

Covid-19 across Ireland

What the data can tell us

Graham Gudgin

Foreword by Lord Caine



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Foreword

By Lord Jonathan Caine

Over the past couple of years it has become increasingly fashionable to assume that a united Ireland is now somehow inevitable. This view extends well beyond the traditional and most devoted champions of Irish unity. Many media commentators across these islands seem to assume that for those of us who support the Union between Northern Ireland and Great Britain the game is finally up and that the end of the Union will happen in a matter of a few years at most.

A number of factors have contributed to this – in my view both erroneous and actually grossly irresponsible – position. They have included the three years in which Northern Ireland lacked a functioning, power-sharing government leading some to question whether the so-called ‘struggle’ for Irish unity was entering a new, post-1998 Agreement phase. Then, most obviously, there were the uncertainties presented by Brexit and the Irish border used, at least until the 2019 UK General Election produced such a clear outcome, by republicans to push their campaign for a border poll.

Now, added to these, has been the Covid-19 pandemic and its effective ‘weaponising’ by those who advocate the need for an ‘all-island’ approach to health as a proxy towards a united Ireland. Central to the argument has been the respective responses to the crisis of governments in London, Belfast and Dublin. In short, the narrative has been allowed to gain hold that while the UK, including Northern Ireland, has been at best slow and at worst incompetent, the reaction in the Republic has been more sure-footed and effective. As a result, it is argued, there have been far fewer deaths south of the Irish border.

In the essay that follows, Dr Graham Gudgin successfully debunks a number of myths propagated by those who have sought to politicise a tragic, global, human health pandemic – though not, it should be pointed out, the current Irish Government. Dr Gudgin concludes that the evidence “leads to a conclusion that the death rate in Northern Ireland is almost identical to that in the Republic”. This judgement is supported by the health authorities North and South. Dr Gudgin also takes aim at those in the media – whose overall performance throughout this pandemic will be a matter of scrutiny for some time to come – who “uncritically accept superficial or incorrect evidence on the superiority of Irish policy on Covid”.

Of course, any comprehensive assessment of the response of governments across the globe to Covid-19 will take time, itself alien to the 24-hour rolling news cycle. Yet, for me and many others, rather than advancing the case for Irish unity, if anything the current crisis has

reinforced once again the strength and security that Northern Ireland gains from being part of the United Kingdom. That includes a National Health Service that has coped brilliantly with the demands placed upon it. It is a view that is also underlined by the scale of the support for businesses and families that derive from being an integral part of one of the leading global economies and something which no other constitutional relationship could hope to match.

Looking ahead, there are wider questions about how the United Kingdom Government makes a stronger case for the benefits of the Union for all the peoples of our country. These are not, however, arguments for today when the overriding need should be for all people to come together, whatever to fight the virus and keep people safe, rather than seeking to exploit it for blatantly political ends. We need a discussion based on fact, not prejudice, and Graham Gudgin's analysis provides exactly that.

The War of Words on Covid Across Ireland

Summary

Sinn Féin have claimed that the Covid epidemic shows that the island needs a common health policy and that partition in Ireland is unsustainable. This line is aided by a Belfast academic who has argued that the death rate in Northern Ireland is 50% higher than in the Republic of Ireland indicating that health policy towards Covid is more effective in the South. This research note shows that with the available data it is not possible to reach a definitive conclusion on which jurisdiction has the higher death rate, but the most reasonable judgement is that death rates in Northern Ireland and the Republic are approximately the same. This judgement is supported by the health authorities North and South and Sinn Féin now appear to be backing off from this issue. Both North and South in Ireland currently have lower death rates than GB but since the virus reached Ireland later than GB this may be mainly a matter of timing in the Covid cycle. The UK media has uncritically reflected the view that Southern reaction to Covid is the more effective and has ignored counter evidence. This may suggest a bias towards the negative in assessing UK policy but also a weakness among journalists in dealing with complex statistical matters.

Introduction

The debate on the Irish border, which was greatly enlivened by Brexit, has been given a further boost by the Covid pandemic. Just as China's handling of the pandemic is being used as evidence in a battle of ideas of democracy versus autocracy, health policies are fuelling the contest in Ireland over whether Northern Ireland or the Republic of Ireland provide superior government.

At an early stage in the crisis, Sinn Féin politicians at Stormont signalled their dissatisfaction with the Northern Ireland Executive's response to the pandemic as well as the overall UK approach. The deputy First Minister, Michelle O'Neill, broke ranks with her Executive colleagues over the timing of school closures and insisted that this should happen in line with the Republic.¹ She demanded 'one approach across the island to deal with Covid-19 saying that 'it is pure common sense that we need an all-island and a unified approach in dealing with this pandemic'. On 14 March John O'Dowd, the Sinn Féin MLA for Upper Bann (and former Education Minister), tweeted a picture of Prime Minister Boris Johnson

1. <https://twitter.com/moneillsf/status/1238440224893612032?s=20>

and commented, 'Let's be clear, this shire [sic, perhaps 'shower?'] of bastards are using every one of us in some form of twisted medical experiment. Do you honestly believe the rest of Europe is wrong & this balloon and his ilk are right. If you are not angry it's time to get angry, we are on the brink of disaster!'²

There were further disagreements within the Executive as O'Neill criticised the Ulster Unionist Health Minister, Robin Swann, claiming that he had been 'too slow' to act on certain issues and that his Department had been 'slavishly following the Boris Johnson model.'³ Despite these provocations, the other Executive parties have maintained a broadly united position. Unionist Ministers have accepted the need for North-South co-ordination as far as possible and have allowed for the possibility of different approaches within the UK when it comes to exiting the lockdown. Nevertheless, as the crisis continues, the Sinn Féin leadership is open about what it sees as the longer-term political opportunity arising out of the pandemic. Mary Lou McDonald, the President of Sinn Féin, said that the crisis "dwarfs Brexit in terms of reflecting the danger of partition, the fact that it's not sustainable, and the necessity for us to work as one island."⁴

Following McDonald's comments the caretaker Taoiseach Leo Varadkar reportedly told the Irish Cabinet that Sinn Féin risk damaging attempts to build an all-Ireland consensus on tackling the Covid-19 pandemic.⁵ Varadkar has not claimed that southern policies are more effective than those in the North.

Comparing Covid Death rates North and South

While charges of ineffectiveness of UK policy as applied to Northern Ireland have been led by Sinn Féin there is also a wider discussion about the effects of policy differences led by academics and public health experts. Last week a retired Queen's University sociologist Professor Mike Tomlinson argued in the Irish Times that Southern policy had been much better at keeping people alive during the pandemic (Irish Times, April 22nd, Coronavirus. Ireland is one island with very different death rates).

Tomlinson provided charts to show that the per capita death rate associated with Covid_19 in Northern Ireland is 50% higher than in the Republic. 'It is reasonable to assume', he said, 'that the North's higher death rates result from lower rates of testing, the lack of contact tracing, and slower application of lockdown measures compared with the Republic'.

Whatever comparative mortality outcomes say about Irish unity they are clearly important for guiding health policy on tackling the virus. However, North-South comparisons are inherently difficult and bedevilled by definitional differences. The UK Statistics Authority has recently written to the Department of Health in Northern Ireland to urge it to improve the quality and presentation of its published data on the Covid outbreak⁶. Given the current availability of reliable data it is not possible to reach any definitive conclusion and certainly not the conclusions drawn by Tomlinson.

2. <https://twitter.com/JohnODowdSF/status/1238834976411586563?s=20>

3. <https://www.newsletter.co.uk/news/politics/michelle-oneill-criticises-robin-swann-over-too-slow-coronavirus-response-2527866>

4. <https://www.thetimes.co.uk/article/mary-lou-mcdonald-covid-19-more-likely-to-unite-us-than-brexit-b6d5fz15i>

5. <https://www.statisticsauthority.gov.uk/consultation/letter-regarding-statistical-information-relating-to-covid-19-in-northern-ireland>

6. <https://www.statisticsauthority.gov.uk/consultation/letter-regarding-statistical-information-relating-to-covid-19-in-northern-ireland>

Tomlinson attempted to compare all registered deaths from Covid whether in hospitals, care homes or the wider community. To do this he used the daily surveillance reports from the Republic's National Public Health Emergency Team (NPHE) even though, as he admitted, this was, at that time, an incomplete count of deaths. He did not mention that the coroner in Dublin had criticised these figures for their omissions. Nor did say that these included only certified deaths, i.e. those tested positive for the virus. His figure showed 59 deaths per million people up to April 10th.

For Northern Ireland, Tomlinson used the weekly statistics for deaths in Northern Ireland from the NI Statistics and Research Agency (NISRA). The figures include all deaths mentioning Covid on the death certificate occurring up to April 10th, whether in hospital or not and whether confirmed by a Covid test or not. Using these as comparators is complicated by the fact that two sets of data are available from NISRA. One is on the basis of the date of registration of death, and this showed a total of 141 deaths in Northern Ireland or 75 per million. The other based on the actual date of death gives 157 deaths (84 per million). The latter is higher because it includes deaths registered up to April 15th (but actually occurring up to April 10th).

Tomlinson was not comparing like with like because the Southern figures included only deaths with a confirmed positive Covid-19 test result, while the Northern figure also included people whose death involved a 'probable or suspected' Covid link as assessed by a doctor, without a Covid test. This induces a bias towards a higher death rate in Northern Ireland. In addition, Tomlinson appears to have used the 'higher 'date of death' figures rather than the lower 'date of registration' figure. It is unclear on what basis the Southern figures are compiled but they appear to be on the lower 'date of registration' basis.

Tomlinson also showed figures for deaths in hospital up to April 20th and again claimed that Northern Ireland had a much higher death rate. He showed a death rate for the Republic at 72 per million and for Northern Ireland at 115 but once again this is not based on a like for like comparison. For the South these numbers are a subset of the figure given above for all deaths with a confirmed positive Covid-19 test result. They are defined as occurring 'in a hospital setting' and comprise around half of all confirmed Covid deaths. For the North, the data was from Northern Ireland's Public Health Agency's daily surveillance bulletins. These figures include only deaths with a confirmed positive Covid test result but importantly are not confined to hospitals. NISRA states that the figures 'may not capture all of the deaths outside hospital' implying that they do include some deaths outside hospitals where they were accompanied by a positive Covid test result.

The Northern Ireland Fact checking website FACTCHECKNI agrees that Tomlinson's claims of a 50% higher death rate in Northern Ireland, compared with the Republic, cannot be substantiated because it is difficult to compare like with like⁷. Their conclusions are summarised as follows with original emphasis:

7. <https://factcheckni.org/fact-checks/are-covid-19-deaths-in-northern-ireland-50-higher-than-ireland/#more-11110>

- The first claim that the death rate for COVID-19 deaths in Northern Ireland is 50% higher than Ireland is **UNSUBSTANTIATED** as the only figures for COVID-19 deaths in Ireland are restricted to deaths of people **who tested positive** for COVID-19.
- While there is definitely a difference in hospital death rates north and south of the border, the second claim is also **UNSUBSTANTIATED as the Ireland figure for positive test patients dying in hospital** is not exactly comparable with the Northern Ireland daily surveillance figure which also includes notified deaths of people with positive tests who died outside hospital (for instance in care homes). The population figures used in Tomlinson calculations are also not up-to-date.

Following my response⁸ to Professor Tomlinson's article (Irish Times Letters, April 24th) he replied with a letter of his own⁹. Most of this was inconsequential to the question of numbers and skirted around the issue. The one paragraph dealing with numbers asked questions that had already been answered in the earlier letter. Despite both Chief Medical Officers of Health, North and South in Ireland asserting little difference across the border, there has been no indication from Tomlinson that he accepts this.

Comparisons Using the Latest data

We can attempt to compare like with like by using more recent data. Since Tomlinson's article was published the data situation has improved in the Republic. NPHET has added 'probably or suspected' Covid-related deaths to the previous figures for those in the South testing-positive for Covid-19. This increases the proportion of Covid deaths occurring outside Irish hospitals and in care homes, hospices or a domestic setting. The latest official figure from NPHET up to May 3rd, including the non-certified deaths, is 1303 deaths or 269 per million people. This is over three and half times higher than the figure for April 10th quoted by Tomlinson.

Updated figures including all deaths whether confirmed or not are also available for Northern Ireland from NISRA but only up to April 24th. On that date the number of registered deaths was 370 or 197 per million people. (For people who actually died by April 17 but with deaths registered up to April 22nd the number was 392 giving a death rate of 203 per million).

Although many deaths occurred outside hospitals a number of these involved testing and were thus included in the daily figures provided by Northern Ireland's Public Health Agency (PHA). Up to April 17th NISRA say that 299 of the 370 registered deaths were included in the PHA daily Bulletin figures leaving 71 not included up to April 24th.

Between April 24th and May 3rd the number of registered (and confirmed) deaths in Northern Ireland increased by 37%. If we assume that non-confirmed deaths rose at the same rate it would bring the total for registered deaths by May 3rd up to 507 giving a death rate of 269 per million. This would be very close to than the latest figure for the Republic

8. <https://www.irishtimes.com/opinion/letters/covid-19-one-island-with-very-different-death-rates-1.4236321>

9. <https://www.irishtimes.com/opinion/letters/covid-19-north-and-south-1.4239213>

(also 269) and would be on a comparable basis.

Assuming that the assumption in the previous paragraph is close to the truth, then this attempt to compare like with like leads to a conclusion that the death rate in Northern Ireland is almost identical to that in the Republic. Tomlinson's conclusion of a much higher death rate in Northern Ireland is thus wrong. The correct figure also undermines the Irish nationalist attempt to promote unification through arguing that Northern Ireland provided ineffective government through following UK-wide policy guidelines on Covid. Since the Chief Medical Officers of Health, North and South take a similar view Sinn Fein now appear to be backing off on the issue,

More immediately and more practically a similar death rate on either side of the border reflects on the value of key anti-Covid policies. Although the Northern Ireland has had lower rates of testing, a lack of contact tracing, and slower application of lockdown measures compared with the Republic, it seems that these have not had a material impact on death rates. These factors may be important but if so are being offset by other influences which could include the relative effectiveness of NHS and Southern hospitals in dealing with Covid patients. This is currently unknown but may be clarified if a statistical post-mortem is conducted once the epidemic dies down.

Any comparison also depends on allowing for differences in the timing of the start of the epidemic in each area. In this case the first recorded Covid deaths in the Republic precede those in Northern Ireland by a week, but Northern Ireland was the first to reach a cumulative total of ten deaths. It is thus difficult to conclude that there is much difference in the two cycles. A comparison of deaths on the same day should be meaningful.

Unexplained Excess Fatalities

What is much more important is the fact that there are a large number of excess deaths in Northern Ireland, and throughout the UK, above and beyond those recorded as associated with the Covid virus. The number of deaths from all causes has shot up well above the normal number deaths for this time of year. We calculate the number of excess deaths in England and Wales up to April 17th at 29,655. In England and Wales deaths outside hospitals are a third of all Covid deaths and rising, Covid-related deaths are 64% of the excess of deaths since the start of the epidemic leaving 10,562 excess deaths unexplained. The latter may include deaths in which a link to Covid went unrecognised but could also include non-Covid deaths occurring due to other medical conditions going unaddressed by an over-stretched NHS.

By April 24th the excess in Northern Ireland was calculated at 728 deaths. Around half (370) of these excess deaths had been recorded as connected with Covid leaving 358 excess deaths as unexplained. As in GB, the suspicion is that many Covid deaths are going unrecognised especially by GPs in care homes and other non-hospital settings.

We can tell how many excess deaths are unaccounted for in the North

because the UK produces weekly mortality figures for each region and calculates the average number of deaths in the same week over the last five years. Equivalent figures have not yet been published for the South, so we do not know the true figure for excess deaths. However, an alternative source is the undertakers' website RIP.ie which records funeral notices and has been judged by University College Cork economist Seamus Coffey to be a 99% accurate record of deaths in Ireland. A comparison of deaths from March 1st to April 21st 2020 by Ireland's Sunday Business Post Newspaper found an excess of deaths of 1122 compared with the same period in 2019. Since 730 deaths were recorded in Ireland associated with a positive Covid test in this period the unexplained residual was 392. This is probably an underestimate since the winter and spring of 2020 have been mild with fewer flu deaths than usual. Even so, it suggests a significant number of extra deaths, probably associated with the Covid-19 virus but which had not been detected by tests. The health authorities in Ireland have subsequently identified around 200 deaths which are suspected but not confirmed to be associated with Covid-19. This still leaves around 200 unexplained deaths. This is smaller than the equivalent figure for Northern Ireland but since we do not know the degree of underestimation for the Republic it is difficult to draw conclusions.

Comparisons with Great Britain and the Rest of the World.

All of this is in any case much less important than the question of whether death rates, North and South, are below those in GB irrespective of health policies. The death rate for England on April 26th was 400 deaths per million people, and for GB a little lower, compared with 220 for the Republic of Ireland and an estimated 190 for Northern Ireland. Factors like the relative isolation of an offshore island with population densities one sixth of those in England have been invoked as causes of a lower death rate in Ireland.

However, the differences may be largely a matter of timing of the local start of the epidemic, and when the epidemic is over these areas might be found to have had a similar experience. Ireland, North and South, was somewhere between two and three weeks behind England in its first deaths, and two weeks before the 26th England had an estimated death rate, on a comparable basis, of around 260 per million. Two days earlier than that its death rate was close to that of Ireland on April 26th.

Much more important are the differences between the whole British Isles and Pacific Ocean economies in the Far East and Australasia. New Zealand or Singapore with populations similar to the Republic have under 2% as many deaths. New Zealand which has currently recorded only 19 deaths and has a death rate of only 4 per million people ascribes its success to an early and rigorous lockdown. With only one death in the last week New Zealand is relaxing its lockdown. Singapore is wary of a second wave but with only five deaths in the last ten days is in a similar situation.

Clearly there is much to be investigated and much to be learned about how to manage pandemics like Covid_19.

Fake News: Media Coverage

There has been strong media coverage in Ireland on the relative merits of Covid health policy North and South. The Irish Times has featured detailed analysis on both sides of the debate. It has also reported the Chief Medical Officer of Health in Ireland, Tony Holohan as stating that incidence of the virus is even across Ireland. His intervention was triggered by a media focus on the fact that the highest incidence of Covid deaths in Ireland is not now in Dublin but in County Cavan adjacent to the border with Northern Ireland. The eminent public health medic, Dr Gabriel Scally, stirred this pot by opining that the Cavan deaths may have been inflated by people bringing the virus from Northern Ireland, but he presented no evidence for this possibility. However the economist and *Sunday Independent* columnist Dan O'Brien pushed back on Scally's analysis, noting that 'because the two parts of the island do things differently, including how they test and how they record deaths attributed to the disease, it is hard to make accurate comparisons about how the pandemic is playing out on each side of the Border.'¹⁰ Elsewhere, the leading Irish journalist and former director of the Institute of Cross-Border Studies, Andy Pollak, did his own calculations and wrote to the Irish Times on April 24th that 'the death rate from the virus in the North appears to be a little lower than in the South'

Media coverage in GB has been more sporadic but also more one sided. The Times for instance ran an article by its science correspondent, Rhys Blakely¹¹, comparing UK covid-19 cases and deaths with those in the Republic of Ireland (*Ireland's swift action leaves the UK facing questions over its strategy*, The Times, April 14th). He pointed out that a lockdown occurred two weeks earlier in Ireland than in the UK and added that 'analysts now believe that this early message almost certainly helped to check the spread of the coronavirus'. He did not say who these analysts were.

The lockdown in Ireland occurred in stages between March 9th and March 15th and in the UK between March 21st and March 24th. Blakely reported that by April 13th Ireland was reporting 7 deaths per hundred thousand people compared with 17 in Britain. There was no mention of the timing of the Covid cycle in each country although a mathematical epidemiologist was quoted as saying that 'crude numbers could prove very misleading'.

A letter from myself to the Times criticising Blakely's article said that the figures he quoted were not comparing like with like, pointed out that Ireland was at least a week behind GB in the Covid cycle, and suggested that Northern Ireland presented a better basis for comparing UK and Irish approaches to managing the epidemic. The letter was not published.

More egregious was Carl Dinnen's report on ITV News at Ten on April 27th. This claimed that death rates from Covid_19 as of the previous Friday were 'nearly 80% higher in Northern Ireland than in the Republic of Ireland'¹². It claimed that the Republic had 82 deaths per million

10. <https://amp.independent.ie/opinion/commentary/here-is-why-ireland-2020-04-27/>
12. <https://www.itv.com/news/ten/2020-04-27/has-ireland-made-a-better-job-of-responding-to-coronavirus-than-the-uk/>

11. <https://www.thetimes.co.uk/article/irelands-swift-action-leaves-uk-facing-questions-over-its-coronavirus-strategy-gwpkp-zq3q>

compared with 147 per million in NI. The official published figure for deaths in Ireland on Friday April 24th was 171 per million. By the time the programme was aired on the 27th the figure was 227 per million. Dinnen's figures were based on the article by Prof Mike Tomlinson in the Irish Times on April 22nd followed up by an interview with Tomlinson in the programme. This evidence ignored the 800-word letter from myself in the Irish Times on April 24th showing that Tomlinson's figures were selective and misleading, and Tomlinson did not mention this during his interview. Dinnen's report was thus out of date and inaccurate, giving a completely false impression of the relative success of health policies on either side of the Irish border. There has been no response to a complaint to ITN.

While the debate on the island of Ireland has been lively and inclusive, coverage in GB has been critical of UK government policy and appears to have been gullible in calling in aid Irish experience to support such criticisms. There may be a general point here about the limitation of journalists in dealing with complex statistical matters.

Alongside these sins of commission are sins of omission. Una Mullally, Irish Times Correspondent, writing in the Guardian¹³ (May 2nd, How Coronavirus is spurring the case for Irish Unity), lists a number of eminent Irish commentators who advocate a single approach to tackling the virus on the island. However, there is no mention of pandemic outcomes or deaths and hence no indication of which approach could or should be adopted for the island. The implication is clear though. The Republic of Ireland is viewed as having the superior approach, 'while the Irish government offered grave clarity, the North remained caught up in the UK Government's widely criticised tactics'.

Conclusions

The evidence is that death rates from the Covid-19 virus are very similar in Northern Ireland to those in the South although remaining data uncertainties mean that we cannot draw definitive conclusions. Chief Officers of Health in both the Republic and in Northern Ireland both support the view that Covid outcomes are even across the island. Differences in health policies North and south in Ireland, and even across the Irish Sea, do not obviously appear to be having a marked differential influence on deaths. Lessons for health policies will thus be difficult to draw from this evidence.

As Una Mullally says in the Guardian, 'the pandemic is many things, but it is political, and so too will be its consequences. The DUP showed that it was willing to sacrifice the economic stability of Northern Ireland in pursuit of the empty, jingoistic, rhetoric of Brexit and at the outset of this pandemic it did seem that public health was playing second fiddle to the party's lemming-like tendency to follow Westminster's instruction... Nobody could have conceived that the case for a united Ireland would dovetail with the now urgent practicalities of a united approach to a public health crisis'.

The attempt of Sinn Féin and those in academia to draw conclusions for

13. <https://www.theguardian.com/commentis-free/2020/may/02/coronavirus-united-ireland-pandemic->

Irish Unity will fall flat, although not for want of trying. However, Sinn Fein no doubt took comfort from academic claims supporting Southern health policies and from misreporting in the British media. The British media tendency to uncritically accept superficial or incorrect evidence on the superiority of Irish policy on Covid needs to be countered, since misleading advice to government is the last thing we need in the current difficult situation. With the key health professionals in Ireland, North and South now saying there is little difference in outcomes across the border Sinn Fein are now rowing back. Deputy First Minister, Michelle O'Neill said on the BBCNI programme the View (April 30th), 'this is not a political point, this is about let's divorce identity from this crisis, this is for me all about saving lives, everything we have done from day one has been about saving lives'. We can all agree that saving lives is paramount, but this requires careful and accurate attention to the data on outcomes.



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