Written evidence submitted by Dr Andrew Watt (COR0252)

This document is intended as Written Evidence to the Home Affairs Select Committee's Inquiry entitled "Home Office preparedness for Covid-19".

It seeks to direct the Committee's attention to serious failures by the UK Government, including the Home Office, with respect to the use in January 2020[1] of Border Controls to save lives.

Those failures by the UK Government, on the basis of disastrously bad "scientific" advice, has cost the lives of over 100,000 people in the UK.

For reasons explained later in this Written Evidence all those deaths in the UK from Covid-19 were avoidable.

Executive Summary

1. Timely and rigorous use of Border Controls is crucial to saving lives in the presence of a New Disease Risk.
2. The use of an Active Border Policy is, for many types of Novel Infective Agent, the only Public Health tool which has the capability to stop Novel Infective Agents causing deaths, likely on a massive scale.
3. In January 2020 the UK Government tacitly made a disastrous decision to pursue an "Open Border Policy".
4. The effect of that disastrous decision is that over 100,000 people died in the UK from Covid-19 who need not have died!
5. The correct decision, given the characteristics of the SARS-CoV-2 virus and the lack of infrastructure and other preparation to put into place a "Quarantined Border Policy", was to close the UK Border on or shortly after 9th January 2020!
6. The failure to close the UK Border on or shortly after 9th January 2020 cost over 100,000 lives in the UK.
7. In addition, the failure to close the UK Border on or shortly after 9th January 2020 resulted in over £200 billion of Public Money being squandered.
8. When a future New Disease Risk emerges, it is crucially important … indeed a matter of life and death … that the UK Government is in a position to apply a "Decisively Closed Border Policy" in a timely manner.

Introduction

Expressed simply, in January 2020 the UK Government had two broad choices in terms of Border Policy in response to the growing evidence of the seriousness of the New Disease Risk posed by Covid-19:

- Passive Border Policy
- Active Border Policy

When a Passive Border Policy is adopted, reliance is placed on in-country Non-Pharmaceutical Interventions to protect the Public Health.

In principle, two options were available for an Active Border Policy,

[1] The emphasis in this document on UK Government failures in January 2020 should not be interpreted as implying that UK Government failures were limited to January 2020. Very serious failures also occurred in February 2020 and subsequently.

- Decisively Closed Border Policy
- Quarantined Border Policy

The failure by successive UK Governments to make serious preparations for New Disease Risks due to Novel Infective Agents meant that there was no credible foundation in January 2020 on which to implement a Quarantined Border Policy.

The choice for the UK Government, therefore, in January 2020 was between an Active Border Policy (a "Decisively Closed Border Policy") or a Passive Border Policy (an "Open Border Policy").

The UK Government made a disastrous choice which has caused over 100,000 avoidable deaths in the UK from Covid-19 and the squandering of over £200 billion from the Public Finances.

A disastrous policy decision in January 2020

In January 2020 the UK Government made a disastrous policy decision which remains largely unchallenged and unexamined.

The UK Government adopted an "Open Border Policy" with respect to Covid-19 which had the effect of allowing essentially free entry of the SARS-CoV-2 virus into the UK.

The inevitable consequence of allowing free entry into the UK of the SARS-CoV-2 virus, given its key characteristics (discussed later), was that community spread of Covid-19 became established in the UK.

Allowing the SARS-CoV-2 virus to spread freely inside the UK (with minimal exceptions), in turn, resulted in millions of Covid-19 infections in the UK.

Those millions of Covid-19 infections in the UK, in turn, have resulted in over 100,000 deaths in the UK.

All those deaths from Covid-19 were avoidable had the UK Government adopted a "Decisively Closed Border Policy" early enough and applied the policy rigorously and consistently.

In another setting I have referred to the UK Government policy as

- Let it in!
- Let it spread!
- Let it kill!

The best policy option in January 2020

Here I will state the policy option that, as I will explain later in this Written Evidence, would have saved over 100,000 lives in the UK and would have avoided squandering over £200 billion from the United Kingdom's Public Finances.

Assertion: If the United Kingdom had decisively closed its Border on or shortly after 9th January 2020, entry of the SARS-CoV-2 virus into the United Kingdom would have been prevented or stopped. Over a hundred thousand deaths from Covid-19 would have been prevented and the damage to the United Kingdom's Public Finances, measured in hundreds of billions of pounds, would have (to a large extent) been avoided

The initial reaction of Committee members to that assertion may be substantial scepticism, not least since it is contrary to a narrative peddled by the Prime Minister, the Chief Medical Officer and the Chief Scientific Adviser.

In the next few sections of this Written Evidence, I will seek to convince Committee members of the coherence of what might at first sight seem a ridiculous assertion.

Covid-19: In the beginning

It is generally accepted that Covid-19 first emerged as a New Disease Risk in or close to Wuhan probably in November or December 2019.

At that time the SARS-CoV-2 virus was absent from the United Kingdom.

Elementary Epidemiology

The SARS-CoV-2 posed a threat to global (and UK) Public Health because on 1st January 2020,

- There was no population immunity to the SARS-CoV-2 virus
- There was no vaccine against the SARS-CoV-2 virus and
- There was no antiviral known to be effective against the SARS-CoV-2 virus.

In such a situation, the only Public Health measure available to protect the Public Health is Separation of Susceptibles – keeping the population who are susceptible to infection separate from those infected with the SARS-CoV-2 virus.

Broadly, in response to a New Disease Risk originating abroad, there are two approaches to the Separation of Susceptibles:

- Keep the virus out of the country
- Allow the virus into the country and attempt to snuff out outbreaks of SARS-CoV-2 using in-country conventional Non-Pharmaceutical Interventions.

Those options correspond broadly to the Border Policy options outlined in the next section.

Public Health Protection: the three Border Policy options

When a Novel Infective Agent emerges abroad the possibility exists that it will spread internationally and reach the United Kingdom.

There are three broad options available to the UK Government for protecting the Public Health in response to a New Disease Risk:

- Decisively Closed Border Policy
- Quarantined Border Policy
- Open Border Policy

Two of those policies are “Active Border Policies” – the “Decisively Closed Border Policy” and the “Quarantined Border Policy”.

When applied effectively an Active Border Policy excludes the Novel Infective Agent from general circulation in the country.

The “Open Border Policy”, by contrast, is a “Passive Border Policy”.

An “Open Border Policy” allows entry of a Novel Infective Agent, in this case the SARS-CoV-2 virus.

When an “Open Border Policy” is adopted (as it was in January 2020), protection of the Public Health in the UK relies on the assumption that Non-Pharmaceutical Interventions will be adequate to entirely snuff out local outbreaks.

That assumption regarding the effectiveness of Non-Pharmaceutical Interventions depends on the characteristics of the Novel Infective Agent.

In the case of the SARS-CoV-2 virus it was a false assumption.

The UK Public Health system could not prevent community transmission of the SARS-CoV-2 virus becoming established because, given the characteristics of the SARS-CoV-2 virus, Non-Pharmaceutical Interventions predictably failed to prevent community spread of Covid-19.

The correct Border Policy depends on characteristics of the Novel Infective Agent

The correct Border Policy to be implemented in response to a New Disease Risk depends on the characteristics of the Novel Infective Agent.

Three characteristics are particularly important:

- Transmissibility
- Mortality
- Cryptotransmission

Transmissibility and Mortality are, I suggest, self-evident.

Cryptotransmission is hidden transmission. Cryptotransmission includes but is not limited to asymptomatic transmission.

In a letter of 7th December 2020 to the World Health Organisation's Independent Panel for Pandemic Preparedness and Response I set out in some detail a conceptualisation of several factors leading to cryptotransmission.

See

https://coronashock.blogspot.com/2021/01/letter-of-7th-december-2020-to.html

The term "cryptotransmission" encompasses the following elements:

- Asymptomatic transmission – Transmission by infected individuals who have no symptoms
- Paucisymptomatic transmission – Transmission by infected individuals who have minimal symptoms
- Vulgarosymptomatic transmission – Transmission by infected individuals who have common, nonspecific symptoms
- Dysdefinitional transmission – Transmission by infected individuals who do not meet the (likely too narrow) case definition being applied at any point in time by Public Health authorities

Not all of the listed elements may apply with respect to the cryptotransmission of a particular Novel Infective Agent.

A disease with minimal transmission from human to human isn't likely to be a Public Health concern, at least to the extent of requiring an Active Border Policy. An "Open Border Policy" makes sense, not least to avoid the up-front costs of a "Decisively Closed Border Policy" in relation to disruption to travel and trade.

Possible types of Novel Infective Agent

The three important characteristics of a Novel Infective Agent,

- Transmissibility
- Mortality
- Cryptotransmission

can exist in many combinations.

For the purposes of this Written Evidence, I will consider four broad types of Novel Infective Agent:

- "Trivial Sniffle Virus" – This causes zero or minimal mortality. It is unlikely to be of much immediate Public Health significance even if transmits easily from human to human. Any of the four coronaviruses which cause the Common Cold might be considered to belong to this category.
- "Conspicuous Transmission Virus" – Transmission of the virus occurs visibly, for example when characteristic symptoms are prominent. The SARS-CoV virus of 2003 is an example.
- "Significant Cryptotransmission Virus" – Transmission of a novel respiratory virus can be hidden due to several mechanisms. The SARS-CoV-2 virus causing Covid-19 is an example where a significant proportion of infections exhibit cryptotransmission.
- "Perfect Storm Virus" – A high mortality virus which is easily transmissible and which exhibits significant cryptotransmission. Examples of a "Perfect Storm Virus" would include an Avian Influenza virus which transmits efficiently from human to human.

On 31st December 2019, when a cluster of pneumonia of unknown origin was identified in Wuhan any of the four illustrative types of Novel Infective Agent was possible, although the fact that there was a cluster of pneumonia already raised serious doubts about whether the SARS-CoV-2 virus was a "Trivial Sniffle Virus".

In the next few sections I will briefly consider the Border Policy that might best apply to each of the illustrative types of Novel Infective Agent and then consider the choice that the United Kingdom faced in January 2020.

Border Policy – "Trivial Sniffle Virus"

For a Novel Infective Agent that has the characteristics of a "Trivial Sniffle Virus", there is no immediate Public Health imperative to disrupt arrangements at the Border.

The correct policy in response to a "Trivial Sniffle Virus" is an "Open Border Policy".

Border Policy – "Conspicuous Transmission Virus"

For a Novel Infective Agent that is a "Conspicuous Transmission Virus" the choice of Border Policy is not quite so straightforward.

A "Conspicuous Transmission Virus" can kill.

The SARS-CoV of 2003 caused in total about 800 deaths worldwide[2].

The number of people it will kill, if it is allowed freely to enter the UK, depends on its Case Fatality Ratio and how widely it spreads.

A "Conspicuous Transmission Virus" is likely, in principle, to be amenable to control by conventional in-country Non-Pharmaceutical Interventions.

[2] That figure refers to reported deaths. The possibility exists that additional deaths from SARS occurred, particularly in China.

Recognising cases tends to be reliable due to characteristic symptoms. Being able to identify a case allows an "Identify, Test, Trace, Isolate" system to have a high degree of effectiveness in snuffing out any local outbreaks.

If conventional in-country Non-Pharmaceutical Interventions can be implemented effectively the total number of deaths in the UK is likely to be (relatively) small and, with some luck, might be zero.

Because a Conspicuous Transmission Virus is susceptible to an "Identify, Test, Trace, Isolate" system it is likely that incoming travellers to the UK will not arrive in huge numbers, because of (hopefully) effective implementation of Non-Pharmaceutical Interventions in other countries.

Border Policy – "Significant Cryptotransmission Virus"

When we come to a "Significant Cryptotransmission Virus", of which the SARS-CoV-2 virus is an example, the best choice of Border Policy changes markedly.

In contrast to the Passive Border Policy that is clearly appropriate for a "Trivial Sniffle Virus" and is at least defensible for a "Conspicuous Transmission Virus", what is needed for a "Significant Cryptotransmission Virus" is an Active Border Policy.

An Active Border Policy is needed because a Passive Border Policy is likely to be, in effect, a "Mass Deaths Policy"!

A Passive Border Policy, effectively an "Open Border Policy", relies on in-country conventional Non-Pharmaceutical Interventions to protect the Public Health.

There is every likelihood that such Non-Pharmaceutical Interventions won't work well enough with a "Significant Cryptotransmission Virus". More specifically, Non-Pharmaceutical Interventions won't prevent community transmission becoming established.

The Non-Pharmaceutical Intervention often termed "Test and Trace" (better termed "Identify, Test, Trace and Isolate") directs us to the mechanism of the problem.

If a Novel Infective Agent exhibits significant cryptotransmission the "Identify" step of "Identify, Test, Trace and Isolate" the process fails. At least it fails with a significant proportion of infected individuals.

The failure in the "Identify" step means that community transmission of a "Significant Transmission Virus" becomes established, the number of cases increases exponentially and with the increasing number of cases comes an increasing number of deaths.

An "Open Border Policy" in response to a "Significant Cryptotransmission Virus" which also has significant Mortality (of which SARS-CoV-2 is an example) is, in effect, a "Mass Deaths Policy"!

To save lives an Active Border Policy is essential.

As explained earlier, the UK did not have the infrastructure to apply a "Quarantined Border Policy", so the only Active Border Policy available was a "Decisively Closed Border Policy".

To maximise the effectiveness a "Decisively Closed Border Policy" must be put into effect before the Novel Infective Agent enters the UK.

Delaying the implementation of a "Decisively Closed Border Policy" until after the Significant Cryptotransmission virus has entered the UK will save some, perhaps many, lives compared to an "Open Border Policy" but infections which escape detection by the "Identify, Test, Trace and Isolate"

system will allow community transmission to become established, albeit at a lower level than would occur in the presence of an "Open Border Policy".

It is crucial for maximal effectiveness that a "Decisively Closed Border Policy" is implemented before the Novel Infective Agent, the SARS-CoV-2 virus in this case, has entered the UK.

Rapid assessment and decision making by the UK Government and its advisers is crucial.

As stated earlier,

Assertion: If the United Kingdom had decisively closed its Border on or shortly after 9th January 2020, entry of the SARS-CoV-2 virus into the United Kingdom would have been prevented or stopped. Over a hundred thousand deaths from Covid-19 would have been prevented and the damage to the United Kingdom's Public Finances, measured in hundreds of billions of pounds, would have (to a large extent) been avoided

The "Open Border Policy" tacitly adopted by the UK Government in January 2020 in response to the SARS-CoV-2 virus predictably proved to be a "Mass Deaths Policy".

Border Policy – "Perfect Storm Virus"

A "Significant Cryptotransmission Virus" like SARS-CoV-2 is not, by any means, the greatest possible threat to global or national Public Health.

A "Perfect Storm Virus" has the potential to cause deaths in the UK on a scale not seen since the Black Death!

Hypothetical examples of a "Perfect Storm Virus" might be an Avian Influenza Virus which transmits effectively from human to human. Some Avian Influenza Viruses have a Case Fatality Ratio of the order of 50%! Happily, to date no such Avian Influenza virus exists which transmits efficiently from human to human.

The number of deaths, the cost to the Public Finances and the disruption to societal organisation caused by applying an "Open Border Policy" to a New Disease Risk caused by a "Perfect Storm Virus" is terrifying to contemplate.

Should a "Perfect Storm Virus" emerge, timely effective implementation of an Active Border Policy is of critical importance to the United Kingdom's safety.

January 2020 – The choice facing the UK Government

The first consideration of Covid-19 by the UK Government or its advisers appears to have been a discussion between Chris Whitty and Jonathan Van Tam.

Source:

https://healthmedia.blog.gov.uk/2020/04/19/response-to-sunday-times-insight-article/

The same source goes on to indicate that Matt Hancock was informed of what came to be called Covid-19 on 3rd January 2020 and that Boris Johnson was informed on 7th January 2020.

Much of the detail of the process that led to the disastrous "Open Border Policy" is not yet in the public domain.

A Passive Border Policy was adopted, with disastrous results – over 100,000 avoidable deaths and the squandering of over £200 billion of Public Funds!

Having examined such evidence from January 2020 as is in the public domain it seems to me that there are three broad possibilities as to why the disastrous "Open Border Policy" was adopted:

1. The UK Government followed the border policy of the "United Kingdom Influenza Pandemic Preparedness Strategy 2011" which assumed an "Open Border Policy" (although that term was not used). The 2011 document anticipated deaths in the hundreds of thousands. It was known in 2011 that an "Open Border Policy" was, in effect, a "Mass Deaths Policy".
2. The UK Government was heavily influenced by a prejudice of Professor Chris Whitty to the effect that Border Controls (which he refers to as "banning travel") are "absolutely useless".
3. The Prime Minister, no later than 3rd February 2020, instructed his Ministers and their advisers that an Active Border Policy was not acceptable to him for political reasons.

I will briefly consider each of those possibilities.

The "United Kingdom Influenza Pandemic Preparedness Strategy 2011"

The document is located here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf

In Paragraph 4.18 we read,

> "There are no plans to attempt to close borders in the event of an influenza pandemic.".

The adoption of an "Open Border Policy" is assumed. There is no detailed justification for its adoption.

In Paragraph 7.20 of the 2011 document it is acknowledged that the strategy, which assumes an "Open Border Policy" is likely to be followed by around 210,000 – 315,000 deaths.

It was known in 2011 that an "Open Border Policy" could result in hundreds of thousands of deaths from a New Disease Risk.

There seems to be no discussion in the document of alternative (and possibly life-saving) approaches. Nor is there any discussion of the moral or legal issues which apply to such a "Mass Deaths Policy".

For example, there is no discussion of the legal duties imposed on the UK Government by Article 2 of the European Convention of Human Rights.

Professor Chris Whitty's prejudice against Border Controls

Professor Whitty's prejudice against Border Controls was expressed in a lecture given to Gresham College in 2018.

A video of the lecture is here:

https://www.youtube.com/watch?v=rn55z95L1h8

At around 48:30, referring to an influenza pandemic, Professor Whitty said, "A whole bunch of interventions were called for like screening at airports and banning travel which are utterly useless or as close to utterly useless as makes no difference."

In my view Professor Whitty's assertion is both incorrect and very dangerous.

If travel to the UK had been banned on or shortly after 9th January 2020, over a hundred thousand deaths in the UK from Covid-19 could have been avoided.

Did the Prime Minister prohibit an Active Border Policy in January 2020?

On 3rd February 2020, at Greenwich, the Prime Minister gave a speech which included the following statement:

> "And in that context, 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.
>
> And here in Greenwich in the first week of February 2020, I can tell you in all humility that the UK is ready for that role."

It seems to me, allowing for the flamboyant style of Mr. Johnson, that the Prime Minister is saying that the UK refuses to put up barriers at the border in response to perceived dangers from Covid-19.

The context of the Prime Minister's speech strongly suggests, at least to me, that the Prime Minister is saying that he refuses to countenance barriers to trade or travel because of his overarching commitment to "getting Brexit done"!

In other words, Boris Johnson was by 3rd February 2020 refusing to put in place an "Active Border Policy", in practice a "Decisively Closed Border Policy", in order to "get Brexit done".

Detailed questioning of the Prime Minister and his advisers about events in January 2020 can be expected to shed further light on that disturbing interpretation.

However, it is possible that Boris Johnson, in effect, banned Ministers and advisers early in January 2020 from contemplating the benefits of a "Decisively Closed Border Policy" in order to achieve his political objective to "get Brexit done".

In other words, over 100,000 people in the UK have died an avoidable death from Covid-19 to "get Brexit done".

I do not claim such a conclusion is proven, given the present gaps in knowledge about the flow of information and Government decision making in early January 2020.

However, it is clear that by 3rd February 2020 that the Prime Minister was putting an "Open Border Policy" ahead of saving lives.

Practical Objections to a "Decisively Closed Border Policy" on (or shortly after) 9th January 2020

It must be acknowledged that applying a "Decisively Closed Border Policy" on 9th January 2020 would have been controversial, indeed almost certainly hugely controversial.

But, for the reasons explained earlier, it was the only option available to the UK Government to prevent deaths from Covid-19 in the UK.

Given that the SARS-CoV-2 virus is a "Significant Cryptotransmission Virus", adopting in January 2020 an "Open Borders Policy" was predictably deadly.

On 9th January 2020 it was known

- That the outbreak of pneumonia in Wuhan was caused by a previously unknown coronavirus, later termed SARS-CoV-2
- That two recently-emergent coronaviruses, the SARS-CoV and MERS-CoV viruses, had mortalities respectively of the order of 10% and 30%
- That the SARS-CoV-2 virus could kill
- That four of the previously known six coronaviruses known to infect humans exhibited cryptotransmission
- Being a respiratory virus, the SARS-CoV-2 virus was likely rapidly to spread internationally

On 9th January 2020 advisers to the UK Government should, at a minimum, have been thinking seriously about the need to adopt a "Decisively Closed Border Policy".

Over the next few days, evidence accumulated suggesting that the SARS-CoV-2 virus transmitted readily between humans and that significant cryptotransmission was very likely.

The failure of the UK Government to apply a "Decisively Closed Border Policy" on 9th January 2020 was risky (not least because the degree of Cryptotransmission of the SARS-CoV-2 virus was unknown) but, as further evidence about the epidemic in Wuhan and the international spread of the SARS-CoV-2 virus became established, the continuing failure by the UK Government to apply a "Decisively Closed Border Policy" later in January 2020 is indefensible.

The reason(s) for adopting in January 2020, albeit tacitly, an "Open Borders Policy" need(s) to be established:

1. Was it a result of unthinking application of the "Open Borders Policy" present in the UK Influenza Pandemic Preparedness Strategy 2011?
2. Was it a consequence of Professor Whitty's prejudice against Border Controls?
3. Was it a consequence of an instruction from the Prime Minister not to contemplate Border Controls?

The third question, if confirmed by further investigation to be operative, raises immensely important legal and political questions.

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