

Written evidence submitted by Tony Smith (COR0211)

HOME AFFAIRS COMMITTEE SUPPLEMENTARY CALL FOR EVIDENCE: HOME OFFICE PREPAREDNESS FOR COVID-1

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Context

1. This note supplements my written and oral evidence to the Committee of May 2020 and addresses the Committee's call for further written evidence on the Home Office's ongoing response to the pandemic across specific areas – **Immigration and Visas** and **Management of the Border**.

Background

I am a former Head of UK Border Force. I served at all levels from immigration officer to DG in a career spanning 41 years (1972 – 2013) in the UK Home Office / UK Immigration Service / UK Border Agency.

Since retiring from govt service in 2013 I have been an international border management consultant and I am now chairman of the International Border Management and Technologies Association (IBMATA)¹ promoting collaboration and best practice in current and future global border management and border security processes.

This note reflects upon the UK government response to preventing the importation of the COVID-19 pandemic at the UK Border thus far and recommends the development of a UK Counter Pandemic Border Strategy (CPBS). This is based upon lessons learned from new and emerging developments at international borders elsewhere including Australia, New Zealand, Singapore, and the United States of America.

Evidence

My evidence of 22 May 2020 set out the history of the UK Border Force and how the organisation had responded to pandemics in the past. It also covered some activities being undertaken in other countries to use border controls as a method for controlling the importation of COVID-19, based upon my ongoing dialogue with them through IBMATA and other international webinars and conferences.

As previously advised, Singapore introduced temperature screening at Changi Airport for all inbound travellers from China in January; and extended health checks at their borders incrementally to different cohorts of travellers before announcing (on 23 March 2020) that Singapore was closed to all short-term visitors or transit passengers anywhere in the world. From 9 April 2020 all returning residents and long-term pass holders were required to serve a 14-day self-isolation period at dedicated facilities and submit a health and travel declaration via the Singapore Arrival Card e service prior to arrival.

Australia and New Zealand have also both introduced strict border controls to mitigate the importation of COVID at their borders, both by air and sea. Travel to those countries is currently restricted to their own nationals and family members only; and 14-day mandatory quarantine at a designated location is required on arrival.

¹ <http://www.ibmata.org/>

(COR0211)

These countries have managed to control the spread of the virus much more effectively than has been the case in other countries, including the UK and the US.

UK Response

Although the UK government did introduce strict quarantine measures for passengers returning on evacuation flights from Wuhan in January 2020, no measures were introduced for flights or arrivals from other destinations, increasing the risk that the virus would be imported from other countries. As the virus spread rapidly in country, the focus shifted away from border controls into in-country containment measures as the government “followed the science”.

In June 2020, the UK government imposed quarantine requirements on people arriving at UK ports of entry. This was implemented by requiring all inbound passengers to complete an on-line passenger locator form (PLF) prior to arrival. Spot checks were introduced by the UK Border Force; but the airlines, ferry and train operators played no role in enforcing this. Although arrangements were put in place to contact selected travellers to ensure that they were self-isolating at their stated address, enforcement was “light touch” and there was no requirement for passengers to stay in any hotel or other designated location for the period of quarantine. Nor was there any requirement to undergo a test either before or upon arrival at the UK border.

Travel restrictions were eased over the Summer months with the creation of “air corridors” with specified countries which would enable the quarantine requirement to be lifted. However, the “second wave” coupled with the identification of variant strains of the virus has now required the government to dispense with “air corridors”.

My previous recommendation to require airlines, ferry companies and rail companies to check health credentials for all passengers boarding flights, ferries and trains to the UK was finally implemented in January 2021, as part of the government’s plan to prevent the importation of new strains of the virus identified in Brazil and South Africa. The new requirement requires not only the production of a completed PLF, but also evidence that a negative COVID test had been taken within 72 hours of arrival.

At the time of writing, no electronic interface has been set up between the carrying companies and the Border Force to identify whether or not this has been done. This means that Border Force Officers are encouraged to do “spot checks” when resources allowed it; without any specific intelligence as to whether this had already been checked by the carrying company. This is particularly problematic at the juxtaposed controls in Calais, Dunkirk and Coquelles where check-in may be configured before or after UK Border Control, depending upon port layout.

On 27 January 2021, the government announced a tougher approach to Border Control to prevent people entering the UK and spreading the virus; and in particular from specific countries where new variants had emerged (e.g., South Africa and Brazil). Direct travel from those locations was stopped, and those passengers with a right to live in the UK would be required to self-isolate in an hotel for 10 days after arrival.

This is in line with requirements established in other countries, although it did not apply to all arrivals – only to those arriving from “red list” countries. This raises questions about the potential importation of a new strain of the virus from countries not on the red list, potentially by passengers travelling from a red list country to a third country in transit to the UK. International transit arrangements vary greatly across the world. In many cases it is possible to “airside transit” and avoid

(COR0211)

border checks altogether. It is not entirely clear how this risk will be mitigated, other than through an examination by a Border Force Officer (BFOs) at the port of entry to establish travel history.

The new requirements have put an additional strain on the UK Border Force.

Firstly, they must check additional documents (PLF and negative test form) as well as passports. Negative test forms are paper documents or scanned copies on mobile devices. They are presented in a variety of languages and scripts, with little opportunity to verify authenticity. Officers do not know whether these documents have already been checked (as required by law) by the inbound carrier.

Secondly, BFOs must now interview all passengers to determine travel history and purpose of travel to the UK. This is particularly relevant at South East ports, where EU citizens can now be interviewed (and potentially refused entry) regarding purpose of visit.

Thirdly, they need to establish travel history, by examination of passports and interview which was not previously required.

And finally – where they identify a case of a UK citizen or resident arriving from a “red list” location who must self-isolate – they will need to liaise with local authorities and health agencies to make the necessary arrangements for this to be done.

These are significant new requirements that have been introduced piecemeal over the period of the pandemic, with no long-term plan or strategy for dealing with new variants of the virus – or indeed new pandemics that might emerge in the future. Each new measure brings with it a resource requirement for the UK Border Force, which has not been fully assessed.

US Counter Pandemic Border Strategy Proposal (US CPBS)

At the International Summit on Borders in September 2020 (which I co-chair with former US CBP Commissioner Judge Rob Bonner) we were presented with a paper authored by Judge Bonner and Ms Gillian Horton for the Belfer Centre for Science and International Affairs at Harvard Kennedy Law School calling for a US counter pandemic Border strategy². This paper was endorsed by past and present leaders of Border Agencies in other countries, including Australia and New Zealand.

In summary, the report makes the following recommendations:

1. The US government must make countering pandemics at the border a priority.
2. The US government must establish clear lines of effort as it relates to the counter-pandemic border strategy.
3. The US Department of Homeland Security should create a cadre of US Customs and Border Protection (CBP) Health (Counter Pandemic) Specialists.
4. US CBP Officers should screen passengers at the “pre-board” stage.
5. The US government should use the “in-flight” phase to enlist air carriers in the screening and contact tracing service.
6. US CBP should screen all inbound passengers for key indicators of illness upon arrival.
7. The US government agencies should conduct prompt post arrival contact tracing.
8. Expand the US CPBS globally via a SAFE framework for Pandemics (mirroring the WCO Safe Framework for Goods).

² <https://www.belfercenter.org/publication/lessons-learned-why-united-states-needs-counter-pandemic-border-strategy>

(COR0211)

This report has been presented to the new US Secretary for the Department of Homeland Security, for his consideration.

A UK Counter Pandemic Border Strategy

The UK government published its UK Border 2025 Strategy on 17 December 2020³.

Although the Strategy sets out some key transformations that will be required to build the most effective border in the world it does not focus specifically upon the pandemic, and how the Strategy would mitigate and manage future health risks to the UK. Many of the transformations therein are relevant (for example developing a user-centric approach to border design, capturing and assuring data, and shifting to upstream intervention) - but it does not specify how this would be done with regard to health checks.

In my submission the UK Home Office should now take steps to develop a Counter Pandemic Border Strategy (CPBS) to manage the second and subsequent waves of COVID-19, drawing upon lessons learned in other countries, as a matter of urgency. This strategy would apply to measures to control the importation of further strains of the virus, or indeed other pandemics that may emerge in future.

Recommendations

The UK Border Force is the primary front-line agency for enforcing the protection of public security, public policy, and public health at the UK Border. It needs to remain agile and adaptable to new threats, including threats to national health.

As recommended by Judge Bonner in his report to the Department for Homeland Security in the US, I recommend that the Committee calls upon the Home Office to develop a UK Border Counter Pandemic Strategy which would supplement the UK Border 2025 Strategy as a matter of urgency.

This would focus upon counter pandemic measures at the UK Border. In particular, the strategy should consider the following factors:

1. That the protection of Public Health is a key requirement of the UK Border, alongside the protection of National Security and Public Policy.
2. That the Home Office, the Border Policy Delivery Group, and the Department of Health should establish clear lines of effort between them to implement the UK BCPS.
3. That the UK Border Force should develop a cadre of expertise to deal with current and emerging risks of importation of health risks at the UK Border.
4. The Home Office should develop a comprehensive UK BCPS for the defence of our public health. Threat levels and response mechanisms established "in country" should be translated into similar response levels at the Border. (This is in line with the threat assessment levels established by JTAC for national security, which are already aligned to response levels at our borders).
5. The Home Office should work with international carriers (air, sea, and rail) to include a health credential in existing API / PNR reservation systems which records and verifies health credentials at point of booking and check-in, in the same way as it does for passport and visa data.
6. The Home Office should work with the Department of Health and local authorities to develop new arrangements for the implementation of mandatory quarantine requirements for passengers arriving at UK ports of entry including tests for symptoms, safe and secure

³ <https://www.gov.uk/government/publications/2025-uk-border-strategy>

(COR0211)

transport to designated locations, and the in-country enforcement of mandatory quarantine in tandem with local health and local police authorities.

7. The Home Office and the Department of Health should work with IATA, ICAO, IOM, MPI and WHO to develop a new form of health certificate which would meet internationally approved standards and would certify the health status of all international travellers. This would be in line with Annex 9 of the Chicago Convention and aligned to Doc 9303 on Machine Readable Passports, to enable health credentials to be scanned and incorporated into booking systems for sharing with border agencies worldwide.
8. The Home Office should conduct an urgent review of exit checks to ensure a co-ordinated response between UK Border Force, local police and carrying companies on requirements to check outbound travellers for required permission to travel during periods of higher threat levels, and how this will be enforced in practice.
9. The Home Office should conduct an urgent review on pre boarding / pre-clearance capabilities with international carriers to ensure they comply with requirements to check health credentials prior to boarding. This should build upon the existing international liaison officer (ILO) network and arrangements to work with international partners at key source and transit airports.
10. In line with Border Security best practice, the Home Office should establish a national critical incident command and control infrastructure which can be stood up at short notice to respond to current and emerging health threat levels at the UK Border. This should include regular tests and exercises.

Conclusion

The UK Border Force is the envy of many countries around the world, particularly in its capability to provide safe and secure travel for the vast majority of genuine traffic whilst identifying those that might cause us harm.

This expertise has developed over many years in response to new threats to our national security.

However, the COVID-19 pandemic has raised significant new challenges for Border Agencies around the world, including the UK. Some have been more agile than others at responding to these. As we begin to turn the tide on this virus through an extensive programme of vaccination it will be important for us to learn lessons from responses both here and abroad over the past year, so that we are better prepared for new and emerging health threats at our border in future.

I commend this report to the Committee's attention.

Tony Smith CBE

February 2021.