MARCH 2.

Fight goes on at "Heartless Heartlands"



A Twitterstorm using the hashtag #HeartlessHeartlands on February 8 was the latest step in the fight by portering staff at Birmingham's Heartlands Hospital facing a ruthless management drive to impose new shift patterns upon them.

The Trust have failed to engage in meaningful negotiations around UNISON's alternative proposals, rejecting them, and are now preparing to use a draconian 'fire and rehire' measure to impose the rota.

NHS Porters at Heartlands Hospital have responded to all the

challenges posed by the COVID-19 crisis providing support to the most vulnerable members of our communities, despite the risk to themselves and their families.

The Trust's proposed changes to the Heartlands Hospital porters' rota includes porters working on the main rota having to cover 8 different shift patterns on a rotating basis, and would have a hugely detrimental impact on their lives, and their families.

UNISON has raised concerns this will be detrimental not only to the porters' health but patient care at

the hospital. The lack of negotiation by the Trust management forced UNISON members to ballot for strike action.

Act now. [Sign the petition.](#)

"We call upon the Chair of the Trust Jacqui Smith and the Chief Executive David Rosser to halt the imposition of the rota and to not 'fire and rehire' their Heartlands Hospital Porters.

"We urge them to ask the senior management to work with UNISON to implement a jointly agreed rota which is based upon a 'fixed' shift basis."



Reading security guards question contractor's profits

NHS bosses are being challenged on the profit margins of the outsourced contract for the security guards at Reading hospital, who are currently locked in a 'David and Goliath' pay battle.

Royal Berkshire NHS Foundation Trust is paying Kingdom Service Group Ltd a total of £755,763-a-year to provide security for the trust. The security guards are currently on strike until early March over the company's failure to make a decent 2020 pay offer.

Their union, Unite, is now questioning whether the contract is 'value for money' and how big the profit margins are for Kingdom – which boasts a £100 million plus turnover.

Unite argues it could be better value for the taxpayer if the contract was brought back in-house: Unite regional officer Jesika Parmar said: "There could be a very strong case for this contract being taken back in-house and the money saved being spent on patient services, rather than a profit-hungry private company.

"We would also like to see the security guards currently on the NHS frontline properly rewarded for their dedication and hard work. This could be achieved if the Kingdom contract was jettisoned."

■ The 20 security guards have been taking strike action since mid-December. **Their third wave of strike action will run from 19.00 on Friday 12 February and ending at 19.00 on Sunday 7 March.**

This follows on from already announced strikes from 8 to 12 February.

■ **NHS staff and general public are urged to [sign the online petition](#) supporting the security guards.**

Breaking rules to keep staff safe

The number of health and social care staff that have died of Covid is now upwards of 850 and rising.

[January figures](#) showed almost 100,000 NHS staff off sick, and nearly half of these (49,704) were either suffering from covid or forced to self-isolate because of contact with a positive case.

So it's shocking to read the [Independent's report](#) revealing that NHS trusts are having to break Public Health England guidelines to supply higher grade masks to staff in greatest danger.

Analysis by the Independent shows more than 35,000 patients have been infected with Covid-19 while in hospital, underlining what a hazardous environment this is for staff, especially those exposed to patients coughing.

The report notes that the worst affected region between 1 August and 31 January was the West Midlands with 7,210 cases, and the worst performing hospital trust was University Hospitals Birmingham, which had 996 infections.



Fighting for ethically sourced PPE

UNISON has joined the lobby to bring in new laws to prevent UK businesses and public services from sourcing from companies that [violate workers' human rights](#).

Evidence has emerged that PPE suppliers to the NHS were tied to severe, widespread human rights violations of workers in the global south.

One of a number of known abusive suppliers is Top Glove, the world's largest maker of rubber gloves. Top Glove have seen their profits triple in 2020, whilst investigations showed that gloves were being made by migrant workers forced to work in cramped conditions in Malaysian

factories. Workers were housed in squalor with 25 workers sharing one dormitory, and reports show that in December 2020 alone, 5,000 workers had contracted COVID-19.

Currently, there is no legal duty for companies to make sure they are not sourcing goods from suppliers who violate human rights. UNISON is working with the Core Coalition and Anti-Slavery International to build demand for a new law.

UNISON is encouraging members to add their voice to a EU consultation that will affect UK headquartered companies by [signing here](#).

UNISON maintains that a

new 'failure to prevent' law with meaningful liability attached, is needed to properly hold companies to account when they fail to prevent human rights abuses and environmental harms whether in the UK or abroad. This law should mandate companies to undertake 'human rights and environmental due diligence' across their supply chains.

The proposed law would better bring the UK in line with its international commitments on human rights and the environment and build on a 2017 recommendation for such a law from the UK's Joint Committee on Human Rights.

Vaccine for all!

The supply of safe and effective vaccines for all is being held back because of pharmaceutical monopolies. The full production capacity of the world is not being used to fight #COVID19.

At the same time, two of the companies that are producing successful vaccines, Pfizer/BioNTech and Moderna have sold almost all of their doses to rich nations.

The three biggest vaccine corporations in the world only have plans to produce enough vaccines for 1.5 percent of the global population in 2021 and other large manufacturers are not yet producing any of the successful proven vaccines for COVID-19.

No one is safe

No-one is safe until everyone is safe. The best way to end this pandemic is to ensure that everyone, everywhere can access a COVID vaccine.

The vaccine producing companies must join CTAP, the WHO-backed initiative, to share their vaccine recipes with the world. Governments must pressure them to do so.

COVID anywhere is a problem everywhere. We need a #PeoplesVaccine, not a profit vaccine.

The [People's Vaccine Alliance](#) is a coalition of organisations including Free the Vaccine, Global Justice Now, Public Citizen, the Yunus Centre, Frontline AIDS, Oxfam, SumOfUs and UNAIDS.

They are calling on governments

and pharmaceutical corporations to:

- Ensure the vaccine is **purchased at true cost prices** and provided free of charge to people.

- **Prevent monopolies** on vaccine and treatment production by making public funding for research and development conditional on research institutions and pharmaceutical companies freely sharing all information, data, biological material, know-how and intellectual property.

- Ensure the vaccine is **sold at affordable prices**: pricing must be transparent and based on the cost of research, development and manufacturing, as well as taking into account any public funding provided.

- Implement **fair allocation of the vaccine** which prioritizes health workers and other at-risk groups in all countries. Distribution among countries should be based on their population size. In-country vaccination programmes should include marginalized groups, including refugees, prisoners, and people living in slums and other crowded housing conditions. Allocation between and within countries should be based on need and not ability to pay.

- Ensure **full participation of governments in developing countries** as well as civil society from north and south in decision-making fora about the vaccines (and other COVID-19 technologies) and ensure transparency and accountability of all decisions.



Covid-19 vaccinations: Why we think you should say YES



We're being told that vaccines are going to be critical to ending the Covid-19 pandemic – providing enough people are vaccinated.

As BME-led housing associations, we are very worried that so many Black and Asian people are saying they might turn down the offer of a vaccination.

In a recent study, 72% of Black people and 42% of Asians said they might not get vaccinated. Eastern Europeans were also less sure about vaccines than white British people.

We understand why you are cautious. But Covid-19 is a vicious illness, which can kill young people as well as older people. It leaves others with Long Covid symptoms, lasting weeks and months.

We are particularly concerned because our Black and Asian communities have a much higher risk of dying from the disease.

Risk of dying

Compared to white British people, the risk of dying from Covid-19 is:

- almost double if you are Black (1.9 times as likely)
- 1.8 times higher if you are a Bangladeshi or Pakistani man (slightly less if you're a woman)
- 1.3 times higher if you belong to another ethnic minority group
- And, by April 2020, deaths of Jewish people in London were 3.7 times higher than normal.



There are many reasons for this increased risk – including the jobs our people do, how people are living (some communities have larger households, for example) the fact that you are more likely to be less well off and the effects of institutional racism.

In this poster we want to look at some of the reasons why you might be hesitant and explain why we think all our tenants, whatever your ethnic background, should get the vaccine when it's offered to you.

Some health conditions (including

Shooting down deadly vaccine myths

BME London Landlords, an organisation of BME-led housing associations, are very worried that so many Black and Asian people are saying they might turn down the offer of a vaccination.

In a recent study, 72% of Black people and 42% of Asians said they might not get vaccinated. Eastern Europeans were also less sure about vaccines than white British people.

BME London Landlords have now produced an excellent information poster targeting their tenants and residents, addressing many concerns people have about taking the COVID 19 vaccines being rolled out by the government.

The leaflet rejects stupid lies spread by the far right, such as 'The vaccines contain a microchip so that Bill Gates can track us' or 'Coronavirus is being spread by 5G masts to control us,' pointing out 'These are not people who care about your safety.'

But it goes on to give serious factual answers to other reasons for

being cautious about the vaccine:

- Can Black people really trust big Pharma?

- It's all been done so quickly – can we trust this?

- But are the vaccines safe for people like us?

- Could the vaccines affect your DNA or fertility?

- Are the vaccines halal?

- Are the vaccines kosher?

- Could vaccine give you Covid?

- Are there are better ways to protect yourself against Covid-19?

Their website explains:

"We feel it is really important that everyone get the right information to make absolutely sure you are informed of the real risks about the COVID 19 Vaccine.

"COVID 19, and now new variants, are continuing to be spread and have claimed many lives, and will claim many more if people are not protected.

"There are many myths circulating about vaccines, our information leaflet explains why we think our tenants should say yes, why you might be cautious, information on getting the vaccine and where to get further information."

You can download a digital copy of the leaflet/poster 'Why we think you should say Yes' [HERE](#)

THE 3 BIGGEST VACCINE CORPORATIONS ARE PRODUCING ENOUGH VACCINES FOR ONLY 1.5% OF THE GLOBAL POPULATION.

THE PEOPLE'S VACCINE

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an **alliance** of organisations. We ask organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning. **WE WELCOME SUPPORT FROM:**

- **TRADE UNION** organisations – whether they representing workers in or outside the NHS – at national, regional or local level
- local national NHS CAMPAIGNS opposing cuts & privatisation
- pressure groups defending specific services and the NHS,
- pensioners' organisations

- political parties – national, regional or local

The guideline scale of annual contributions we are seeking is:

- **£500** for a national trade union,
- **£300** for a smaller national, or regional trade union organisation
- **£50** minimum from other supporting organisations.

NB If any of these amounts is an obstacle to supporting Health Campaigns Together, please **contact us** to discuss.

You can sign up online, and pay by card, bank transfer or by cheque – check it out at <https://healthcampaignstogether.com/joinus.php>