

MICHAEL GOVE MP

THE ANDREW MARR SHOW

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Minister for the Cabinet Office

(Rough transcript, check against delivery)

AM: As Minister for the Cabinet Office Michael Gove's been one of the key ministers overseeing the government's strategy of covid-19 and he joins me now. Welcome Mr Gove.

MG: Hi, good morning, Andrew.

AM: The World Health Organisation has laid out new rules before countries unlock their lockdowns, and the crucial one is that every country must be able to detect, test, isolate and treat every case and trace every contact. When will Britain be able to do that?

MG: Well, we're developing an approach towards contact tracing and testing which will mean that we'll be able to test people in the population and also track them through the use of technology. We're working with other countries in order to make sure that we will have the technology that enables us to detect if an individual has been in contact with others, and ensure that appropriate testing is in place. But I think it's appropriate and important to take just one step back. There are a number of things that we need to do in order to be confident that we can relax measures overall. Testing and contact tracing are very important, but we also need to make sure that our NHS capacity is as resilient as it can possibly be. And we also need to make sure that we've already reduced the rate of infection in the population and that the number of deaths is falling and it's only if we can be certain that we have all of those factors in place that we can be confident about relaxing some of the measures that we currently have in place.

AM: Will we be testing in the community, will we be contact tracing, within three weeks?

MG: We are increasing the number of tests. That is the case.

AM: That's not my question, will we be doing it within three weeks?

MG: We will over the course of the next few weeks be in a position to increase the number of tests. We'll have 100,000 tests being conducted by the end of this month. And those tests take a variety of different forms. There are some tests which are there for people who are NHS and other frontline workers who may show symptoms, and we want to make sure that – or who may have family members who may show symptoms – we want to ensure that they're able to work. But it is also the case that we hope to have community testing as well. But I can't give you a precise timescale. We're working as fast as we can in order to ensure that we can increase the number of tests and also develop contact tracing infrastructure.

AM: Now, you say 100,000 tests being carried out every day by the end of this month. The last date for which we've got figures, which was Friday, we managed 21,000. We are miles away and there's less than a fortnight to go. Are you really sure we're going to hit that target?

MG: I am confident that we will. I think it's important to recognise, and I think your question implied that this was so, that there's a difference between the number of tests which could be carried out and the number of tests which are being carried out. We have the capacity to conduct 30,000 tests, we were carrying out fewer than that because it had been the case, for reasons that I think you would understand, that we've been prioritising those people who are NHS workers and social care workers. Now as the capacity increases we can offer that test to more frontline workers. And as you quite rightly pointed out earlier, as we increase that capacity we can also have community testing as well.

AM: And the community testing is absolutely essential before there's any unlocking, which is why again I ask you when do you think we will be doing significant amounts of community testing?

MG: Well, it comes back to an earlier point. The World Health Organisation advice is clear, but it's also the case that there are other countries which are at the moment releasing some aspects of their restrictions without that level of contact tracing yet being in place. We're taking a deliberately cautious and measured approach, guided by the science. When we have the information, when we have the data that allows us confidently to relax those restrictions we will do so. But that data, that information, is not yet in place. As we make progress we will keep you and others updated.

AM: So it's some way off. Can I ask about the NHS app, which would then allow people to chase down, find out who's got the virus and follow their contacts? When will that be ready?

MG: Precisely. It's in beta testing at the moment. One of the things that we want to ensure is that when we start operating at significant scale we want to make sure that it's robust and that it works. It's better to have no app than a bad app, to paraphrase a principle that we've outlined with respect to testing. So we are currently developing it. We're making sure that it's inter-operable with other apps that other countries are developing as well. And again we'll update you and others as to when it's ready, but it's apparently, as I say, in its beta testing stage at the moment.

AM: People will want to know when they can download it, but also will people be obliged to have that app on their phone before they're allowed out of their houses?

MG: Well, understandably people will want to download it. I'm sure that we overwhelming majority of us will want to do so. But again you're inviting me to jump the gun slightly, because it is the case that as we develop the app, as we develop testing and as we develop other principles, we're looking at those in the round in

order to ascertain which areas of the current restrictions can be lifted, and in which way. Because as you'll appreciate, as your viewers will know, it's a complex and it's an interconnected picture. There are some other countries that are relaxing some aspects of their existing restraints, and they're confident that they can do so without prejudice to the overall health of their populations. We're looking at what those countries are doing, we're looking at our own data and evidence, but one of the things that we absolutely will not do is precipitately relax any of the current restrictions before we're confident that we have a scientific picture in the round that allows us to make the right decisions.

AM: But it's clear you've got an awful lot of work still to do before we can talk about a general unlocking. The government's made it clear this morning already that schools are not going to reopen next month. Can I ask you about things like hotels, pubs, restaurants? Are we going to see them reopening before the winter?

MG: Well, I think again – it's entirely understandable that you should ask this question, but we want to make sure that we make a balanced judgement about which restrictions can be relaxed at what time. And you're quite right to say that we've stressed that the reporting in today's newspapers that schools will open on May 11th, that is not true. We have not made that decision. And the other inference that I draw from your question, which is that areas of hospitality will be among the last to exit the lockdown – yes, that is true. They will be among the last. But one of the things that I think it's important to stress is, you talked about a general lockdown. Look, this virus has changed so much. It's a new virus of great potency and lethality, it spreads remarkably fast. We want to ensure that we can get on top of it. We also want to ensure the economic life of the nation, the social life of the nation, can return over time. But even as some restrictions are lifted, the way in which our schools, the way in which our shops and factories operate, will change as a result of what we know about this virus

and what we know about social distancing. And of course we want to make sure that the best scientific advice guides us as we can an approach towards easing these restrictions in the right way, with appropriate safeguards.

AM: So if testing is one way out, and it's clear there's some way to go, to say the least, before we can start to rely on that, the other way is the vaccine, and I was talking to Professor Sarah Gilbert of Oxford earlier in the programme, and what she wants from you is government support to manufacture vaccine at scale before you're absolutely sure that it's safe and working. In other words, you have to take a bit of a risk, a Bill Gates-style gamble to get enough of the vaccine out there so that it can be provided to people, if it works, up and down the country. Both that and a national system of vaccination centres so that everyone can get one. What's your response?

MG: Yes, it's a fair challenge. The first thing to say is that the Business Secretary Alok Sharma, outlined on Friday that we're taking part in an international effort, and it has to be international, to develop vaccines. And there are different labs across the world which are working on complementary vaccines. We don't yet know which one, if any, will work best. But you're also right that there does need to be strong manufacturing capacity here in the UK. An we're exploring a facility at Harwell in Oxfordshire which could be part of a network of manufacturing centres of excellence which can ensure that we can manufacture vaccines at scale. Yes.

AM: And a national network of vaccination centres so everyone will get them?

MG: Well, I think it is the case if we can develop a vaccine, if we know that it's safe and effective, and if can work, then of course we want to have mass vaccination. But one thing that I would counsel is that it is great that we have some of the world's best scientists and some of the UK's outstanding scientists working on a vaccine. We cannot be certain on the timescale when we will

have a vaccine, and it is the case of course that there are some conditions, some diseases for which no vaccine has yet been developed. So you know, the effort that is being devoted to this is critically important. Securing a vaccine would be a significant breakthrough. We are investing in making sure that we can get one as quickly as possible, but I don't think it's the case that anyone should automatically assume that a vaccine is a dead cert to come soon.

AM: All right Mr Gove. Let me ask you about the government's general handling of this overall. I don't know if you saw President Macron of France giving his address to the French people on Monday, but he was very striking in what he said. He said, 'were we prepared for this crisis? On the face of it not enough. Let's be honest. This moment has revealed cracks, shortages. Like you I've seen delays, weaknesses in our logistics. Like every government in the world we've laced gloves, hand jell, we haven't been able to give out as many masks as we wanted to our health professionals.' He was absolutely frank and grown up with the French people. No government is perfect, every government in this new situation has made mistakes. Are you prepared to be as grown up and frank with the British people?

MG: Well I read rather than watched President Macron's address to the French nation, 30 minute address in which he covered a number of things. And yes he acknowledged, as I would acknowledge that this is a new virus and that by definition no one knew, none of us could know quite what was going to be - quite what were going to be the consequences of this virus, because we hadn't seen its like or anything exactly like this, I should say, before. And the point that President Macron made is that countries across the world were having to move at pace in order to deal with this challenge. Now I'd say two things. Yes, of course by definition all government's make mistakes, including our own and we seek to learn and to improve every day. It is the case I'm sure at some point in the future that there will be an opportunity

for us to look back, to reflect and to learn some profound lessons. But at the moment, for me the most important thing to do is to make sure, as President Macron is seeking to do in France, that we improve our response. And it is the case that we had preparations for a pandemic. Those preparations have informed the approach that we have taken and we've adjusted those preparations in the light of scientific advice in order to keep the British people safe.

AM: Now I'm sure you've read the Sunday Times right through about various mistakes that the government have made. Did you feel a kind of embarrassed shuddering of recognition when you read that piece?

MG: No I didn't actually. I said in a previous interview that I thought it was a little off beam, doing an understatement perhaps. Because there are a number of things in that response that are wrong. The characterisation of COBRA is wrong. The points about PP in other areas.

AM: Can I just ask you about that. There were five COBRA meetings during the crucial period when the virus was arriving in January and February. The Sunday Times said the Prime Minister did not attend any of them. Is that true?

MG: He didn't but then he wouldn't because most COBRA meetings don't have the Prime Minister attending them. That is the whole point. The characterisation of COBRA in the Sunday Times report suggesting – suggesting that it always has military staff in there and so on, is not true. COBRA meetings are led by the relevant Secretary of State in the relevant area. As Environment Secretary when we had flooding I would Chair the COBRA on those. It would be the case the Health Secretary would Chair them, but it's also the case that the Health Secretary or whoever is chairing those meetings report to the Prime Minister, the Prime Minister is aware of all of these decisions and takes some of those decisions. The reason that you have COBRA is that you have

appropriate committees that follow through. So you can take a single fact, wrench it out of context, whip it up in order to try to create a j'accuse narrative, but that is not fair reporting.

AM: That's not fair reporting, that's very clear. Can I ask you was it true that we sent 273 thousand pieces of protective equipment to China in February?

MG: We did send protecting equipment to China but I think it's important to stress two things there as well. The first thing is that the personal protective equipment that we sent to China was to help with the most extreme outbreak in Wuhan. That personal protective equipment was not from our pandemic stock and also we've received far more from China in personal protective equipment than we've given. So again, if you take that single fact and say, oh look, we've been running down our stocks, then you create a particular narrative, you create a particular sense and what it doesn't do is it doesn't do justice actually to the fact that the Chinese authorities and the Chinese government have responded very generously to our support by giving us far more personal protective equipment than we gave them. So if you wrench facts out of context in order to create a particular as I say, prosecution case, you can do that, of course you can do that, but it doesn't do justice to the whole story. In particular what I found grotesque, grotesque Andrew, was the idea that our Prime Minister should be portrayed as not caring about this, when anyone who has seen him lead the response to this crisis will know that his focus, his energy, his determination, his passion has been to beat this virus. And that's why I was as I said with a level of doing an understatement a wee bit concerned about it.

AM: Let's jump back to the frontline in that case. Let's talk about those doctors who are still without PPE this weekend or the PPE they feel they need. England is the only country – Scotland and Wales seem to have enough PPE protection, why is England failing when Scotland and Wales are not?

MG: Well again I don't think that's quite right. It is the case that PPE is procured by the UK government in order to help all four nations – or all four parts of the United Kingdom. So the protective equipment that's being used in Wales and Scotland and Northern Ireland will have been sourced by the UK Ambassador in Beijing in order to come here and in order to go those countries. Now it is the case that there's been a higher rate of infection in parts of England than in other parts of the United Kingdom but it's not the case that you can set one part of the United Kingdom against another in that way.

AM: I'm so sorry, we're just running out of time. I'm just wondering why there is a shortage overall. Matt Hancock told us on the 2nd of April 'we do have the supplies. The quantity of the stuff is not a problem in PPE.' And then Susan Hopkins of Public Health England, said 'they had very good pandemic stockpile. The most equipment you could ever need in the world.' And yet we are clearly short of it. It's not just about distribution, it's a shortage of kit, isn't it?

MG: Well, it's a worldwide pressure. I mean we had stocks, we built them up for a flu pandemic, they were augmented by the stocks that we had for a no deal Brexit, but it is the case of course, by definition, that those stocks have drawn down, but we're also getting new PPE equipment that's coming this weekend from Turkey and again the UK Ambassador in Beijing has secured 25 million gowns coming to the UK as well, a joint national effort.

AM: One last area I must ask you about which is business loans. Next week lots and lots of businesses up and down the country are going to go bust. And if you look at the amount of money that was made available, of the £330 billion the government has made available so far through UK Finance, only one billion has actually been picked up by businesses. That is 0.25% and to break that bottleneck many many businesses are saying the government

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must now guarantee 100%, not 80% of those loans. Will you agree to do that?

MG: Well that's a matter for the Chancellor. I absolutely understand and so does he the vital importance of getting that loan finance from the banks to the frontline businesses. There are other things that the government is doing as well alongside this in order to support businesses but we absolutely do want to make sure that loan money is getting out there, and I know that the Chancellor is focused on making sure that we have the most effective way of getting that money out of the door.

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