

Written evidence submitted by Professor Paul Rogers

The Early UK Response to the COVID-19 Crisis – January and February 2020

Introduction

In November 2019, while the COVID-19 virus in China was making the transition from animal to human host, the World Economic Forum published its league table for preparedness for large-scale disease outbreaks.ⁱ The assessment ranked 195 countries on the extent of preparations to handle such outbreaks, basing part of the ranking on the Global Health Security Index from the Centre for Health Security at Johns Hopkins University. The UK took second place and this followed the publication in August 2018 of the UK's *National Biological Security Strategy* (NBSS).ⁱⁱ This comprehensive strategy was expert-led and considered a sound report that helped prepare the state to be ready for a crisis should one develop.

In the event, the United Kingdom was one of the worst performing states in the first eight months of the pandemic and in early October there were worrying signs that the UK was ill-prepared for a second surge as this developed during the early autumn. In seeking to explain this outcome, most analysis focuses on the period from March to July, but this note argues that January and early February are more important. The evidence indicates that, from the very start, the UK government does not appear to have been following its own policies, especially those outlined in the NBSS, and it follows that the overall response of the UK to the crisis can best be understood by analysing the early response which set in place attitudes that persisted for many more months.

The UK National Biological Security Strategy

The August 2018 publication of the *National Biological Security Strategy* emphasised the need to respond to the spread of serious diseases. The first of its kind for the UK, it was widely regarded as a good example of science-based planning and highlighted the importance of strong public communications as part of swift action in the event of a crisis.

The substance of the strategy was a substantial section on response to an outbreak with sub-sections: Understand; Prevent; Detect; Respond; The Science Base; The Role of Industry and Academia followed by summaries of Strategy Implementation and Departmental Roles and Responsibilities. The strategy argued that:

“The UK is globally renowned for the quality of our preparedness planning, and we have world-leading capabilities to address significant biological risks. Across local and national Government and the Devolved Administrations, and through our work internationally, the UK invests hundreds of millions of pounds a year in protecting against and preparing for disease outbreaks and biological incidents.”ⁱⁱⁱ

It concluded that:

“We cannot predict all the ways in which this risk landscape will evolve in the future, but it is by breaking down barriers, working in a co-ordinated way across and beyond Government, and thinking globally that we will be best prepared to meet the threat of significant disease outbreaks (however they occur).”^{iv}

Theory and Practice

While the World Economic Forum assessment cited earlier does appear, with the benefit of hindsight, to be seriously wrong in relation to the UK, it should be recognised that “preparedness” can be assessed primarily on what a government says it is doing and what its overall strategy is. It is therefore, to an extent, theoretical. In the context of what has happened since, theory and practice have turned out to be very different, as illustrated by warnings from public health officials following exercises undertaken to test the actual levels of readiness.

One major planning exercise in 2006 had assumed a new and dangerous flu pandemic. According to the *Daily Telegraph* this exercise “dramatically exposed the gaps in Britain’s pandemic response but its ‘terrifying’ findings have yet to be published”^v. Afterwards, the NHS England Board was told in October 2016 “NHS England prepared for and participated in *Exercise Cygnus*, a three-day exercise looking at the impact of a pandemic influenza outbreak, and the significant impacts on health delivery a widespread pandemic in the UK would trigger”. *Exercise Cygnus* showed that NHS resources would be critically overstretched in such a pandemic.^{vi}

More recently, the 2019 annual *National Security Risk Assessment* specifically dealt with the risk of a flu-type pandemic and urged the government to prepare fully. As *The Guardian* reported, in April 2020:

“The detailed document warned that even a mild pandemic could cost tens of thousands of lives, and set out the must-have ‘capability requirements’ to mitigate the risks to the country, as well as the potential damage of not doing so.”^{vii}

According to the press report the 600-page Cabinet Office document emphasised the need to stockpile appropriate equipment, establish disease surveillance and contact tracing and even draw up plans to handle excess deaths. It set out what was described as “reasonable worst-case scenarios including up to 65,000 deaths, a potential cost to the UK of £2.35tn and months or even years for health and social care services to recover.”^{viii}

These press reports do appear to support the view that the government had certainly done the original theoretical planning, not least in the NBSS report of 2018, but had not followed this through. Part of the explanation may lie in the changing status of one of four sub-committees of the National Security Council, the Threats, Hazards, Resilience and Contingency Committee (THRCC).^{ix} This key sub-committee had been mothballed by Prime Minister

Theresa May because of the pressure of government work over Brexit and when Mr Boris Johnson took over the July last year it was scrapped. According to one report, a former Cabinet minister who was a member of THRCC until it was axed said it could have ensured the Government reacted more quickly to coronavirus, adding "Once the pandemic took hold in Italy...alarm bells would have been ringing."^x

Overall, and in view of what is now known, it does appear that government claims of world-leadership in biosecurity were far from accurate. This was further reflected in early responses especially when compared with some other countries, as became clear from an early stage in the pandemic's development.

Early indicators

Although an early assessment was that COVID-19 did not make it into Western Europe until well into January 2020, there are indications that cases were emerging earlier. In late December, one French patient who was taken into hospital on 27 December subsequently tested positive for COVID-19 and in China the government initially reported to the World Health Organisation that the first infection was recorded on 8 December. Government sources subsequently indicated that an earlier case was recorded on 17 November.

Precisely when the COVID-19 virus made the "jump" from animal to human host is still not known but it is the subject of considerable research. For example, one method, phylogenetic analysis, tentatively indicated that the transfer for animals to humans could have occurred sometime between September and December last year.^{xi}

Separately, it was reported on 9 April by one of the main US news channels, ABC, that US intelligence sources first got indications of a disease outbreak in Wuhan of unknown origin when:

"Concerns about what is now known to be the novel coronavirus pandemic were detailed in a November intelligence report by the military's National Center for Medical Intelligence (NCMI), according to two officials familiar with the document's contents".^{xii}

The report was the result of analysis of wire and computer intercepts, coupled with satellite images. It raised alarms because an out-of-control disease would pose a serious threat to U.S. forces in Asia that depend on the NCMI's work. "Analysts concluded it could be a cataclysmic event," one of the sources said of the NCMI's report. "It was then briefed multiple times to" the Defense Intelligence Agency, the Pentagon's Joint Staff and the White House. Wednesday night, the Pentagon issued a statement denying the "product/assessment" existed.

The Pentagon denial was couched in carefully chosen words and might have dampened interest in the report but a week later, on 16 April, the *Times of Israel* reported on a Channel 12 News report that the Israel Defence Force (IDF) had been alerted to the Wuhan outbreak

by the US intelligence community, also in November.^{xiii} US intelligence informed the Trump administration and also decided to update allies with the classified document these being NATO and Israel, specifically the Israeli Defence Force.

There is some independent open source support for the view that COVID-19 was active in Wuhan in the autumn in an analysis of commercial satellite data conducted by the Computational Epidemiology Laboratory at Boston Children's Hospital that showed marked spikes in activity at the five major hospitals in the city and indications of a possible link with a spike in respiratory infections.^{xiv}

Early Responses

According to the UK government the first communication to the health minister, Mr Hancock, was not until 3 January. He spoke to ministry officials on 6 January, received advice from the UK Health Security Team and spoke to the Prime Minister, Mr Johnson, on 7 January after he had returned from a 10-day holiday.^{xv} Mr Hancock later updated parliament on 23 January when, according to a government statement, the risk level of a pandemic was "Very Low" and remained at that level through to 29 January when it was raised to "Low", two days before the first reported case in the UK.

This contrasts markedly with far more rapid responses elsewhere, especially over the period 30 December to 5 January, and not least in territories neighbouring China. Taiwan was already treating the issue as a potentially substantial risk before the end of December. According to its London representative,

"Learning harsh lessons from the SARS crisis in 2003, the government of Taiwan acted swiftly and established a central command centre in order to respond to the outbreak. Taiwan's health minister held press conferences almost every day to provide updates and information. Tests on travellers from Wuhan, the Chinese city where the outbreak started, began in December."^{xvi}

Hong Kong was also fully engaged at a very early stage. By the time Mr Hancock in London had spoken to officials on 6 January and to Mr Johnson on 7 January the Hong Kong authorities were already treating the risk of a major new disease outbreak as a threat requiring immediate responses. On 3 January the Government of Hong Kong issued a notice reporting that a cluster of 44 viral pneumonia cases of unknown cause in the city of Wuhan had been recorded, with 11 in a serious condition. Because of this the Centre for Health Protection had enhanced surveillance from 31 December and stated that:

"Doctors are requested to report to the CHP if they encounter patients with fever and acute respiratory symptoms, or pneumonia symptoms; and who had visited Wuhan (regardless of whether they have visited wet markets or seafood markets)."^{xvii}

The following day the Government issued a further notice, this time from the hospital authority announcing the activation of Serious Response Level in public hospitals with

immediate effect and launched its Preparedness and Response Plan for Novel Infectious Diseases of Public Health Significance.^{xviii}

Thus, as early as 5 January, it was evident that at least two administrations, Taiwan and Hong Kong, were greatly concerned about the Wuhan outbreak, and had certainly been aware of developments since late December, but the UK Prime Minister was not even informed of the outbreak until 7 January. This was in spite of clear government statements about the serious risk of respiratory pandemics and claims that the UK was a world leader in biosecurity strategy.

Perhaps most surprising is that even on 7 January the issue was already in the public domain in the UK. when *New Scientist* published online a report on the emerging story even to the extent of including a direct link to a Hong Kong Hospital Authority press release.^{xix}

By 13 January the WHO was warning of human-to-human transmission risk,^{xx} this was confirmed by China's health ministry the following day and that the virus had spread across the country. On 23 January a complete lockdown of the whole of Wuhan province was enacted and on the following day *The Lancet* published the first detailed report on the clinical features of the infection. By 19 January cases had been reported in Thailand, Japan and South Korea and by 24 January there were 835 cases in China. Only on that day did the UK government finally call a meeting of the COBRA emergency committee but this would not meet until 27 January. The Prime Minister did not attend that meeting, nor did he attend the next four meetings concerning the COVID-19 pandemic.

Even in early February, the significance of the outbreak was being downplayed at the highest level, with a clear indication of the incoming government's approach to the COVID-19 issue coming in a major policy speech by the Prime Minister on 3 February following Brexit. His one mention of the pandemic was a reminder of the dominant importance of free trade and economic growth over health risks:

“...we are starting to hear some bizarre autarkic rhetoric, when barriers are going up, and when there is a risk that new diseases such as coronavirus will trigger a panic and a desire for market segregation that go beyond what is medically rational to the point of doing real and unnecessary economic damage, then at that moment humanity needs some government somewhere that is willing at least to make the case powerfully for freedom of exchange, some country ready to take off its Clark Kent spectacles and leap into the phone booth and emerge with its cloak flowing as the supercharged champion, of the right of the populations of the earth to buy and sell freely among each other.”^{xxi}

Shortly after the speech the Prime Minister took a further 12-day break from Downing Street. Only by 29 February did the evolving pandemic become a core issue in the UK following the first recorded case of local transmission.

Questions

This chain of events prompts a number of questions:

Was the government informed by intelligence, diplomatic or other services of the nature and extent of the outbreak and of the early responses of governments such as Hong Kong and Taiwan?

If so, what action did the government take, and if not, then why was this?

Did NATO inform member governments of the November report from the United States?

Why was the UK government so slow to respond to the emerging crisis and why did the Prime Minister, as head of government, take such a back-seat role when a Tier 1 emergency was developing and was recognised as such by the Hong Kong government and others?

Does the answer lie in elements of the political environment at the time such as the concentration on Brexit or the euphoria of the election victory?

At the international level why did government fail to appreciate the manner in which administrations close to China, including South Korea, Taiwan, Vietnam and Singapore took rapid action?

If it was partly down to the experience of the SARS pandemic eighteen years earlier, then why did the UK not pay this attention, especially given the foresight evident in its own National Biological Security Strategy?

Given the government's strong commitment to a particular economic model did this predispose the government to minimise public responses in favour of a major role for the private sector?

Above all, as Mr Johnson's Greenwich speech suggests, was the state of the economy prioritised over the state of the nation's health?

Conclusion

The theme of the centrality of economic growth in relation to health issues continues to be a major feature of the debate on government policy as reflected in the decision to ease the first lockdown and a reluctance to respond strongly to the current second surge. Meanwhile, COVID-19 is having a devastating impact on health and well-being across the world and is the greatest challenge to human security for half a century. At the time of writing there are have been over 35 million confirmed cases and over a million deaths worldwide, with second surges in many countries including the United States, India and Iran, France, Spain and now the UK. In many parts of the world the pandemic is accelerating.

The experience across the world has been of much suffering and grief but the longer-term consequences will also be economic, with much of the world tipping into a deep recession. The UK has entered the deepest recession in more than a century and there have been over 65,000 excess deaths so far, many more than all the civilians killed in the UK by enemy action throughout the Second World War.

The UK government was confident last year that it was well prepared for a pandemic, yet it is abundantly clear that this was not the case with its responses all too often being too little and too late, despite the best efforts of millions of people and especially the courage of health and care workers. A full public inquiry may be essential but an early examination at a senior independent political level would be of great value in the short-term, especially as the pandemic has at least a year and a half to run with many further mistakes and miscalculations still possible that could make a disastrous situation calamitous.

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ⁱ Niall McCarthy, 'These are the top 10 countries for pandemic preparedness', *World Economic Forum*, Geneva, 15 November, 2019 <https://www.weforum.org/agenda/2019/11/countries-preparedness-pandemics/>

ⁱⁱ 'UK National Biological Security Strategy, July 2018', available at <https://www.gov.uk/government/publications/biological-security-strategy>

ⁱⁱⁱ *Op cit* p 13

^{iv} *Op cit* p 9

^v 'Exercise Cygnus uncovered: the pandemic warnings buried by government' *Daily Telegraph*, 28 March 2020, available at <https://www.telegraph.co.uk/news/2020/03/28/exercise-cygnus-uncovered-pandemic-warnings-buried-government/>

^{vi} 'What was Exercise Cygnus and what did it find?' *The Guardian*, 7 May 2020, available at <https://www.theguardian.com/world/2020/may/07/what-was-exercise-cygnus-and-what-did-it-find>

^{vii} 'Revealed: UK ministers were warned last year of risks of coronavirus pandemic', *The Guardian*, 24 April, 2020, available at <https://www.theguardian.com/world/2020/apr/24/revealed-uk-ministers-were-warned-last-year-of-risks-of-coronavirus-pandemic>

^{viii} *Ibid*

^{ix} 'Revealed: Boris Johnson scrapped Cabinet ministers' pandemic team six months before coronavirus hit Britain', *Daily Mail*, 13 June 2020, available at <https://www.dailymail.co.uk/news/article-8416075/Boris-Johnson-scrapped-Cabinet-Ministers-pandemic-team-six-months-coronavirus-hit-Britain.html>

^x <https://www.telegraph.co.uk/politics/2020/06/13/boris-johnson-scrapped-cabinet-pandemic-committee-six-months/>

^{xi} 'COVID-19: genetic network analysis provides "snapshot" of pandemic origins', *Cambridge University Research*, available at <https://www.cam.ac.uk/research/news/covid-19-genetic-network-analysis-provides-snapshot-of-pandemic-origins>

^{xii} 'Intelligence report warned of coronavirus crisis as early as November: Sources', *ABC News*, 8 April 2020, available at <https://www.goodmorningamerica.com/news/story/intelligence-report-warned-coronavirus-crisis-early-november-sources-70031273>

^{xiii} 'TV; US intelligence alerted Israel of Corona Virus in mid-November', *Times of Israel*, 16 April, 2020, available at https://www.timesofisrael.com/liveblog_entry/tv-us-intelligence-alerted-israel-of-coronavirus-in-mid-november/

^{xiv} 'Satellite data suggests coronavirus may have hit China earlier: researchers' *ABC News*, 8 June 2020,

available at <https://abcnews.go.com/International/satellite-data-suggests-coronavirus-hit-china-earlier-researchers/story?id=71123270>

^{xv} ‘Stung government issues 14-point rebuttal at claims Boris Johnson 'skipped' Cobra meetings and ministers dragged their feet and 'lacked grip' over COVID-19’ <https://www.dailymail.co.uk/news/article-8235053/Government-furiously-hits-article-claiming-dragged-feet-coronavirus-response.html>

^{xvi} ‘Taiwan’s response to covid-19’, *The Economist*, 26 May 2020, available at <https://www.economist.com/letters/2020/03/26/letters-to-the-editor>

^{xvii} *Ibid*

^{xviii} ‘Serious Response Level activated in public hospitals’, Hong Kong Hospital Authority Press Release, 4 January 2020, available at: <https://www.ha.org.hk/haho/ho/pad/200104Eng1.pdf>

^{xix} ‘Doctors scramble to identify mysterious illness emerging in China’, *New Scientist* 7 January 2020, available at <https://www.newscientist.com/article/2229196-doctors-scramble-to-identify-mysterious-illness-emerging-in-china/>

^{xx} ‘WHO warned of transmission risk in January, despite Trump claims’ *The Guardian*, 9 April 2020, available at <https://www.theguardian.com/world/2020/apr/09/who-cited-human-transmission-risk-in-january-despite-trump-claims>

^{xxi} ‘PM speech in Greenwich: 3 February 2020’ *Prime Minister’s Office*, available at <https://www.gov.uk/government/speeches/pm-speech-in-greenwich-3-february-2020>