

Professor Anthony G.M. Barrett – Written evidence (COV0012)

I am Anthony G.M. Barrett, a professor in the Department of Chemistry at Imperial College, London where I am the Sir Derek Barton Professor of Synthetic Chemistry and the Glaxo Professor of Organic Chemistry. I was elected as a Fellow of the Royal Society in 1999 and a Fellow of the Academy of Medical Sciences in 2003. My area of specialisation is in synthetic and cancer medical chemistry and I have published and patented extensively in these areas. I have been a consultant to many companies in the UK, elsewhere in Europe, USA, Canada, Australia, South Africa and in other countries. I have acted as an expert witness on many occasions in many different jurisdictions globally. Furthermore, I am a serial entrepreneur with the founding of biotechnology companies in the USA and UK.

I am writing to you in response to your request for evidence in connection with your enquiry into the science of COVID-19. The opinions in this letter are my personal views and I do not seek to represent or appear to represent the views of Imperial College. I wish to pose several key questions and my responses to those questions and why I have such views.

<p>Should Her Majesty's Government be advised by committees of scientists, mathematicians, engineers and medical professionals?</p>	<p>I have absolutely no doubt that Her Majesty's Government should be so advised.</p>
<p>Does the current membership of SAGE and other COVID-19 committees represent the very best qualified and nationally and internationally renowned individuals?</p>	<p>I was utterly dismayed, when I read the membership of SAGE and other COVID-19 committees. Why are there so few Fellows of the Royal Society, Fellows of the Royal Academy of Engineering, Fellows of the Academy of Medical Sciences and other such august learned bodies amongst the membership? Why are no Nobel Laureates or Fields Medallists included? In my opinion, the UK has far better scientists, mathematicians, engineers and medical professionals to choose from. If the Government wishes to be "led by the science", it should seek advice only from the best.</p>
<p>Why does Her Majesty's Government make decisions such as the lockdown based on non-peer reviewed inadequate epidemiologist modelling with ancient non-validated computer code, when such approaches have a record of being consistently wrong in 2001 (foot and mouth disease), 2002 (variant Creutzfeldt-Jakob disease), 2005 (bird flu) and 2009 (swine flu)?</p>	<p>I am personally horrified that such modellers have had major advisory roles on SAGE or any other Government Committee given the record of appalling divination and the disastrous economic consequences of such advice. If there were better membership of SAGE and other Committees, such inadequate modelling would have been overruled</p>

	by wise scientific counsel. Sadly, there was not, and the unnecessary damage will be of major historic record.
Who selects the membership of SAGE and other key Committees?	I have no idea, but I think this and the reasons for the selection need to be made fully transparent and only the best selected.

At this stage as a cancer medicinal chemist, I note that seriously ill patients with resistant cancers are not being adequately treated on account of the manic focus on COVID-19 and the neglect of far more desperately sick individuals. By way of example, the phase-2 trial with CT7001, a medicine that I invented, has been delayed and critically ill patients are neglected (<https://clinicaltrials.gov/ct2/show/NCT03363893?term=CT7001&draw=2&rank=1>).

I could, perhaps, understand the current draconian measures, if COVID-19 were equivalent to the 1919 Spanish flu epidemic. It most assuredly is not. The current total global deaths attributed to COVID-19 are ca. 542K (<https://www.worldometers.info/coronavirus/>), whereas WHO report that annual deaths from flu may reach 650K (<https://www.who.int/news-room/detail/14-12-2017-up-to-650-000-people-die-of-respiratory-diseases-linked-to-seasonal-flu-each-year>) and the 1957/58 flu pandemic was far worse (>>1M).

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