CATA

Covid Airborne Transmission Alliance

# PRESS RELEASE

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**How much of the £100 million spent by Government on evidence to the COVID-19 Inquiry was actually to cover up decisions which led to avoidable death?**

A team of professionals charged with engaging with the COVID-19 Inquiry on behalf of tens of thousands of healthcare workers is asking whether taxpayers' money has been misdirected in order to cover up for mistakes and bad decisions which were made in the early days of the pandemic and led to hundreds of avoidable deaths and untold suffering through Long Covid. Mistakes which have not been corrected to this day.

The COVID-19 Airborne Transmission Alliance is a group set up to create a collective voice for scientists, professionals and academics highlighting that the NHS refused (and continues to refuse) to accept that COVID-19 is transmitted through an airborne route. The refusal of Government to acknowledge this fact has been the basis of the denial of protection for healthcare workers including adequate ventilation of healthcare premises and sustainable and effective respiratory protective equipment (PPE). Despite signing up to the WHO's pandemic accord, the recently departed Minister responsible for COVID-19, Ashley Dalton MP wrote to the group in 2025 to deny that COVID-19 was known to be transmitted by the airborne route.

Unlike the Inquiry which has cost millions of pounds on legal advice and collating evidence, CATA, which has no funding or resources, has managed through the use of freedom of information requests to identify that the Government and other bodies failed to disclose critical evidence which gave rise to incomplete and misleading accounts of critical decisions to the Inquiry.

"Either public bodies need to learn basic skills on how to search emails and electronic filing systems, or there has been a systematic attempt to rewrite life and death decisions by editing electronic exchanges and forgetting to share critical meeting notes with the Inquiry," says Professor Kevin Bampton, Chair of the Council for Work and Health. "We can't believe

it is coincidental that the accounts given to the Inquiry and the evidence supporting them are missing critical messages and exchanges."

CATA has undertaken a painstaking analysis of two decisive matters relating to the way in which COVID-19 is spread. The first was the decision to declassify COVID-19 as a High Consequence Infectious Disease in March 2020, associated with an inappropriate downgrading of respiratory protection for most healthcare workers at the COVID front line.

The second relates to the conduct of the shadowy 'Infection Prevention and Control Cell' which dictated the implementation of safety for healthcare workers.

David Osborn, a health and safety professional who has worked for five years on a voluntary basis for CATA, explains what the Freedom of Information Requests reveal. "From the Module 3 hearings, we could see that there were inexplicable gaps in the evidence. In some cases, the Inquiry lawyers seemed to see them too. These were about crucial decisions. For example, the IPC Cell wasn't set up to make scientific decisions, but to take advice from specialist bodies. However, experts from Public Health England and the Health and Safety Executive gave clear advice which contradicted the views of the IPC Cell. We have evidence from correspondence that advice was ignored and removed from the record and not disclosed to the inquiry.

"These matters were not about minor issues, but whether thousands of healthcare workers should be provided with respiratory protection or not. The IPC Cell ignored and buried firm, competent advice from experts that they should have this protection and disregarded all representations from professional bodies such as CATA. The result was the UK having the second highest death rate of healthcare workers recorded in the world."

CATA offered their extensive, detailed and evidenced reports to the Inquiry in July 2024 and in March 2026. These prove conclusively that the Inquiry has not been provided with complete evidence and that witnesses have not provided accurate and true accounts. The Inquiry has declined to receive this evidence.

"These are not academic issues, or something from history. We now understand that COVID-19 is a much more insidious disease than 'flu and should not have been treated then or since in the same way. It causes long-term neurological damage, disability and is not stopped by vaccines. It is also costing the NHS millions," says Dr Barry Jones, Chair of CATA. "Infection Prevention and Control experts are supposed to keep us safe as patients in hospitals and to protect the people we rely upon to treat us. However, there is a blind spot in the NHS around any respiratory infection risks. We do not monitor the thousands of people who get infected with respiratory diseases when they are in hospital, nor make any attempt to prevent workers being infected. Meanwhile, COVID-19 is claiming around 50 deaths a week in England and Wales, one in every 200 people dying and many, if not most, people contract it in healthcare settings."

“We wrote to the Inquiry last year to point out that, despite promises, the Government had largely not implemented the recommendations from the Module 1 report in relation to preparedness for the pandemic. We hope the Inquiry, despite having been misled by public bodies on material issues, will make meaningful recommendations and that the Government will take them seriously. However, we are not optimistic.”

The Inquiry has cost £200m, half of which has been on public body evidence responses. CATA has a mixed view on whether it was worth it.

“The Inquiry has made excellent provision for allowing people to tell their stories of those dark days. Many have been harrowing and moving, shining a light on the personal suffering and sacrifice of many. However, state players who have given evidence have not convinced us that they have given the whole “story” or indeed the whole truth. While the Inquiry has been important to raise issues in the public consciousness, it seems to have done little to prick the public conscience. We despair when we read that the current NHS pandemic strategy (NHS England » Framework for managing the response to pandemic diseases) says, “*it will not be possible to halt the spread of a new pandemic virus, and it would be a waste of public health resources and capacity to attempt to do so.*” Clearly, nothing has been learned by the NHS, but hopelessness.”

“Whilst many (in government) would like us to ‘move on’ and forget about the pandemic, healthcare workers are still living with the consequences of bad decisions made, whether that is through their own illness, living with their harrowing memories or feeling mistrust when they go to work knowing that neither they nor their patients are protected” says Ms Kamini Gadhok MBE, Vice Chair of CATA.

CATA will be publishing its assessment of the Inquiry’s Module 3 report once the Inquiry has published on March 19th. Their comprehensive evidence to the Inquiry is to be found at the following links:

- Changes in the Management of COVID-19 (March 2020) : Link
- Independent Investigation into the conduct of the IPC Cell : Link
- Email from CATA to Baroness Hallett and response to CATA : Link

Since the reports reference some documents which are confidential to the Covid Inquiry, CATA has been forced to redact some areas of these reports. If anyone wishes to see the complete, unredacted version they will need to apply to Baroness Hallett via this email: **03ModuleSolicitors@covid19.public-inquiry.uk**. This address may also be used by anyone wishing to make representations to her ladyship that she should accept these reports into evidence and act on their findings.

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