

## SESSION SEVEN OF THE ALL PARTY PARLIAMENTARY GROUP

### Pandemic Response and Recovery

Monday 18 July 2022, 5.30-6.30pm, Room P, Portcullis House and by Zoom

#### MINUTES

**In Attendance:** Esther McVey MP (Chair), Graham Stringer MP (Co-Chair), Philip Davies MP, Sammy Wilson MP (Vice-Chair), the Earl of Leicester, Sir Christopher Chope MP.

**Non-voting attendees:** Dr Alan Mordue, Prof Lucy Easthope, Dr Robert Craig, Nick Hudson, Dr John Lee, Drusilla Summers, Jemma Moran, Rachel Marcus (Secretariat).

**Apologies:** Emma Lewell-Buck MP (Vice-Chair), Chris Green MP, Sir Graham Brady MP, Miriam Cates MP (Vice-Chair), Dawn Butler MP, Andrew Rosindell MP, Sir Charles Walker MP, Ian Paisley MP, Paul Girvan MP, Baroness Noakes, Baroness Morrissey, Baroness Foster (Vice-Chair), Baroness Fox, Lord Robathan, Greg Smith MP, Henry Smith MP, Lord Moylan.

1. The Chair welcomed the APPG members to the session to discuss Pandemic Planning and the Public Health Act 1984.

2. The Chair introduced the four speakers and the Group heard evidence from each:

**Dr Alan Mordue**, consultant in Public Health Medicine and Epidemiologist (retired) began by explaining Public Health, the speciality that manages infectious disease outbreaks and leads on pandemic planning, is a broad church in which the differences between "experts", officials & specialist trained workforce is not appreciated. Comparing the usual and Covid-19 pandemic responses, he then outlined four suggestions for a future pandemic from a public health specialist perspective. Firstly, to ensure pandemic plans and the response are evidence-based with accurate, proportionate and clear data. The cost and benefits should be assessed across the whole population. Secondly, ensure open debate within the medical and scientific community. Thirdly, allow a breadth of views to be represented on government advisory bodies, to include adequate Public Health trained specialists, to minimise "group-think". Fourthly, government Ministers should have a responsibility to ensure that differing medical and scientific views are fully explored, whenever they become aware of them.

Dr Mordue made clear in his concluding remarks that basic Public Health principles were abandoned. The Covid-19 response was utterly different to the evidence-based pandemic plans, accepted best practice and all previous experience of managing pandemics, the government should not underestimate the numbers of medics and scientists who disagree with the Covid-19 restrictions. Dr Mordue emphasised that open debate is essential to medicine and science and developing the best response and that there is no consensus on Covid-19 response.

**Professor Lucy Easthope**, a leading expert on emergency and recovery planning and author of Sunday Times bestseller *When the Dust Settles*, focussed on the work of emergency planners in relation to public health. Professor Easthope commended Dr Mordue's evidence to the Group and spoke about the importance of the recovery and aftermath of emergencies and in particular ensuring that people's needs are taken into account. Professor Easthope made the point that in the early days of the Covid response there was a denial that there were good, reasonable plans and planning in place. The government threw everything at the covid response which should have involved a public health and disaster planning co-deployment. Existing plans referred to influenza, so it could be that the assumption was the plan was wrong or could not be adapted. She concurred with Dr Mordue's description of how scientific advice got blocked, saying how difficult she found giving contrary scientific advice.

Professor Easthope highlighted the resistance to wider debate on other types of emergencies which prioritised keeping society open. She also highlighted the lack of consideration of long-term harms, such as the impact the vaccine mandate would have on social care and the knock on societal effect at a crucial point in the recovery process. Prof Easthope questioned why the Civil Contingencies Act was not used as the framework and finished with three points: an urgent need to review the way we give scientific advice in emergencies, particularly the qualitative, narrative and humanitarian voices; learning lessons positively; and to support the emergency planners next time to be able to deliver the response very much characterised by Dr Mordue.

**Dr Robert Craig**, expert in constitutional law and Lecturer in Law at University of Bristol began by expressing his deep concern that The Public Health (Control of Disease) Act 1984, the basis for lockdown restrictions in England & Wales, was not meant to be used in this way. He agreed with Prof Easthope that The Civil Contingencies Act 2004 (CCA) should have been used instead, giving some background to the Health and Social Care Act 2008, passed in response to SARS and which amended the 1984 Act but making clear the measures were far outside the scope of these two Acts and circumvented robust political and legal safeguards. Dr Craig highlighted how the long standing constitutional principle of liberty was abandoned despite the 1984 Act being drafted with this in mind and the limits on what the executive could and couldn't do were disregarded, such as only imposing restrictions on those who "may be infected", not the general public.

Dr Craig then spoke about why the CCA would have been the more appropriate Act, explaining its reference to such emergency scenarios and the mechanisms it contains to secure democratic accountability and regular parliamentary approval, highlighting issues such as regulations only being released hours if not minutes before coming into force, poor public understanding of these regulations not helped by media catastrophising and lack of scrutiny and questioning, in part due to the Ofcom guidelines. Dr Craig concluded by impressing upon the Group the need to reform the 1984 Act, revisit the Ofcom Guidelines and use of the CCA as the first port of call in any serious future pandemic.

**Nick Hudson**, actuary and Chairman of PANDA, an international and independent group of professionals scrutinising Covid-19 policy showed the part of a recent presentation prepared by colleagues at PANDA, to demonstrate that in terms of all cause mortality for Canada over the last dozen or so years that there was nothing exceptional going on during covid. Nick showed further slides looking at total deaths per 100,000 population from year to year also demonstrating for 2020 a standard increase in mortality. Nick cited Sweden as the country that disproves that it was masks and lockdown that achieved that, with a slide showing 11 years of mortality on a standardised basis and a completely normal year of mortality, concluding that lockdowns have absolutely no beneficial effect. A scatter pattern plot from May 2020 further showed no relationship between lockdown stringency and actual mortality and referred to the Johns Hopkins recently published meta-analysis of the lockdown based research, finding that lockdown policies are ill founded and should be rejected as a pandemic policy instrument.

Nick pointed out that prior to 2020, no public health guidelines ever mentioned lockdown or quarantine of the healthy, widely regarded as an unfounded policy response that should never be attempted. Epidemiologically, with a disease that involves pronounced age graduated mortality, as with covid, you worsen the situation if you lock down the young and healthy who are at truly negligible risk. Nick cited evidence from early incubation in China, Hungary and Italy and the Diamond Princess. Nick finished by concluding that the policy response to the pandemic was a disaster with far worse outcomes and impact, adding that covid was an example of a deadly policy response and there is a real risk this kind of response, and the idea that we are always on the verge of a deadly outbreak, is becoming entrenched.

3. The Chair opened the question and answer session. A particular point of discussion and concern was the censorship of scientists and medics who challenged the narrative, the government's response and the restrictions, something all the experts highlighted and experienced. The point was made that the current whistle-blowing charter needed bolstering. Future use of the CCA and reform of the PHA was also discussed to ensure lockdown was never again deployed as a public health measure and to safeguard civil liberty.

4. The Group agreed in further discussion that Ofcom guidelines ensured broadcasters supported the censorship and it was time to revisit them or look at ways of safeguarding in the future, what were seen as dissonant medical and scientific voices. Overall it was agreed that a return to tried and tested public health and emergency planning policy and frameworks was vital to prevent such a response happening again.

5. The Chair thanked all the Members who attended and the speakers, confirmed the date of the next meeting, Monday 12 September 2022 and brought the meeting to a close.