HOUSE OF COMMONS

# Public Administration and Constitutional Affairs Committee

## Oral evidence: Covid Vaccine Certification, HC 1315

Tuesday 23 March 2021

Ordered by the House of Commons to be published on 23 March 2021.

Watch the meeting

Members present: Mr William Wragg (Chair); Ronnie Cowan; Jackie Doyle-Price; Rachel Hopkins; Mr David Jones; John McDonnell; David Mundell; Tom Randall; Lloyd Russell-Moyle; Karin Smyth; John Stevenson.

Questions 1 - 40

### Witnesses

I: Rt Hon David Davis MP; Professor Jonathan Wolff, Alfred Landecker Professor of Values and Public Policy at the University of Oxford; and Silkie Carlo, Director of Big Brother Watch.

### Examination of witnesses

Witnesses: Rt Hon David Davis MP, Professor Jonathan Wolff and Silkie Carlo.

Q1 **Chair:** Good morning and welcome to a hybrid public meeting of the Public Administration and Constitutional Affairs Committee. I am in a committee room in the Palace of Westminster with a small number of staff required to facilitate the meeting, suitably socially distanced from one another of course. One of our witnesses is with me in the room and our other witnesses and my colleagues on the Committee are in their homes and offices across the country. The evidence session today is to consider the use of Covid vaccine certificates, which have been colloquially called vaccine passports. I am grateful to our three witnesses for giving of their time today and would be most grateful if they would introduce themselves. I will go first to Silkie Carlo.

***Silkie Carlo:*** Good morning. My name is Silkie Carlo. I am the Director of the UK privacy and civil liberties organisation, Big Brother Watch.

***Professor Wolff:*** Hello, my name is Jonathan Wolff. I am the Alfred Landecker Professor of Values and Public Policy at the Blavatnik School of Government in the University of Oxford.

***Mr Davis:*** Good morning. I am David Davis, Member of Parliament for Haltemprice and Howden.

Q2 **Chair:** Thank you very much indeed. I will start with the first question to Professor Wolff. How should the ethical consideration of introducing vaccine certificate systems be approached?

***Professor Wolff:*** Thank you for the question. There are some philosophers who will tell you that we need an overarching moral framework, utilitarianism or a theory of human rights, and we should try to work out from that framework what the specific duties and obligations and permissions should be. Personally, I don't find that a very helpful way of approaching these questions. For one thing the theories don't always give us a single determinate answer and also not everyone will accept the theory, so we end up with a lot of theoretical discussion before we get to the more practical questions.

I prefer to look at issues in public policy by starting with a very close look at the problem in front of us and thinking: what is it that is actually worrying people here; what are the concerns; what are the values that are in play? Obviously in this case public health is an important value but also discrimination is possibly a value in play, social cohesion is another, rights, liberties and so on. But before we do anything in looking at the values we need to look at what the scheme hopes to achieve and to think about whether it could do that.

I don't know whether you want me to go into more detail on these points, which I am very happy to do, or whether you want to wait until a bit later for me to do that.

Q3 **Chair:** Professor Wolff, what in your view are the key questions that need to be addressed before such a system is introduced?

***Professor Wolff:*** I think the key question is what we think a certificate will tell us. One thing we know it will tell us is that the person has received a vaccine or presumably has received the two doses of the vaccine, but what further information do we have? Do we know that the person can't fall ill? No, we don't know that because none of the vaccines give 100% immunity as far as we know. Do we know that the person who has been vaccinated can't transmit the infection? No, we don't know that. At the moment we have very little information about how infective people are once they have been vaccinated. We need to think very hard about what type of information we will get. Bearing in mind that currently about 10 different vaccines are being used around the world and it is quite likely that they give different immunity for different periods and perhaps different resistance to transmission, we really don't know what further information we will get from the vaccine certificate.

This raises the question: what is the purpose? You can see behind people's thinking here is the idea that if someone has a vaccine they are safe, that they cannot pass on the infection and so they can go to public places, but we don't know that at this point. We don't have robust scientific evidence and so it could be that the vaccine certificates could be rather dangerous in that they could give people a false impression of

safety when they are still infectious. I think those are the type of scientific questions we need to be looking at before we can even start asking the more detailed moral questions about rights and discrimination. Unless we have a very clear idea of what we will achieve with the certificates, we are potentially storing up a lot of problems.

**Chair:** Thank you very much. I will bring in David Davis, who has indicated.

***Mr Davis:*** I find ethical questions most easily dealt with by parables, which is a very old 2,000-year tradition. It seems to me that we need to work out what we are trying to do. Let's take an example and we say to people that you can't go to the pub unless you have a vaccine, the most difficult problem because unlike theatres and football grounds you can't segregate people in that sort of social environment. Let's say 10 of the 100 people in that pub are unvaccinated. What are we trying to do here? Presumably we are trying to protect the collective, everybody in the pub, the vaccinated people.

As the professor said, vaccines themselves are not perfect, so the vaccinated people will continue to transmit. The numbers for most of the vaccines are similar. The professor is correct, but they are similar so I am just going to cite you one, which is Pfizer but AstraZeneca is similar. After the first vaccination it changes infection down by 66%, the second down by 90%, or 89% but 90% in round numbers, so it does a fairly dramatic job. But more important than that, it protects the people who have had the vaccination from serious illness, a massive reduction in serious illness. We are talking about very large numbers, an 80%, 90% reduction in serious illness, and death, which is the key here. Why are we worried about Covid? We are worried about Covid because it kills people. Death is virtually reduced to zero. It is not perfect but it is almost down to zero.

Who are we protecting in that pub I talked about before, the 10 non-vaccinated and the 90 vaccinated? The 90 vaccinated are not going to die. They are very unlikely to get very unwell. The people we are protecting are the unvaccinated. You are saying to people, "You can't go to the pub because you might get infected" and that is not the job of Government, any more than to tell me that I should not go rock climbing or whatever. It is the risk to the 10 and it seems to me that the Government have got very confused about the ethical basis of who you are protecting. They are pretending you are protecting the whole population. You are not, you are protecting the people who are not vaccinated, which drives a coach and horses through their philosophical basis.

**Chair:** Thank you very much. I am going to go to my colleague Rachel Hopkins.

Q4 **Rachel Hopkins:** This question is directed to Silkie in the first instance. It has been argued that it is impossible to have immunity passports that don't result in human rights abuses. Can you expand on this view?

***Silkie Carlo:*** Yes, thank you. I believe that that is the case. I think that Covid status certificates, were they to become a requirement for access to public services or private businesses, would engage a number of rights. Of course it would engage privacy rights. We have never before had to demonstrate an indication of health status, certainly not vaccination status, to access basic rights and liberties, which thereby engages the right to freedom of assembly as well and likely freedom of expression.

But I think some of the most profound issues are around equality and discrimination and there are two reasons because there are two proposed functions of Covid status certificates. One is to show vaccination status and the other is to show test status. On vaccination status alone there are people who are unable to receive a vaccination and some who have difficult access to vaccinations or decide against a vaccination. This engages protected characteristics as well, including age, disability, pregnancy, religion and belief.

I think age is a particularly pertinent issue because young people, children, are not currently eligible for Covid vaccinations at all but moreover will be at very low risk of serious illness from the virus. It is worth thinking about this in the short term and in the long term. Now we are looking at an instance of vaccination but it might be in future that those who want to have the Covid vaccination are having vaccinations annually or seasonally on some kind of cycle. Young people will always be at the bottom of the queue. There will be lower and slower uptake because they will be at the end of the queue and because they have a lower risk, so they will be less likely to take up the vaccination.

Q5 **Rachel Hopkins:** I think we are going to explore the potential discrimination elements later on. Can we focus a little bit more on some of the legal issues that may need to be addressed if the Government did want to bring forward proposals for a vaccine certification system and maybe elaborate a little bit more on what you were talking about earlier on human rights?

***Silkie Carlo:*** I think the key rights engaged are the right to privacy and thereby the right to freedom of assembly and freedom of expression and of course the right to be free from discrimination. Workers rights will be engaged too because any private business that creates vaccination or test status as a condition of entry will have to apply the same standards to staff. The implication is that every individual will need to carry with them either an app and a smartphone to indicate this data, which engages privacy rights and data protection rights, or they will have to have a slip of paper that displays something like a QR code. It also engages privacy because what underlies this whole proposal is the idea of a requirement for vaccination or a requirement for medical testing. Both of these engage bodily autonomy, which engages privacy rights as well.

As it currently stands, of course, we don't have mandatory vaccinations, they are prohibited under public health law. As far as mandatory testing

goes, while there is a higher threshold it is certainly not expected as a default that anyone should have to undergo forced medical testing. Under the Health and Social Care Act you would need a magistrate to authorise an order like that. Under the Coronavirus Act, of which I think these provisions are far too extreme, somebody could only be required to have a forced medical test if they were deemed to be potentially infectious.

What is worrying about the proposal for Covid status certificates is that it would treat the entire population as potentially infectious and, therefore, the entire population would need to either have a vaccination or undergo medical testing to engage in normal everyday life.

**Rachel Hopkins:** That is really helpful. Thank you very much.

Q6 **Mr David Jones:** I have a question in the first instance for Mr Davis but I would also be grateful to hear from the other witnesses. Mr Davis, what in your view are the main ethical and legal concerns over introducing a Covid vaccination certification system? Do you have any views as to what the positives of such a system might be?

***Mr Davis:*** Let me start with the positives, Mr Jones. I am in favour of an international vaccine passport. That seems to me to be perfectly reasonable because the balance of advantage heavily favours that and the intrusion on individuals' liberty is much lower. International travel is not basically a fundamental human right whereas your normal operation of life is.

There are many reasons against a domestic passport but let me pick off a few. First, the impact of this would be discriminatory. Under the law it would be indirectly discriminatory and that is illegal. You may well find it has been said that black and ethnic minority communities are less inclined to get vaccinated; that would be an indirect discrimination. You have heard from Silkie Carlo that younger people may not get vaccinated; that would be a discrimination. Some people have ethical or religious objections. We have heard about the fears that various animal products may be used and that is worrying some religious groups. Others, for example, object to any vaccine that has a human cell line, typically from a foetus, in it. A number of the vaccines do have, maybe all of them, I don't know, but certainly a number do.

There is a whole series of perfectly legitimate reasons to be worried and, of course, a number of nations now—Norway, Iceland and others—are worrying about the safety of the vaccines. They do have side effects, not fatal ones but they do have side effects that are not pleasant. I don't think they are fatal but they are not pleasant. There is a variety of good reasons for people not to take a vaccine. I have had a vaccine and I think most of the reasons are not ones that I would subscribe to but people have that freedom. This proposal in effect coerces those people and that is also against a number of international conventions we are signatories to.

Recently the Council of Europe passed resolution 7.3.1 that said, "Ensure that citizens are informed that the vaccination is not mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated if they do not wish to do so themselves" and 7.3.2, "Ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated". This explicitly does that, it explicitly discriminates against people who have not been vaccinated. As I tried to explain with my parable at the beginning, it does not provide protection for the rest of the population. That is the backdrop.

The other point I will make, Mr Jones, is that between May and July we will pass the hurdle of herd immunity in this country for the single strain. That is not for other strains necessarily, we don't know that about that, but we will pass herd immunity for Covid-19. At that point the risks from this disease will drop away quite dramatically. They will be flu-like in most respects, certainly for people who have been vaccinated, a little worse for those who have not. It seems to me that we are creating a permanent solution for a temporary problem. You and I have both been in Government. We know that Whitehall loves the concept of identity management and the concept of having control of its data. I don't think that is a very good reason for this.

I think that, as I say, this is a permanent solution for a temporary proposal and one that is very different, very antagonistic to our national positions. Not for the last several centuries have we allowed the state or anybody else to demand of us that we provide our papers, we provide an explanation for who we are or what our health status is. This is a very bad time to start.

Q7 **Mr David Jones:** Even if the Government were not to introduce such a system, isn't it the case that private companies might decide to do so? For example, we know that Saga Holidays has announced that it will require anyone going on one of its cruises to provide proof of vaccination. Don't you think it may well be that companies decide to do their own thing? For example, the proprietors of public houses may decide that if you want to go and drink in their pubs you are going to have to produce a certificate. Isn't there the danger that this may be introduced whatever the Government say?

***Mr Davis:*** We need to distinguish those. I suspect Saga Holidays will be picked up, if it is talking about cruises, by the international vaccine passport. I don't have an objection to that because by going abroad you are going into different risk areas and so on. The pub or the theatre or the football match is a different matter. If they do so I think they will run straight into a court case on discrimination grounds alone. Under the 2010 Equality Act, if I remember correctly, they will be guilty of indirect discrimination and therefore are liable to be taken to court.

That is why the Government need to be clear about what they are proposing here. Matt Hancock was talking on television this morning

about possible secondary legislation for this. It seems to me that that is wrong too. If we do this it should be primary legislation because it is so serious. It is such a major deviation from our historic approach. I can understand why proprietors of theatres, football stadia and so on want to do this as a massive financial driver but they should understand in turn that what they are looking for will not make much difference and is a massive intrusion on people's rights. It is for the Government not just to represent the commercial interests but to represent everybody's interests.

Q8 **Mr David Jones:** Thank you. Ms Carlo, you have already touched on this but do you have anything that you would like to add?

***Silkie Carlo:*** Yes, please. I wanted to follow David's point about travel. Travel does speak to our human rights. We have the right to leave our country and return to our country. I don't think that is a right that is being respected by some of the recent legislation that has been proposed. It is important to bear that in mind when thinking about proposals for international vaccination certificates, which of course don't engage as many rights as domestic Covid status certificates but still engage rights, in particular for less economically developed countries. There are billions of citizens around the world who will not have access to Covid vaccinations and who will still want to be able to travel. This is also important for things like family reunions and that would speak to the right to a private and family life.

It is also important to note two things. One is that there has been a desire by some international organisations, some which Mr Davis won't like—for example the European Union has wanted for many years to introduce European-wide vaccination certificates. This is the kind of thing that some of the people who are cautious about the amount of power that can be pooled at the international level might also have some anxiety about, and I think for good reason. But it is important to note that where coronavirus is concerned there may not necessarily be an evidence base, and that is something we have spoken about already. The World Health Organisation is currently not advising for international Covid vaccination certificates or for coronavirus vaccination to be used as a condition of entry or as a condition of international travel.

The evidence base is not there and I think that the rights problems are still significant. Simply because other countries are moving in this kind of direction in absence of an evidence base, I very much hope that the UK will not follow that example merely because it is a precedent that is being set. I hope that we take the rights concerns more seriously and show that there is a different way of doing things.

Q9 **Mr David Jones:** Thank you. Professor Wolff?

***Professor Wolff:*** I agree that the issues of rights are very important but I think we have to realise that public health is also very important. There are occasions, there are precedents where we suspend human rights

temporarily because of emergencies, as we have done to some degree during lockdown. I think rather than take a firm line for or against vaccine certification, we need to think about what life is likely to be like in the coming years. This may not be likely but if we find ourselves with a choice between going in and out of lockdown every three months for the next five years or vaccine passports, vaccine passports look like a much more acceptable solution.

We need to think what will life be like and what difference would they make. It may be, as has been suggested, that vaccine certification will make rather little difference, in which case there are only poor reasons for introducing them, but if it turns out it is the difference between living a normal life and not living a normal life in the coming years, that is a very powerful argument. At this point we just don't know. It is too early to tell. We don't have information about what life will be like even in two or three months' time. Rather than saying absolutely yes or absolutely no, we should be aware that we need to adjust to changing circumstances.

Q10 **Mr David Jones:** As Mr Davis has pointed out, there are many people who for ethical or religious reasons simply do not want to be vaccinated. If we were to adopt the pragmatic approach that you have just outlined, wouldn't we effectively be excluding such people from a whole range of services and from most of what it means to take part in modern life?

***Professor Wolff:*** I am suggesting that the case for vaccine passports is strong only when the situation is very dire. If we think about the comparison, if things are very bad but we can allow some people to engage in some sort of social life if they have vaccine certification, yes, that is discriminatory but that could still be a better situation than no one at all being able to do that. If we go back to the example of the pub, if our choices are between no one going to the pub and only people who are vaccinated going to the pub at a time when everyone has had the opportunity to be vaccinated—so I am not talking about next week but maybe in a year's time when the programme is rolled out—that is a different choice situation. If everyone has the opportunity and those who for medical reasons don't have a vaccine, perhaps they could be given some sort of exemption certificate if they have good reason or maybe some other type of conscientious reason.

I am not saying that we should introduce passports immediately. I am saying that there could be some circumstances in which they can be introduced even though they are discriminatory. I would not want to push that now but at the same time I would not want to say that they can never be introduced because of the potential for discrimination.

**Mr David Jones:** Thank you.

Q11 **John McDonnell:** Professor Wolff, let me take you down that path of assessment a little bit further. The pandemic has obviously had a significant impact on people's health but also on the economy. The

Government have said that one of the purposes of a Covid vaccination certificate would be "to reopen the economy and improve safety". How would you go about constructing a cost-benefit analysis for a vaccine certificate system where there is so much uncertainty?

***Professor Wolff:*** That is a very good question. When we do traditional cost-benefit analysis we normally have a good indication of the probabilities and the harms. In this case we know so little about probabilities: will there be a new variant, what will happen when we relax lockdown? We are seeing at the moment that infections are not going down at the rate they were and perhaps infections are about to take another uptick. What would happen if we introduced vaccine passports soon? Would that mean that infections would go up considerably? Even if we all have a 90% immunity, that would mean that infections would happen and deaths may well start going back up again. We don't know the probabilities and they are very hard to assess.

One approach is for people just to have their best guess of the probabilities, do some modelling. We see some fairly confident modelling of people who have decided on some key variables and put in an estimate. We see people with different estimates of the same events, different estimates of probabilities doing different modelling. We can have only limited confidence in any modelling given the level of uncertainty, but this is not a unique problem. In most of life we pretend we know the probabilities and in most of life we don't know the probabilities for things, so we are always making decisions under uncertainty.

There are various ways in which we try to approach this. Some appeal to what they call the precautionary principle. I have some difficulty with this because there is not really a precautionary principle to appeal to. There is an attitude of extreme precaution where you try to take no risks at all but of course that is not viable in life. There is no risk-free course in life. Whatever you do or whatever you don't do has some risks attached to it.

An approach that is taken in some areas is thinking about what you would regret most if things went wrong. If you took your course of action and it didn't work out, what is going to happen? In this case, what is the worst thing that can happen if we do not introduce vaccine certificates? The answer is that we would probably open up more slowly, so there would be economic costs, perhaps not so many health costs, but we know pretty much what would happen. The economy would maintain a slow position. I don't know how sustainable it is. Lots of things about the economy have surprised me a great deal in the last year, so I would not want to make any predictions about areas outside my knowledge.

Suppose we introduce vaccine passports. For me, the nightmare here is that people will think that if they have passports in their hands they are safe, that they can't infect other people and they won't get infected. Also there may be an amount of abuse and fraud, so some people who have not been vaccinated manage somehow to game the system and get fake certificates. I saw this morning that they are being sold on the dark web.

I don't know what is being sold on the dark web, bearing in mind that there are not any genuine certificates in this country, but there are people already selling fake certificates. If we have fake certificates and people are over-confident and we open up the economy thinking we are protected by vaccine passports, we could end up with a much higher level of infection and death. It could be that the vaccine passports do the exact opposite of what they are intended to do.

This is why I think we need not information about how likely you are to die or have serious illness after the vaccine but we need to know how infectious you are. As I understand it, we do not have good evidence yet about whether people can have the vaccine yet still be infectious. That is the missing bit of evidence. If we were told that once you have the vaccine you have no chance of infecting others or a tiny chance, that puts us in a different position but at the moment, as far as I know—I may be wrong here and others could correct me—we have no strong evidence and so that is the greatest uncertainty. For me, that is a reason for being very cautious about introducing passports at this point. As I said before, a belief in safety can be exceptionally dangerous.

Q12 **Karin Smyth:** I will start with Professor Wolff and move to our other two witnesses about health and care workers. If one pitches up at a hospital the first question asked is, "Are you up to date with your tetanus jabs?" We expect the people caring for us to do no harm. Tetanus, diphtheria, polio, MMR, even in some cases hep B, BCGs, even the flu vaccine—when I worked in the health service we were all desperately encouraged to make sure that we were up to date with all of those things. You have outlined principles of individual rights, freedoms for individuals. Mr Davis talked about the whole group and maybe just 10 people, not protecting 10 people. Given what we expect from our health and care workers, is it different for them than it is for the rest of the population?

***Professor Wolff:*** That is another excellent question. It is shocking to me how many people in health and social care have been refusing the vaccine at this point and I have not got to the bottom of that, particularly care workers. I don't really understand why they have been resisting. In principle there seems little reason why this vaccination should not be treated like other vaccinations. I think it is worth remembering that we have only emergency use authorisation for the vaccines. We don't have full authorisation in the way that we would have for other vaccines, so it may be that some health workers are more cautious about the vaccines and are waiting for full authorisation before they take it but I don't know the details of this.

On the face of it, it seems reasonable to ensure that health workers are less likely to catch infections and less likely to pass them on. If it was an area that I had to deal with I would want to go through the professional bodies and trade unions and try to understand the resistance. Rather than just imposing an order from the top, I think it is going to be critical to work with the people who these rules are being made for. We could

even end up in a situation where nurses start to leave the health service if they are forced to have mandatory vaccines. We need to understand the reasons for resistance before we can make sensible policy here. I think a consultative exercise rather than just top-down laws would be the way to go.

Q13 **Karin Smyth:** I agree that we always try to work with people rather than impose things but I think you are accepting that it is materially different when we are talking about these professional care and health workers than it might be for the rest of the population. Is that fair?

***Professor Wolff:*** I think anyone in a service role has a special responsibility. Certainly there are stronger reasons for people in the health service to require certification of vaccination. I agree that there are stronger reasons, yes.

Q14 **Karin Smyth:** This disease kills people and it kills the most vulnerable and we are talking about settings of the most vulnerable. The statistics for risk are obviously much greater, aren't they? I will move to Ms Carlo and then Mr Davis with the same question.

***Silkie Carlo:*** To the best of my knowledge, there is a suite of vaccinations that are highly recommended for healthcare workers. I am not aware that any are legally required as a default. My understanding is that this would be quite a significant change. As has been pointed out, this is a relatively new vaccination as well, so there is a lot of considerations there. Of course, the risk profile is different in these settings, there is no doubt about that. I also agree that encouragement is much better than legal requirements and a punitive approach, which could also risk seeing people leave the profession when they are desperately needed.

But I think it is quite encouraging that evidence has emerged over the past 10 days from AstraZeneca and Pfizer. AstraZeneca reported that their vaccination has 79% efficacy at preventing symptomatic Covid-19 disease and 100% efficacy against severe disease and hospitalisation. That was a large study, including 20% of participants who were over 65, 60% of whom had comorbidities that put them at heightened risk of coronavirus. Similarly, the Pfizer study shows that after the second dose the vaccination was 97% effective at preventing symptomatic disease. In the context of vaccinations that seem so remarkably effective, that means that individuals who are taking the vaccination will have a high degree of protection.

At the same time, we still do not know about the impact of vaccinations on transmissibility. It seems at the moment that all of the evidence tips towards the best thing for individuals to do to protect themselves is to take a vaccination and that gives an assurance of heightened protection for the individual.

Q15 **Karin Smyth:** Thank you. But these are people who are employed by the

taxpayers to protect us. Mr Davis, do you want to pick up on that?

***Mr Davis:*** Let me pick up on all those points, if I may. In my view this is the most difficult moral element in the whole exercise for precisely the reasons you highlighted, the fact that you have a dependent population in hospital and this is to protect them. There are precedents with respect to other vaccinations, particularly hepatitis B and yellow fever, I think. I consulted with some doctors on this and let me read you an extract from one and it relates to the point that Silkie made just now about the safety of the vaccine, "An argument has been advanced with respect to yellow fever vaccinations and hepatitis B vaccinations for doctors. However, one in eight people who contract yellow fever will die, nothing like the corresponding figure of 0.3 in 100 for Covid-19. Hepatitis B vaccines have been in use since the 1980s and have a long-term safety record. They are not, unlike Covid vaccines, in a trial period and are fully licensed." That is part of the logical reason but I don't think that all of it is logical.

The statistics say that the vast majority of healthcare workers, certainly in hospitals, have taken up the vaccine but there are areas where that is not true. In London there is a 24% non-take-up and in Leicester there is a 24% non-take-up. It looks to be more cultural, bluntly, than scientific in that context. It may just be an issue of trust, as I mentioned earlier. The other groups that do not have a high take-up of vaccines are eastern European, possibly because of their long-term distrust of governments and so on. That is the backdrop but the whole issue rates around safety, the point that yellow fever kills one in eight.

Covid was a big issue because it was killing people and the death rate, once vaccinated, is going down dramatically to near zero. There are some who are not in that category, some very fragile people with very damaged immune systems—diabetics, cancer treatment people and so on—but other than those, the death rate is going to be driven down, not just by vaccines but by new therapies. We have dexamethasone that is used to deal with cytokine storm, remdesivir, similar sorts of things, and a number of others in the pipeline like colchicine and possibly ivermectin, so the risk rate will go down. Always remember that we have on average 8,000 deaths a year from influenza and nobody insists that every doctor has an influenza vaccination. As the numbers come down to that level, we will be looking at a different outcome, and bear in mind with respect to Covid that we are using heavy duty PPE these days in Covid wards and areas.

Can I pick up Mr McDonnell's point on how you do a cost-benefit analysis on this? There are two issues that are important. One is at the micro level and the test here for Mr McDonnell is death rate and hospitalisation rate. These are going to come down dramatically after we reach herd immunity, or they are already coming down dramatically but will come down even more dramatically after we reach herd immunity. One of the real arguments about protecting people who go to football matches, theatres and so on is that in the start up of this disease in the UK, and in

other European countries, there were super-spreader events. You may remember the Liverpool football match. There was a similar football match in Bergamo that was thought to be a massive super spreader for all of Europe. That risk will be massively diminished to near zero by being above herd immunity. Those two things are quite important to take on board when you are doing your cost-benefit analysis.

Q16 **Karin Smyth:** Coming back to the question about health and care workers, I think that we will see differences between NHS institutions, particularly hospitals with hierarchical management and an ability to work with their workforce and perhaps encourage take-up. There is a massive drive, not a legally enforceable drive, for influenza vaccines. Like us, you are a Member of Parliament. As 30% of deaths are in care homes, your constituents do not expect their loved ones to be in a care home that has very low take-ups of something that currently is circulating and is expected to circulate quite heavily through the next autumn and winter period—so we are not out of this—and not have a high level of vaccination.

My original point was do you accept that particularly care homes are different to the rest of the population? The risks are higher, the disease is still circulating, the population is much more vulnerable and the expectation of people is that they certainly do no harm but they are in fact protected when they go into care homes. Doesn't that make it different on behalf of the people we represent?

***Mr Davis:*** As I said to you, that is the most difficult moral issue in this whole argument, but bear in mind that the clients in care homes are now well north of 90% vaccinated. The death rates as a result of the vaccination are reduced to zero or near zero. We can argue the elements of that if you wish, but effectively to zero. The high seriousness rates of infection are also massively reduced, a 90% reduction. Once the clients have been vaccinated, the disease is in the influenza range not in the normal lethal range for Covid. That is the first thing.

The second thing is that we are not allowed legally and this would be a major change of law to mandate for anybody that they have to have a vaccination. If the Government want to do that they should put it in front of the House, but we are not allowed to do that legally. It is incredibly difficult to see quite how an employer would enforce it. They would have to maintain the job. Robert Buckland said a few days ago that you would not normally expect to be able to do it under a current contract and you are talking about somebody's livelihood.

It is difficult to give you a straight answer except to say that the risk levels in care homes, with proper vaccination of all of the clients in care homes, which is what we should be doing, is the first question, not the staff, the vaccination of clients. Under those circumstances, the risks are massively lower.

**Karin Smyth:** Thank you all.

Q17 **Mr David Jones:** I want to go back to Mr David Davis. My constituency has a lot of care homes and they are largely, if not primarily, staffed by workers from overseas, many of them from the Far East. You touched on the cultural issue. It may not be correct but I suspect that it is cultural, maybe ethical and religious reasons that are precluding a lot of those staff members from being vaccinated. Can it ever be right to require such staff members to be vaccinated? Can it ever be right for an employer to be allowed to discriminate against potential employees by requiring them to have proof of vaccination before they take up their jobs?

***Mr Davis:*** First, it is illegal to require vaccination at the moment. We are bound ourselves by UN and European international agreements to the use of medical treatment. Medical treatment, as it stands, must only be for the benefit of the person it is administered to. Medical treatment must not be administered for communal purposes, otherwise we would all be giving mandatory blood transfusions and so on. I give blood anyway but you would have requirements like that. That is against both international and national laws.

The answer, as I intimated to a previous questioner, is to solve the problem by the method that is legal and acceptable, which is to vaccinate the people who are at risk. If I were running a care home, and I am very pro vaccines, I would say to all my workers, "I would like you to vaccinate in the interests of our clients" but I could not force it and I do not foresee a way that we can force it. If you tried to say, "It is now a requirement of your job" I don't think the courts would uphold it. Apart from anything else, you are costing somebody their job for a requirement that can't be enforced in law.

Q18 **Mr David Jones:** Do you agree that potentially this is a cultural issue and that is why the take-up of vaccination in care homes is relatively so low?

***Mr Davis:*** I think it may well be. I don't necessarily understand all of it. I can understand some of it. I can understand the eastern European viewpoint, but these things are not susceptible to easy analysis. Arguably the home of vaccination is France, where Louis Pasteur came from, and only about 50% of the French think vaccines are safe. They are proud of their invention but they still don't trust it.

**Mr David Jones:** I thought their suspicion was restricted to AstraZeneca for possibly political reasons.

***Mr Davis:*** No. Other than the eastern European countries—the lowest country in the European Union for willingness to take it up or the worst vaccine hesitancy is Hungary, then I think it is Slovakia, but after that it is France, which is way down there and it is cultural. As I say, I can't explain why. I am a Francophile but I am not sufficiently understanding of the French to know that.

**Chair:** The question of understanding the French is well beyond the remit of this Committee, but we go in hope to Mr David Mundell, please.

Q19 **David Mundell:** There is a slight connection to France in my question. I want to ask Professor Wolff and then the other witnesses should a vaccination certificate be required for entry into the UK from France and anywhere else?

***Professor Wolff:*** I have somewhere—I have not used it for a while—a yellow fever vaccination certificate, which I took when I went to Cameroon, I think. It was quite interesting that this was just a matter of course. It was like filling in a visa application, just part of the process. I think there are some circumstances in which it is acceptable to require the certification but I would not generalise from that to say it is acceptable in every case. As has been pointed out, yellow fever is a very deadly disease for those who get it and poorer countries do not have the health resources in every case.

We need to be sure about what we think we are protecting against. I am sorry to be going on and on about this point but until we have good information that being vaccinated renders you almost non-infectious to others, there is very little point in asking anyone to have the certificate for entry other than to be assured that they won't personally be a burden on the health system. If we are worried about that, we could say you either have to have a vaccination certificate or show you have very good health insurance so that you are not a burden on the health system. Until we know more about infection there is no point, but at the same time I would not rule it out because I can see that we could learn things that would make it appropriate.

Q20 **David Mundell:** Basically, and I think you said that this in one of your previous answers, you think there is a differentiation between domestic issues and travelling internationally, subject to your other criteria being met?

***Professor Wolff:*** Others have said that; I agree with that. I think it is a different matter when you are crossing an international border to going to a football match or to the pub. I don't think it means that it is perfectly permissible in one case and not permissible in the other case, but I think it makes a difference in some cases, yes.

Q21 **David Mundell:** If domestic certificates became commonplace in other countries around the world, would that alter the consideration in the UK?

***Professor Wolff:*** For one thing we would learn how effective they are. We would learn how good they are. We are seeing little videoclips from Israel at the moment where people are passing in the streets again and they do have something like a vaccine certificate there. Of course, this is very short term and we don't know what is going to happen in a few weeks, but the signs are looking good. If it turns out that the UK is in lockdown but every other neighbouring country has vaccination certificates and are out of lockdown, that would seem to me a reason to take them much more seriously. Also some of the resistance may have been overcome.

I think there is a case for observing other countries' experiments and learning from them, certainly. Also if an international vaccine passport comes in there may be good reason to consider whether the UK should be part of that same common scheme, if it is successful and is achieving its aims, which are empirical questions.

Q22 **David Mundell:** What about within the United Kingdom? During the pandemic we have seen approaches applied in different nations of the United Kingdom and because of our devolved circumstances a number of these decisions are rightly for the devolved Administrations. Do you think we would be able to manage with differential systems operating in the UK?

***Professor Wolff:*** It is a very good question. I had not given it any thought and I realise that is an omission on my part. Now you mention it, it seems not at all unlikely that there could be different schemes operating in the devolved authorities. That would be highly problematic and it seems to me something that co-ordination is needed on.

Q23 **David Mundell:** Thank you very much, Professor Wolff. Would Mr Davis or our witness from Big Brother Watch like to comment?

***Mr Davis:*** I can if you like, Mr Chairman. First, as Silkie said earlier, we have the right to leave but you don't have the right to enter without the approval of the recipient state. To a very great extent it is up to them. I think it is a low incursion on people's freedom to have an international vaccine passport when they are going to places. I have had to have various such certificates when going to tropical and jungly places in the past. Also bear in mind that during the first surge here the primary sources were thought to be France, Italy and Spain because of super-spreader events in those countries. The control of borders is an important operational disease control for nation states with a relatively minor incursion on people's freedoms. That is where I think it is.

As for domestic certificates, I hear what the professor said about watching what other people do. We have been different in our approach to a requirement for internal documentation in this country from almost everybody else except Commonwealth countries for as long as I can remember and it has worked to our favour.

***Silkie Carlo:*** If I may add to that, I think one of the troubling things about the Government's inquiry into Covid status certificates as a whole is that we are having this discussion in the context of an absence of evidence about the impact of vaccinations on transmissibility. It is very difficult to answer the question about international vaccination certificates in the context of insufficient evidence about transmissibility. I come back again to the fact that the World Health Organisation is not advising that vaccinations are a condition for travel.

This cannot be compared to yellow fever vaccination certificates. Like the other witnesses, I have had international travel certificates for high-

fatality diseases specific to a local geographical threat. The context of coronavirus is quite different and the threat is very different according to demographic profiles. The expectation that an 18 year-old who is at very low risk should be required to have a vaccination to travel to lots of countries that also might have low local risks may very well be unreasonable but is unthinkable in the context of no conclusive evidence about transmissibility.

It is important to remember the sheer privilege we have in even discussing this in the UK where we have such fantastic access to vaccinations. Billions of people around the world, whom I hope will still have the right to travel, will not have access to vaccinations. It is thought that until 2023 at least there will be global availability of vaccinations. It is important when talking about travel requirements to bear these things in mind, too.

Q24 **John Stevenson:** I have a very quick question to Professor Wolff. We have already talked about private companies potentially requesting vaccine certificates and so on, and whether they can do that legally is a different question. Do you have any concerns about private companies having people's personal health information available to them?

***Professor Wolff:*** This is a concern that comes in concert with the question about fraudulent certificates. If we have something as simple as a vaccination card, it could easily be made available in a fraudulent way. If we are implementing this, we would need to think about the level of security needed. Should people have to register with a national database? Should there be an actual passport that gets scanned? As soon as you think about the protections you need to put in against fraud, the passports will have to contain quite a lot of information. That point worries me. I am not worried so much about whether a pub knows whether I have had a vaccine, but what it has to do to authenticate my certificate may mean that a database has to be created, which itself could be liable to hacking or some other intrusion.

We are getting into very deep water here by thinking that we could have a simple passport that could be so easily counterfeited without access to the level of security and backup needed. I do have a concern. This may have been what was behind the question. I feel that the level of security needed makes it very vulnerable to other types of threat.

Q25 **John Stevenson:** I suppose it is also what those private companies could do with that information in marketing and other information that they may share with other businesses, potentially, I hasten to add.

***Professor Wolff:*** That is always an issue about private companies getting access to health records. I lack imagination about how health information could be used for commercial purposes beyond the obvious things like insurance policies and so on, but I am sure sensitive data in the hands of individuals could be used in all sorts of ways. It is a concern. There are very few complete dealbreakers for me. These issues have to

go in the balance against other issues. Even if there are concerns, there could still be good reason for a passport, but these things need to be aired in public as we are doing now.

Q26 **Lloyd Russell-Moyle:** A number of you have said that there is a difference between international travel and domestic travel. I live two hours away from France. I know it is an international border from a legal perspective, but on moral and ethical grounds why is taking a ferry to France for two hours any different than going to Scotland? The administrative arrangements for handling Covid are different between England and Scotland and between England and France. Why are you possibly accepting of an international passport but not accepting of one that might have domestic differentials? I do not understand why there is a difference.

***Mr Davis:*** It is as much practical as legal: the balance of imposition on individual freedom for the citizen versus the gain from it. In February and March of last year, as an example for you, there was a serious surge in the UK. We went from almost no disease to the system being overwhelmed in short order because of the disease being carried back from France, and then Italy and Spain in order, because of super-spreader events there.

The easiest and best control of pathogens like this for the state has been control of borders. The best demonstrator for you is the behaviour of the east Asian states like South Korea and Taiwan. Right on top of the Wuhan outbreak, in many ways, the first thing they did was close their borders and then restrict access and travel. That is part of it.

Also, the numbers are involved are much more controllable. We have never had in this country a tradition of controlling internal movement and God forbid we ever should.

***Silkie Carlo:*** Returning to the point about private companies' use of vaccination certificates, it is a particular concern for us also because of the interest we take in data protection laws and people's data rights. The Government clearly have an interest in pursuing Covid status certificates via private companies because there are eight or so funded trials for external companies to produce immunity certificates, vaccination certificates and so on. That would require private companies to verify vaccination status and, if we go down the route of dual vaccination and test status, these private companies would have to access the NHS backbone at a population level. That is a very serious thing. Anyone who ever took an interest in the ID card debate will know that individuals' NHS numbers have always formed the spine for a potential national identity database. This is one of the most sensitive pieces of information about us. It is also one of the most uniquely identifying in Government databases.

There will be a population-level database regarding vaccination status. I would be very concerned about opening that up to private companies to

access from a security point of view and from an individual's data protection point of view. That is the first huge hurdle to get over.

After that, the consequence is that the Government would be enabling private companies to discriminate citizens on the basis of their vaccination status. The Government have a duty to protect citizens from unlawful discrimination and, clearly, this would be a failure of that duty if individuals were unable to access a service or employment because of these types of rules created by private companies.

Take, for example, Saga, which wants to have vaccinated-only cruises. Clearly, this is discriminatory on a number of counts. There are people with health problems who cannot receive vaccinations on grounds of age. Also, not many people are thinking about how this impacts the staff who work for the company. Presumably, that expectation will be extended to them. This raises some very tricky and insurmountable problems for workers' rights, too.

The other problem is that even if you were to create exemptions, an insurmountable privacy issue is raised. If an employee was not receiving a vaccination because she was pregnant, because she is of child-bearing age and is exempt, it would become clear to an employer, even if she did not have to explicitly state the reason for the exemption, that she was pregnant. This would undo decades of progress that women have made in the context of employment rights and not having to disclose pregnancy status. That does not seem to have been addressed at all by some of the companies we have been observing that are developing vaccination-only policies in this area.

If the Government are entertaining at all the idea of opening up the database to private companies to do this, let alone creating their own Covid status certificate, those issues have to be dealt with. I cannot see a way that they can be satisfactorily dealt with.

Q27 **Lloyd Russell-Moyle:** I am interested in both Professor Wolff and Ms Carlo. You have mentioned verification. For the yellow fever vaccine, there is a yellow passport approved by the World Health Organisation. It is international and has space already for other vaccines. We could use the same certificate with a stamp on it. Yes, there is some low-level fraud for people to get in and out with the yellow passport but it is pretty low.

Are you gold-plating a verification system when a little card with a stamp on it or a letter from your doctor would suffice? This is assuming that most of the population will be compliant and it is about making sure that it is not absolutes but percentages. That is what we are working on here. We are not working on any absolutes; we are working on percentages. That is the whole point. Why are your minds always going to the gold-plated standard when we have a system that works pretty well and the level of fraud is extremely low? I do not understand that. Could a simple system not work?

***Professor Wolff:*** I always like to think well of my fellow human beings and I hope that fraud would be low. It is a question of risk. I do not know very much about how yellow fever is transmitted but I do not think it is the same way as Covid is. It may be that all you need is one or two highly infectious people to cause a serious public health problem.

We could have a simple system that works. It is interesting to see what is going on in Israel, where there is already some system in place, and see what level of fraud might be there. You are right, it could be not much of a problem. We have a very high level of security for passports and for bank notes as well. We believe that in some critical areas we need high levels of security.

Q28 **Ronnie Cowan:** We touched on the potential for discrimination earlier on. I want to expand on this initially with Ms Carlo and then, if other witnesses want to go on afterwards, it would be good. Concerns have been raised about the uptake of the vaccine in the BAME community and also among those from socioeconomically deprived groups. I know it is a very big "if", but if we had a vaccine certification system in place, what might be the impact on the uptake by those groups?

***Silkie Carlo:*** It is important to point out the medical barriers to vaccination. At the moment, children are not eligible for vaccination and I have outlined some of the reasons that young people could be discriminated against. It is similar for some disabled people because some medical conditions prevent individuals from receiving vaccinations. Covid vaccinations are not routinely advised for pregnant women at the moment. Clinical trials are ongoing, so women may be cautious about being vaccinated, whether they are pregnant or trying to conceive. Some people with religious or other beliefs as well, as Mr Davis pointed out, may be deterred from receiving a vaccination.

Furthermore, accessibility to vaccinations is an issue. As you have outlined, research indicates that people from ethnic minority groups and also people with lower levels of income and education are the most hesitant or unlikely to receive coronavirus vaccinations.

Q29 **Ronnie Cowan:** Sorry to interrupt you. In that situation, what discrimination would those people be open to?

***Silkie Carlo:*** There is a high risk of indirect discrimination and certainly it raises a profound ethical issue and a practical one as well. The onerous requirement to have a certificate will, in practice, socially and economically exclude some of the most marginalised groups and punish them as a result and further deteriorate trust.

Q30 **Ronnie Cowan:** What would they be excluded from and how would they be punished?

***Silkie Carlo:*** It depends in what circumstances Covid status certificates are used for access. We have spoken about healthcare workers, travel

providers, holidays, pubs and all kinds of different environments in which vaccination status or test status is envisaged as a condition of entry.

Of course, the people who will be hit hardest are the most marginalised groups, who are also having the lowest uptake of the vaccination and who may generally have less accessibility to healthcare services. There are an estimated 1 million or more undocumented migrants in the UK who for good reason are fearful of accessing health services because of the hostile environment policies. That is a group of people who may be less likely to access vaccination or access any health services. It is important to consider that there will be that kind of impact felt hardest among the most marginalised groups.

Also, if the aim here is to increase accessibility to health services and increase trust in health services, a coercive approach is going to be the least conducive to meeting that goal.

Q31 **Ronnie Cowan:** Primarily we are looking at access to healthcare and potentially future employment?

***Silkie Carlo:*** Yes. It could be education as well. It depends on what is envisaged. This should cast a shadow even on this evidence session. The fact is that already it has been released to the media that the Culture Secretary has said that large-scale events can take place thanks to Covid status certificates. We have to query how serious the review is and how serious the Government are about this being an open question if this kind of thing is already being press-released.

Taking the stadium event as an example, this does not just impact attendees. It impacts staff who may be working in any part of the environment connected to the event. If it is deemed in any way necessary and proportionate to have access controls to stadium events, why not pubs afterwards? Why not the trains on the way there? There will be a logical breakdown. It is going to be either everything or nothing. Otherwise, there will be a severe breakdown of logic in the whole thing.

If it is everything, we are talking about lots of work environments. We are talking about access to education, supermarkets and public services. We are talking about some very basic and fundamental rights of access that should be universal but it sounds like it could become much more selective and in fact discriminatory.

**Ronnie Cowan:** We are talking about access to healthcare, employment, education, transport and supermarkets. Thank you very much.

**Chair:** Thank you. I echo Ms Carlo's comment about the briefings we have seen in the press. I hope our session today shows the seriousness with which we take this matter, rather than making prejudgments.

Q32 **Tom Randall:** Silkie Carlo, we have touched on ID cards briefly as an issue. There has been Government policy in the past sometimes to introduce them and there have been strong arguments either way. Could

a vaccination certificate of some kind be a harbinger for the introduction of a full system of ID cards? Is that a high risk or very likely if certification was introduced?

***Silkie Carlo:*** Thank you. It is a very serious risk. In some ways, the proposal for Covid status certificates could go further beyond the idea of an identity card in intrusion and pervasiveness. The expectation is that they would be presented in so many different scenarios and the first and most key piece of information is health information, which not only is required to be presented but is used for access control. Lots of the elements of Covid status certificates go far beyond what was envisaged for identity cards.

The expectation also is that it is a digital system by default and that there will be international interoperability. Far from the wartime ID cards, which were for most people so antithetical to the notion of British freedoms and ancient liberties—we are not a population that ever wants to be on licence in public life—this is a lurch far beyond that in so many respects. It is unthinkable that such a scheme would stop with coronavirus. It would inevitably go far beyond.

An argument put forward by proponents of this system is that the digital marker will not necessarily say your name, date or birth or address in the way that a driving licence will and that, therefore, it is somehow less intrusive. That is a very facetious argument that those who work in the software development in this area are well aware of. In fact, by having sensitive health data, it has to be uniquely identified to you in quite a sophisticated technological way, in particular by connection to the NHS database, which has always been the potential backbone of a mass identity system.

At the same time, the Government are developing the digital identity framework, which envisages not state-issued identity cards but an economy of private suppliers of digital identity. It seems quite likely, if not certain, that the standards being set in that Government project are to be followed in the Covid status certificate plan as well. Yes, this is a move towards population-level digital identity.

Most of the product development in this area uses facial recognition as a verification method. Some of the marketing around this suggests that facial recognition makes it less intrusive because the app does not necessarily need to have a photo showing on it or an address or date of birth. This is facetious and wrong. Accessing personal data via your facial biometric is like an identity system on steroids. Facial biometrics uniquely identify you. This data is as sensitive as a fingerprint or DNA. The expectation is then that you would carry a phone with you wherever you go and hold it to your face to do the facial biometric as you would at an international border.

It is not too far a leap, I would suggest, with the passage of time that that facial biometric check could take place off the phone in the same

way you see at borders with cameras that conduct the facial biometric test. In general, there has been a desire to use more facial recognition as well. It would certainly relieve individuals of the requirement to carry a phone and conduct facial verification everywhere they go and there will always be a portion of the population that does not have smartphones able to do those biometric checks.

These are very serious things to consider. Some of the things I am suggesting would be a couple of steps down the road but they would not be too far down the road. China, unfortunately, is a very good example.

Q33 **Tom Randall:** That was very interesting. David Davis, do you share this concern that vaccine certification might lead us inexorably towards an ID card system?

***Mr Davis:*** Yes, for a variety of reasons. The first clue is to look at the proposal of the Department of Health to add it to our existing health accounts. Silkie is absolutely right that it will not be the last use. There will be something else added to it and something else added to it. To verify it, somebody has to access that account to check that your QR code is correct or to check that whatever code you are giving is correct.

In the world of incompetence at managing databases, the Department of Health is the world champion. It has been completely hopeless at managing databases over the years. When I was Public Accounts Committee Chair, it had to write off a massive, multibillion-pound project, the so-called NHS Spine. It has struggled time and time again with using the overall NHS database because it has tried to get it online and every single time has been unable to do it.

The simple truth is that online database systems are innately insecure. There is no way to make them secure. As a result, if you have your health records attached to something you have to carry that has to be verified, you have created an opening into the most private data you have. It is straight away a problem and it will grow because, inevitably, once we have the mechanism, it is common sense that people will try to use it for other uses and it will grow and grow.

I was the leader of the defeat of the ID card proposal under the Blair Government. At the beginning, I was losing badly and 80% of the public thought the ID card was a great idea. Then one day the Government managed to lose two optical disks with everybody's tax records on them. As a result, the public went from 80% in favour of ID cards to 75% against ID cards in the course of a week. I would love to tell you that it was my rhetoric that did it but, sadly, it was the run of events. Suddenly, everyone realised that having all this centralised data might be a bit dangerous for them.

If they thought that was a bad idea for tax records, what will they think about it for health records about their depression treatment, their sexually transmitted disease treatment or whatever? It is a very

dangerous route, I am afraid, one that the Ministers who think about this do not really think about. They think about the immediate convenience of one small piece and not realise that it is a stepping stone to somewhere else.

Q34 **Tom Randall:** Professor Wolff, you have taken quite a practical approach to looking at vaccine certification and the idea of it. Might ID cards be a consequence of introducing a system such as this? How do we weigh the unintended consequences with the practical necessity of solving the problem in front of us at the moment?

***Professor Wolff:*** I strongly support many of the points that the other witnesses have said. This is potentially a slippery slope to ID cards. There are unintended consequences for particular individuals and there are also social and economic transformations that sometimes happen as a result of what look like small, innocent steps in the reconfiguration of power. We could well be seeing that here.

There is a danger that if we go for a quick fix for a short-term problem it has very serious long-term ramifications. This is a real danger. I am sorry to repeat myself, but we need to be very clear about what we hope to achieve with vaccine passports and to be pretty sure that they will achieve what we hope they will achieve before we take the first steps.

I am worried that we are quite close to taking the first steps in the absence of the knowledge we need to know whether the system would have any effect. These first steps could have major consequences for integration of central records and ultimately ID cards. We could be doing something useless or counterproductive in its own terms that also has dramatic political consequences. These are real dangers here.

Q35 **John Stevenson:** Ms Carlo, I am interested in what you said about ID cards. In some ways, it is the reality. Society is moving towards them in any event. If you want to open a bank account, you need to produce ID. If you want to engage legal services, you have to produce ID. I wonder if there is a growing acceptance by the wider population of ID cards, because the reality is that, in their everyday lives, they are constantly required to provide ID. Is it a natural progression that we will move towards them and should we be having a debate about how we go about it in a secure way?

***Silkie Carlo:*** Certainly our access to identity is really important in lots of areas of life, as you outlined. That is some distance from the notion of a centralised identity system or even a state-backed economy of private identity suppliers if the reason is that we are entering a checkpoint society. What is really different about a Covid status certificate is that it would be throwing open the floodgates for us to become a checkpoint society, the implication being that employers, private companies and perhaps even public services would have the right to demand certain sensitive health information, identity information and even biometrics for you to access services and live your normal life.

That is completely different from needing to show proof of address to open a bank account. It is needing to undertake and evidence medical treatment with use of biometrics and a digital identity system to, for example, go to a football match. It is very different and it makes for a very different society. The consequences are different. It will create segregation, discrimination, divisiveness, unfairness and socioeconomic exclusion as well.

Q36 **Lloyd Russell-Moyle:** I wonder if that is what is being created now because we do not have a proper identity system in this country. We now have to provide identity to vote, which is a basic right, but there is no centralised system and so it relies on people paying to have driving licences. It is not a free system and we do not have a proper free system. Anyway, that is my two pence on that.

You touched on the Government's review and the public consultation earlier and said you were not sure about the questions, but are they asking the right questions in this consultation?

***Mr Davis:*** The fundamental question is what problem you are trying to solve and whether there is an easier and less intrusive way of doing it. That is the missing question. I had a look online at the questions last night and they are very vague, frankly.

Let us go back to where we started. We now know that for people who are vaccinated, the vaccines are very effective. They probably reduce the risk of death to nearly zero. Those who face a serious risk are pretty easy to identify. Why not ensure they are protected in the environment of football matches or theatres? Why not have low-risk zones so that everybody in that zone has taken a test on the way in? It is much less intrusive than what we are doing now. I pose that as a thought.

The questions are not really going to the heart of finding a route to solving the problem that is least costly, least intrusive and least difficult for the citizen.

Q37 **Lloyd Russell-Moyle:** Is it less intrusive to have a swab shoved up your nose every time you wish to access a service than to wave a piece of paper that says you have had a vaccine?

***Mr Davis:*** Bear in mind that if you are going to a football match of 50,000 people and 1,000 people want to be in a low-risk area and can do a low-path test, they choose to do that. We are trying to solve a temporary small problem with a permanent intrusive fix. That is a very bad idea.

Q38 **Lloyd Russell-Moyle:** Professor Wolff, are there other questions that the Government should be asking in this consultation to get better answers, maybe?

***Professor Wolff:*** The consultation was set out very broadly and it allowed people to make whatever contribution they wanted to. Once it

was publicised that I was giving evidence, I suddenly found myself subject to a small amount of lobbying on what has not been mentioned, which is that people are suspicious that the certificate scheme is a type of incentive for people to get the vaccine so that they would have permission to attend events. In other words, it is being used on the false hope that it gives extra safety in some way but, in fact, it is just a way to overcome vaccine hesitancy.

Q39 **Lloyd Russell-Moyle:** Is that a problem?

***Professor Wolff:*** It is deceptive because it may not be a problem but goes against ideas of transparency. It depends on people not understanding the system and is coercive in some respects.

In the consultation I was impressed by how the preamble talks about vaccines giving a lower risk of illness and a lower risk of transmission, which is right. The vaccine certificate will tell you that you have a lower risk of illness and a lower risk of transmission, which is probably true, although we do not know for certain. In the public mind, lower risk has been confused with no risk. It is very important that we realise that it is about lower risk not no risk.

I would like to know more about what difference the schemes would make in practice. David Davis had the example of people going to a pub and he did a little bit of modelling as his parable. I would quite like to see some serious modelling of different scenarios and thinking about what would happen if we had this and what would happen if we did not, and obviously it is not evidence yet but thinking about data and what difference we expect this to make. If it turns out to make almost no difference, it is a lot of fuss about nothing. If it turns out to make an enormous difference so that we could get back to normal with very minimal risk to public health, some of the resistance may be mitigated. At the moment, it is all a bit of a hope and a prayer. We do not have serious models about what is likely to happen if we introduce the scheme. I would like to see more. Maybe that is there somewhere and I just have not seen it. I would like to see it.

Q40 **Lloyd Russell-Moyle:** That behavioural science and modelling about how people would behave differently and how the virus would potentially be different is important. There is no right or wrong answer. Our top scientists got it wrong with masks initially when they said that people would act recklessly if they had masks. They were totally wrong and masks were needed. The science changes as well and is not set. Ms Carlo?

***Silkie Carlo:*** The first question on the reference for the review is whether Covid status certificates would reduce risk. What seems to have been missing from public health policy over the last year is an objective or stable definition of risk. It seems that we have oscillated from infections to cases to deaths to excess deaths to hospitalisations to NHS capacity and so on. Going forward, it will be helpful for everyone, and for

foreseeability too, for a stable risk measure to be used. None of the rights that I have spoken about are absolute rights and so we always have to assess necessity and proportionality. We have all discussed that.

What is confusing about the Government's approach is that in the context of us being only second to Israel with a successful vaccination, risk by any sensible measure is now plummeting. Most adults have received a first vaccination. Everyone in the four most vulnerable groups has been offered a vaccination. Uptake for over-75s is 93%. The vaccinations have proven to be very efficient. We are in a very good position.

As well as developing an objective model for assessing risk, we need to take into account the cost of a proposed solution or a measure. Covid status certificates would have serious costs. We cannot be myopic and completely tunnel-visioned about trying to eliminate risk at all costs. We have to take into account the costs of proposed extreme measures like this as well, let alone the questions around efficacy, which are clearly still outstanding.

I hope that from the success we have had with the vaccination programme the UK will take international leadership in showing a human rights-focused way out of this. It may be tempting to develop policies that the rest of the world is developing—if Europe does go for vaccination certificates, that might be one of them—but that is not a reason in and of itself for doing it. We have different attitudes towards population-level identity systems in general to the rest of Europe. I hope the Government are prepared to show some independence and some courage in having a human rights-focused route out of this.

**Chair:** Thank you very much indeed. I thank our three witnesses this morning for their important contributions to our hearing. We are very grateful for your time, expertise and experience.