

The BSE Inquiry / Statement No 251

Sir Donald Acheson

(scheduled to give evidence Friday 6th November 1998)

BSE INQUIRY

SIR DONALD ACHESON

Chief Medical Officer

1983 – 1991

WITNESS STATEMENTSTATEMENT

I. INTRODUCTION.

1. I was Chief Medical Officer (CMO) at the Department of Health (DH) from 1 October 1983 until my retirement on 30 September 1991. I overlapped with my predecessor, Sir Henry Yellowlees, during the last three months of 1983. This statement deals with my involvement with the Bovine Spongiform Encephalopathy (BSE) epidemic between 3 March 1988, when I first heard of it in a letter from Mr Derek Andrews, Permanent Secretary of the Ministry of Agriculture, Fisheries and Food (MAFF), and my retirement. (YB 88/3.3/4.1-4.2) As ten years have elapsed since these events my recollection has faded and in relation to some matters may be incomplete. Also as my official diaries and some other papers have unfortunately been destroyed by DH as part of the official 'weeding' process (**Annex A**) (**M39 tab 7**) (see also para 112), I am unable to validate, where not otherwise evidenced, details and dates of a number of meetings I attended or dates when I was away from the office on official visits or leave. Where the Inquiry is interested in documents or meetings to which I do not refer here or requires amplification or clarification of the matters contained herein, I will be happy to assist further to the best of my recollection.

My Own Expertise and Background

2. I am a medical doctor doubly trained as a consultant physician and as a chronic disease epidemiologist. I am currently the Chairman of the International Centre for Health and Society in the Department of Epidemiology and Public Health, UCL, and of the Independent Inquiry into Inequalities in Health recently set up by H.M. Government. I am also President of the Royal Institute of Public Health and of 'Alcohol Concern'.
3. I was born in Belfast, N. Ireland in 1926. I studied Medicine at Oxford and the Middlesex Hospital and qualified as a doctor in January 1951. During the period 1951-1965, in addition to two years military service in the RAF Medical Branch and two years as Radcliffe Travelling Fellow in the USA, I trained as a specialist in internal medicine. I was appointed as a consultant physician with charge of beds at the Radcliffe Infirmary, Oxford in 1965 and subsequently at the Royal South Hants Hospital in 1968, finally relinquishing part-time specialist clinical practice in 1983.

4. My interests in epidemiology and the use of medical records in research developed during my period in the United States in 1958-9. While I was in the Nuffield Department of Medicine at Oxford 1960-68, I founded the Oxford Record Linkage Study and discovered the relationship of cancer of the nasal cavity to dusty work in the furniture and leather shoe making industries. Other research interests have included the relationship of asbestos, man-made mineral fibres and other occupational exposures to cancer, and the world distribution of multiple sclerosis. I have never had any special clinical experience of or have undertaken research into infectious diseases.
5. In 1968 I was appointed Foundation Dean and Professor of Clinical Epidemiology in the new Medical School at Southampton, a post I held for ten years. In 1979 I was invited by the Medical Research Council (MRC) to open a new Research Unit in Environmental Epidemiology. This enabled me to resume my studies of environmental and occupational cancer. In 1983 I resigned to become Chief Medical Officer. Since retiring from the CMO post in 1991, in addition to the posts currently held, mentioned above, I was invited by WHO in June 1992 to set up its humanitarian relief programme in the former Yugoslavia. I served there for the first year of the war opening nine offices (3 in Bosnia) and raising US \$55m. During 1991-1997 I was the first Chairman of the Home Office's Health Advisory Committee for Prisoners.
6. I have chaired the following enquiries for HMG: 'Sterilisation of instruments etc in patients with CJD' 1979; 'Primary Health Care in Inner London' 1981, 'Public Health in England' 1988 and 'Independent Inquiry into Inequalities in Health' 1998. I have Honorary Doctorates at the Universities of Southampton, Aberdeen, Newcastle upon Tyne, Salford, Birmingham, Nottingham, Belfast and Ulster, and was Leon Bernard Foundation Award Winner of the World Health Organisation in 1994. I was a member of the Royal Commission of Environmental Pollution 1979-83, University Grants Committee 1982-3, General Medical Council 1984-91 and the Medical Research Council 1984-91.
7. I have never had any commercial links with the farming community, agriculture or feed, or pharmaceutical industries.
8. In 1978 I was approached by the then CMO, Sir Henry Yellowlees, to chair a Committee investigating the sterilisation of instruments following surgery on patients with Creutzfeldt Jakob Disease (CJD) and other 'slow virus' diseases, as they were then called. I had at that time just stepped down as Dean of the Medical School at Southampton and was Professor of Clinical Epidemiology there. I have little idea now why Sir Henry called on me. Possibly the reason related to the fact we had been close colleagues respectively as Resident and Deputy Resident Medical Officer at the Middlesex Hospital in the early 1950s.³ In 1978 I had neither experience of the

Spongiform Encephalopathies (SEs) nor knowledge of the epidemiology of infectious diseases [letter 18.10.78 Acheson/Evans SVSv1/1 0201], (YB 78/10.18/1.1) although I had already become interested in the epidemiology of an unrelated neurological disorder, 'multiple sclerosis'.

9. Although the 'prion hypothesis' of SEs was not universally accepted at that time, I took away from the work of that Committee firm convictions concerning the tragic nature of this group of diseases and the resistance of the causative agents to the usual sterilising procedures. It was this experience which in March 1988 governed my reaction to the news of the BSE epidemic in cattle. I determined that high priority should be given to discovering whether there were risks of spread to man and to limiting any such risks and I took a close personal interest in developments. A sense of the urgency of the BSE problem continued to guide me throughout the remainder of my period of office as CMO.
10. As a further indication of the importance with which I viewed BSE I made a rare exception to the rule, and thereby I believe broke Civil Service regulations, by deciding to retain a personal file of papers relating to this condition. Unfortunately this file has turned out subsequently to be far from complete but where it contained documents which had been 'weeded' from the papers retained by DH, I have referred to them in this statement, for example, the record of an important meeting held in my office on 11 April 1988 (**Annex B**). (YB 88/04.11/2.1)
11. I also ensured that the topic of BSE was given high priority at meetings with MAFF as can be seen from the minute dated 3 July 1990 from Dr McInnes to Dr Rubery [minute 3.7.90 McInnes/Rubery PEO640 1/1 0066]. (YB 90/07.03/10.1)

The Role of the Chief Medical Officer

12. The Chief Medical Officer is the principal adviser on medical and public health matters, not only to Ministers in the Department of Health but to the Ministers in other government departments and to the Government as a whole. It follows that the field over which the CMO is required to provide advice extends far beyond his own personal professional experience. It is therefore necessary for him to be supported by an extensive advisory machinery. In addition to a number of expert Standing Committees (eg. on vaccination and immunisation, toxicology, air pollution and health, and environmental carcinogens) he has at his disposal a panel of upwards of about eighty personal consultant advisers drawn from the top ranks of the medical profession and covering all the specialities. During the period in question my consultant adviser in microbiology was Sir (then Dr) Joseph Smith, Director of

the Public Health Laboratory Service (PHLS). My advisor in Neurology was Professor David Shaw.

13. Additional Committees are set up to deal with new problems as they emerge. The Southwood, Tyrrell and the Spongiform Encephalopathy Advisory Committee (SEAC) were cases in point. Two other new committees set up in my period of office were the Expert Advisory Committee on AIDS (EAGA) created in 1985 to deal with the AIDS epidemic and the Group on the Medical Aspects of Radiation in the Environment (COMARE) set up following a major incident of pollution of the beach at Sellafield with radioactive material in 1983. When I became CMO in 1983 the prestige of the post built up since it was created in 1858 was such that, without exception, distinguished members of the medical profession and other scientists were prepared to give priority to advising the CMO, and through him Ministers.
14. The term 'Chief Medical Officer' is a misnomer as it implies that the CMO leads a national hierarchy. While the CMO may offer guidance on medical or public health matters to all doctors or to Directors of Public Health, neither he nor his predecessors, at least since 1919, have had a management line or any power of direction to doctors outside the Department of Health. As far as the Medical Officers of Health and their successors, the Directors of Public Health, are concerned, at best CMO may be seen as *primus inter pares*. They are free to accept or reject his advice.
15. The lack of executive powers of the CMO and specifically in respect of the control of outbreaks of infectious disease is exemplified by events during a large outbreak of paratyphoid fever which arose in January 1988 as a result of a meal cooked in Birmingham to celebrate the 40th Anniversary of the Independence of India. In view of the circumstances in which the meal was cooked and served (in a disused factory) and the scale of the outbreak, I (and my consultant advisor Sir Joseph Smith) were concerned about secondary spread. Representations were therefore made to the Local Authority and District Health Authority to consult the PHLS and its CDSC. When this advice was declined, the then Permanent Secretary, Sir Kenneth Stowe, set out to determine whether CMO or DH had powers to insist that PHLS should be consulted. None were found. In my report 'Public Health in England' I recommended that such powers be created. In the event the epidemic subsided without secondary spread. I understand that the question of possible powers being created to deal in future with such a contingency has been considered in relation to a new Public Health

Bill which has been in draft form for some years.

16. The CMO is not accessible to lobbyists or the representatives of commercial interest groups eg. the food industry. At no time during the BSE crisis was I approached by, or did I meet with, any representative of the food or farming industry.
17. During the period in question (1988 - 1991) I had many problems and issues other than BSE to occupy my attention. The Government's plan to re-structure the NHS and the consequent serious disruption of relationships between Ministers and the medical profession was perhaps the most time consuming. Other major topics included the formulation in draft of the first National Strategy for Health together with the creation of a National Health Survey; the reform of the public health system; my work as UK representative at WHO in Geneva; the introduction of the national breast screening programme and advice to the Prime Minister on neutron therapy for cancer.

The Structure of the Department of Health

18. From the creation of the Ministry of Health in 1919 until after I left in 1991 the structure of the Department consisted of two matching parallel hierarchies of medical and administrative staff. While the Permanent Secretary was responsible for the Department overall, the administrative staff reported to the Permanent Secretary and the medical and scientific staff reported to the Chief Medical Officer. As the person managerially accountable for the medical staff, the CMO was therefore able to address his responsibility for the quality of the medical advice within the Department of Health. Since the subsequent integration of the Department, which I understand has left the CMO with hardly any staff for whom he is managerially accountable, it is difficult to see how this responsibility can be discharged effectively or indeed how he could successfully insist, against opposition, on any necessary changes to address new problems or emergencies (see **Annex C**). (**M39 tab 8**) This is, I believe, a unique penalty for a person working at this level of responsibility, whether in the public or the private sector and risks compromising the independence of the CMO which is so important to the protection of and improvement of health in this country. Such was my view as long ago as 1990 in an earlier and unsuccessful attempt to integrate the parallel hierarchies, as can be seen from my letter to Dr R Alderslade dated 24 July 1990 which comments on the report *Scrutiny of Medical Divisions: emerging findings* [**letter 24.7.90 Acheson/Alderslade PEO695/2 0251**]. (**YB 90/07.24/9.1-9.6**) I understand that there may be changes in the staffing structure to support the new Chief Medical Officer, Dr Liam Donaldson, who has recently taken over from Sir Kenneth Calman.

The Role of Others Within the Department of Health

19. Within the system of parallel hierarchies I have described, as CMO I headed the medical hierarchy which, when taken as a whole, was expected by 'networking' with outside experts in the NHS, Research Councils, WHO, the academic sector and elsewhere to provide advice across the whole field of medical science and public health. All medical staff were accountable to a more senior officer usually in the grade above them and ultimately to myself. The career grade comprised the 'senior medical officers' (Grade 5). These doctors were each given an area of expertise eg. child health, food safety, psychiatry, toxicology, geriatrics. Within their allocated field they were expected to keep abreast of developments through reading the medical literature, attending scientific meetings etc and to liaise with the key figures (including my consultant advisers) in the medical profession in their area. In each area the medical staff were expected to integrate their work closely with the relevant administrative staff. On the whole the system worked well. When I needed advice in a particular field I would have a meeting which almost invariably included both the medical and administrative members of the team in question or be supplied with a jointly prepared briefing in writing.
20. For most of the relevant period the administrative hierarchy was headed by the Permanent Secretary (Grade 1), Sir Christopher France, who was also responsible for the Department as a whole. He was assisted on matters of health policy by Mr Strachan Heppell (Grade 2), an official of outstanding quality who worked closely with me on most of the key areas, including BSE, during my period in office. The Permanent Secretary himself was not generally involved directly in policy advice on medical or scientific matters although he was kept in touch by copies of papers and correspondence and at regular meetings with myself. He was, for me, also a highly valued counsellor and source of advice on a wide range of issues including the political and inter-departmental aspects of the BSE problem. From my point of view it was a harmonious and constructive relationship and I have no recollection of a major difference of opinion with him.
21. In view of the importance I ascribed to BSE I sought to put together as strong a team as possible to deal with it. Dr Hilary Pickles, a Principal Medical Officer (PMO), was selected by me to have the professional lead on BSE in DH and served in this role from March 1988 until my retirement. Her strong scientific background and credibility together with her record of success in tackling the AIDS crisis, and her remarkable energy and capacity for work made her an ideal candidate. Initially when she became scientific secretary of Southwood she reported to me through Dr E Harris and after his retirement in 1989 she reported through Dr Jeremy Metters.

22. Dr Metters also made a notable contribution to BSE. His attributes were in many ways complementary to those of Dr Pickles. Having trained originally as an obstetrician and gynaecologist, he had been a career medical civil servant for many years. While keeping well abreast of the scientific issues underlying BSE, he had in addition a grasp of the Whitehall bureaucratic machine, rare for a doctor, which I found invaluable. He is also diplomatic.
23. In May 1990 Mr Thomas Murray, another highly competent official who I personally knew to have played a key role in the AIDS crisis as Secretary of EAGA, joined the BSE team. He took over from Dr Pickles as Administrative Secretary to SEAC.

The Flow of Information about BSE

24. The key officials who I remember keeping me in touch about BSE developments were Drs Pickles and Metters and from July 1990 also Mr Murray. When papers on BSE, as with other topics, were submitted to me I would note the information provided. If I disagreed with any steps being taken or advice given I would seek a meeting with the team of officials (including both doctors and administrators) and agree a course of action with them.
25. When I was required to give advice on BSE to Ministers, the public, or to others this was always based on documentation and briefings provided by the medical and administrative officials mentioned above taking account of the views of the relevant expert advisors. If I felt it necessary, as was sometimes the case, I would in addition, if time permitted, seek the personal advice of the Chairman of SEAC or of SEAC as a whole and on occasion (eg in relation to BSE and vaccines) from my consultant adviser in microbiology, Sir Joseph Smith.
26. During 1988 and part of 1989 Sir Richard Southwood was my adviser on BSE. He was consulted as necessary. After he stood down at his own request, when he became Vice Chancellor of Oxford University in 1989, he was replaced in this role by Dr David Tyrrell who continued to advise me until my retirement in September 1991. I also received the output of the Tyrrell Research Committee and later SEAC.
27. In addition to the arrangements outlined above there were regular inter-departmental meetings with MAFF which were attended, amongst others, by the Permanent

Secretary of MAFF, Mr (and later Sir) Derek Andrews, and often the Chief Veterinary Officer (CVO). When necessary I also had meetings with Mr Andrews specifically about BSE. According to the documents available to me now, during my period of office BSE was discussed at interdepartmental meetings on 2 December 1988, 20 February 1989, (YB 89/02.20/3.1-3.3) 31 July 1989 (YB 89/7.31/1.1-1.4), 16 October 1989 (YB 89/10.16/2.1-2.3) (at which I was introduced to the new MAFF Minister), 3 November 1989, (YB 89/11.3/4.1-4.3) 22 February 1990 (YB 90/2.22/8.1-8.11), 22 June 1990, (YB 90/6.22/1.1-1.3) 3 July 1990 (YB 90/7.3/10.1), 27 July 1990 (YB 90/7.27/5.1-5.3), 7 December 1990 (YB 90/12.7/2.1-2.8) and 19 April 1991 (YB 91/4.19/4.1-4.4) (although not all of the Minutes of these meetings are now to be found amongst the papers supplied to me by DH). I also attended weekly meetings of all Permanent Secretaries across Government under the Chairmanship of the Cabinet Secretary. At a more informal level I was kept in touch with developments, as and when necessary, by 'next steps' meetings with Dr Pickles and Dr Metters and their administrative colleagues (for example, Mr Cunningham) including, after he joined the team in July 1990, Mr Murray. So far no notes of these latter meetings have been found amongst the papers supplied to me by the Department although their existence is referred to, for example, in a minute which sets out an agenda for one such meeting in May 1990 [minute 21.5.90 McInnes/Metters DCMO2/1 0196]. (YB 90/05.21/13.1) This minute also notes the need for a further meeting 'before July'. On occasion I also corresponded with the CVO, for example about the export of MBM, and Mr Andrews, for example in connection with the Chairmanship and membership of SEAC.

The Medicines Division

28. The issues relating to the possible contamination of licensed medicaments such as vaccines by material of bovine origin were dealt with by the Medicines Division within DH in a way slightly different to the rest of the Department. This was because the Medicines Division and its advisory Committees such as the Committee on Safety of Medicines under the provisions of the Medicines Act 1968 worked to the 'Medicines Commission'. The conditions of strict commercial confidentiality required under that Act did not permit Dr Gerald Jones, as medical Head of Medicines Division, to share details with me. Furthermore, although the medical staff of the Medicines Division were in theory accountable to me, in practice quite properly there was also a strong line of accountability to the Medicines Commission. Nevertheless the concerns expressed by the Southwood Committee, although requiring the collection of a wide range of information not previously available centrally,

were to the best of my knowledge dealt with expeditiously.

The Role of Ministers

29. All Departmental policies were set by Ministers and the business of the Department was distributed between Ministers. All major concerns or issues in respect of BSE, as in the case of all other areas of my work in DH, were reported to Ministers and where these required action, such as the appointment of external members to advisory committees, such action was first approved by Ministers. Where the issue involved DH Ministers, eg. in respect of the research supremo, the setting up of Southwood and SEAC and my public statements about BSE, Ministers were given the opportunity to approve/disapprove or comment on the proposed measures. In my time as CMO, BSE from memory came within the responsibilities of the Parliamentary Under-Secretary of the day and it was to him or her that I directed my advice, copying it to the Secretary of State's office. In relation to matters involving MAFF my views were made known to MAFF (eg. in relation to the export of MBM) at the level of Permanent Secretary during the meetings referred to in paragraph 27 above or directly in correspondence.

My Private Office

30. My 'Private Office' which dealt with my correspondence, papers and appointments was run by a Private Secretary (Grade 5) who was always a Senior Medical Officer (SMO), assisted by an Executive Officer and two Clerks. The turnover of the office was immense, equalling in scale that of a junior Minister and the material put before me was inevitably selected.

The Role of the Press Office

31. The Press Office, under the direction of Ms Romola Christopherson, acted as the interface between the Department on the one hand and the public and the mass media on the other. During my period as CMO the public's interest in health matters was immense and in most weeks the Press cuttings in relation to DH and its work (or DHSS before it was split into two departments) were more extensive than for all other Government Departments in Whitehall combined. During my period in office starting with the AIDS 'crisis' I was asked to undertake a great deal of work on television and radio which Ministers did not wish to undertake themselves. Most of my work with the mass media involved either warnings (eg. powdered milk formula containing salmonella, hazelnut yoghurt containing

botulism) or advice and reassurance (eg. the way HIV was and was not passed on or what to do during an influenza epidemic). I had not been trained for this work and found it increasingly stressful and burdensome as (due, ironically, to some success on my part), Ministers seemed more and more frequently to request me to deal with it. With one exception, in a different context (the safety of eggs), Ministers never sought to influence statements in any way.

32. With very few exceptions my media appearances resulted from urgent requests made at short notice ie. 'bids' by TV or Radio (or for interviews with journalists) channelled and filtered through the Press Office requiring an expert response to public concern. Such appearances invariably occurred as a result of a request to me by Ms Christopherson or her colleagues and with the approval of Ministers. All interviews were conducted after briefing from the appropriate expert officials. As a rule they were based on a written statement issued concurrently to the Journalists concerned together with additional background written briefing. As part of the preparation, a list of questions I was likely to be asked was also composed together with the answers ('Q and A' briefing). A Press Officer was available to advise and was invariably present at the interview. During the period 1985 to her departure to become lead Press Officer and Director of Public Relations at PHLS, Mrs Christine Murphy gave me professional advice and was always present at interviews and TV appearances. Subsequent to her departure in September 1989, there was unfortunately no comparable fixed arrangement and the quality of the advice available to me deteriorated due to lack of continuity.

33. Sometimes the pressure on me to appear on the media (via the Press Office) was immense. In an extreme case there might be anything up to ten different 'bids' from TV/radio channels on a single day. If Ministers did not wish to appear there was usually no alternative to my agreeing to do it myself. Indeed one of the recommendations contained in the Report of the Agriculture Select Committee in July 1990 (at para 75) was that the Department have a more systematic way of dealing with media scares than having to rely upon the CMO in a 'fire-fighting' role [**minute 12.7.90 Pickles/CMO BSE16/3 0020**]. (YB 90/07.12/25.1) Due to the unexpected nature of many of these events eg the recent 'BSE in sheep' issue, forward planning, while a laudable idea, is difficult to implement on every occasion.

The Relationship between DH and MAFF

34. The eradication of BSE and the promotion of food safety should have been interests held in common and fostered equally by both Departments and yet in spite of the regular interdepartmental meetings, in ways I find it difficult to analyse in retrospect, it seemed to be a cause of tension between us. On viewing the papers I find that in respect of BSE the main points of contention between us were as follows:

- the delay in telling me about the epidemic in cattle for at least six months after its possible risks to health seem to have been acknowledged by MAFF
- the initial decision to limit the payment of compensation to farmers for animals with symptoms of BSE to only 50% (later increased to 100%) thereby probably at least in theory increasing the likelihood of entry of material from diseased cattle to the food chain
- the delays in implementation of the Tyrrell Committee's priority starred research programme to determine the characteristics of the BSE prion vis à vis those of scrapie
- the export of potentially infected animal feed to other countries
- delay in providing peer review for Mr Wilesmith's work
- resistance to setting up a committee on animal feeding practices in intensive agriculture.

Taken together these events seem to suggest that MAFF had a different perception of the potential implications of BSE to health at home and abroad than I did. In addition MAFF appeared to be unnecessarily secretive at times. For example, the failure to inform DH about or to invite DH officials to an important international scientific meeting about BSE organised at the Central Veterinary Laboratory (CVL) in March 1990, including the failure to pass on its conclusions, seems difficult to justify [minute 6.4.90 Pickles/Bradley BSE11/2/102]. YB 90/4.6/2.1) These difficulties may partly be explained by a perception within MAFF, which I sometimes sensed, that there was a 'conflict of interest' between their role as sponsors of the food industry and their responsibility for aspects of food safety. Nevertheless, in practical terms, there was an effective and business-like working relationship between DH and MAFF as is manifested by the regular meetings and correspondence between us during 1988 - 1991.

35. The background of relationships during previous issues relating to food safety also has to be taken into account. In relation to the human hazard due to salmonella enteritidis in chickens and eggs, the then Health Minister, Mrs Edwina Currie, had unfortunately made an extempore statement on radio without a written brief and against advice. In it she said that 'most of the egg production of this country is sadly infected with salmonella'. Within a few days the price of eggs fell precipitately. I was called upon by Ministers to make an amending public statement to restore

public confidence. This, which included drafting full page advertisements for the daily newspapers, I proceeded to do, preparing a carefully balanced text pointing out the limited risks particularly to vulnerable people due to foods containing uncooked or lightly cooked eggs eg. in mayonnaise or eggnog (see **Annex D**). (M39 tab 11) However a junior Minister in MAFF sent for me and put intense pressure on me to make a less carefully qualified statement about the safety of eggs. Bearing in mind that there were several thousand cases of food poisoning annually due to infected eggs and some deaths, I was not prepared to do this. I sought the support of my Secretary of State, Mr Kenneth Clarke, and the pressure from MAFF stopped [letter 9.10.2 Acheson/France PEO640 1/1 0234]. (M39 tab 11)

Public Health in England

36. Following a reorganisation of the NHS in 1974 the historic posts of Medical Officer of Health in the Local Authorities, which had been in decline since the establishment of the NHS in 1948, were abolished. Those incumbents who did not retire took up posts within the NHS as 'community physicians', often with additional duties relating to the administration of hospitals and their medical staff. With the introduction of general management in the NHS in 1984 following the Griffiths Report, many of the community physicians saw their future as general managers rather than as fulfilling the public health role of their predecessors. As Professor Holland has written in his recent book 'Public Health the Vision and the Challenge',¹ this development brought to a climax the 'period of turmoil' and uncertainty for 'community physicians' which had begun in 1974. A weak link with the local authority in respect of the control of communicable disease was retained by 'medical officers of environmental health'. The shortcomings of these posts, often part-time and offering no clear career path, became apparent in the Reports of Public Inquiries following two serious epidemics in the 1980s, of salmonellosis (Stanley Royd Hospital) and legionellosis (Stafford DGH). In 1986 in the light of the criticisms expressed in these two reports, the Secretary of State for Health, Mr Norman Fowler, decided to set up an Inquiry into 'the future development of the public health function' under my Chairmanship. The evidence submitted to this Inquiry confirmed that uncertainties about the role of specialists in community medicine were widespread and were matched by inadequate arrangements for the control of communicable disease. Morale was poor and the specialty had no clear view whether its role was in public health or in management within the NHS.

37. The report ² recommended sweeping changes.(M39 tab 5) It was published in

¹ "Public Health The Vision and the Challenge". Walter W Holland and Susie Stewart. The Nuffield Trust 1997. Ch.5 pp126-143

² "Public Health in England": an Inquiry in the Public Health Function 1988. HMSO Chair Sir Donald Acheson

January 1988, accepted by Ministers and laid before Parliament in July 1988. Among its recommendations were the proposals, first, that a new group of medical specialists called 'Consultants in Communicable Disease Control' (CsCDC) be created to work with local authorities and local district health authorities to deal with the prevention and control of communicable disease. Secondly, that the Faculty of Community Medicine should reorient its activities towards public health and become known as the Faculty of Public Health Medicine. Also Directors of Public Health should be appointed in each Health Authority and should publish annual reports on the health of the population, as had their predecessors the Medical Officers of Health.

38. Instructions for the implementation of the Report were set out in a Health Circular and Local Authority circular circulated in December 1988 (**HC(88)64; HC(FP)(88)31; LAC(88)22**). (**YB 88/12.00/1.1-1.6**) These circulars required that by 30 June 1989 District Health Authorities should have produced proposals for consideration by Regional Health Authorities, eg concerning the appointment of a Director of Public Health and revised arrangements for prevention and control of communicable disease. The parallel responsibilities for Regional Health Authorities were by 31 December 1989 to report on the appointment of a Regional Director of Public Health and on District proposals, and to submit transitional plans for the control of communicable disease together with a 'manpower plan' for community physicians (in future to be known as consultants in public health medicine).
39. In the light of the instructions in these circulars it is clear that 1989 and 1990 was a transitional period in the development of the public health function. The Faculty of Community Medicine, having considered the report, decided to adopt public health not medical management as its mantle and changed its name to the Faculty of Public Health Medicine in November 1989. The prior state of the specialty of community medicine described above, the uncertainties prior to the Government's acceptance of the Report at the end of July 1988 and the necessary training and settling down period during implementation in 1989 and 1990 are, I believe, sufficient to explain the absence of the appointment of a public health specialist on the Southwood Working Party or indeed as a foundation member of SEAC. As far as SEAC is concerned, an opportunity emerged to appoint two medically qualified scientists in addition to Dr Tyrrell in the summer of 1989. One place was filled by a neurologist and I decided that the best qualified person to fill the 'public health' slot was Sir Joseph Smith, Director of the PHLS. This appointment was unfortunately not taken up (see para 93). There would have been no question of getting agreement for a third medical appointment, for example, a Director of Public Health, at that time.

Role of the Public Health Laboratory Service (PHLS) Including the Communicable Disease Surveillance Centre (CDSC)

40. Although I had ensured that I had representatives of both PHLS and CDSC present at my crucial first meeting on 17 March 1988 the subsequent lack of involvement of the CDSC in the epidemiological surveillance of BSE has been the subject of criticism. There were two reasons for this. The first was that the BSE epidemic in cattle was already the subject of investigation at the Central Veterinary Laboratory Service (CVL) at Weybridge and the CDSC had no previous experience of nor indeed any responsibility for the surveillance and epidemiology of diseases in animals. Secondly, it had been decided that to monitor possible spread of BSE to man (the 'worst case scenario' mentioned at the interdepartmental meeting on 11 April 1988 - see para 47) Professor Bryan Matthews' Register of Spongiform Encephalopathies in man should be reactivated in Edinburgh and that his colleague Dr Will, supported by epidemiological and statistical input from Dr (later Professor) Peter Smith at the LSHTM, should be given responsibility for monitoring the future incidence of SE cases in man. This decision had the advantage that it capitalized on the established reputation and experience of Professor Matthews' team which already had links with neurologists throughout Britain and who had already published peer-reviewed reports on their Register in the scientific literature (for example, *Will, Matthews, Smith et al. A retrospective study of Creutzfeldt-Jakob disease in England and Wales 1970 - 1979 II: epidemiology, Journal of Neurology, Neurosurgery and Psychiatry* 1986;49:749-755). (J/NNP/49/749) It also guaranteed continuity in diagnostic criteria, which is crucial if reliable estimates of the trend of incidence over time were to be made (see also para 62). The formal decision not to involve CDSC was taken at the PHLS accountability review meeting on 12 December 1989 and communicated to the Director of the Service by Dr Pickles in February 1990. (YB 90/2.1/5.1-5.3) This line was accepted by the PHLS at its Board meeting on 26 April 1990. (YB 90/4.26/1.1-1.7)
41. These decisions were not taken on the basis of any reservations about the competence of the CDSC but because in this instance there seemed at the time no good reason to disturb existing arrangements. In general during my period as CMO I regarded the support and further development of CDSC as a high priority. When I came into office in 1983 the CDSC was a small and relatively new organisation which I regarded as seriously under-resourced. I therefore advised Ministers that it required major expansion and substantial tranches of additional funds were found for it in connection with the monitoring of the HIV/AIDS epidemic and during the salmonellosis and listeriosis epidemics. Later (by which time I was no longer CMO), when called to give evidence at an evaluation of the work of PHLS/CDSC, I took the view that a possible role for the

CDSC/PHLS in relation to SEs should be reconsidered.

II. MY INVOLVEMENT IN THE BSE EPIDEMIC

A. MARCH 1988 - SEPTEMBER 1991

I am Notified of the BSE Epidemic

42. I first heard of the BSE epidemic in a letter from Mr Derek Andrews, the then Permanent Secretary of the Ministry of Agriculture (MAFF), dated 3 March 1988 [letter 3.3.88 Andrews/Acheson BSE9/1 0345]. (YB 88/3.3/8.1-8.2) He sought my advice on the possible human health implications of the disease. In a document of the same date, I received independent information about the epidemic in relation to discussions Dr E Harris, one of my DCMOs, had had with the CVO and colleagues in MAFF's Veterinary Service [minute 3.3.88 Dawson/Walford BSE10/1 0286]. (YB 88/3.3/7.1)
43. MAFF's hypothesis was that BSE had probably been introduced into cattle through feedingstuffs derived from animal carcasses (meat and bone meal), and in particular the carcasses of sheep suffering from scrapie. My view was that although the 'virus' had probably already got into the food chain, if we were dealing with the scrapie agent which had now begun to affect cattle, we could be somewhat reassured by the fact that there was no evidence that scrapie had affected man by the oral route despite the ingestion of scrapie-infected sheep for at least a century [minute 7.3.88 CMO's PS/Walford BSE10/1 0285]. (YB 88/3.7/5.1) On the other hand, there was insufficient scientific evidence to dismiss the possibility of a risk to human health through occupational exposure, the use of bovine sourced biological products or the food chain. Having decided that the matter should be given high priority, I took the matter in hand personally. I called for a meeting of officials from DH, MAFF and the PHLS to be organised as soon as possible to consider what actions were necessary to protect human health. I followed this up with a second meeting on 11 April at which the Permanent Secretary of MAFF, Mr Andrews, was present, and also informed the Cabinet Secretary Sir Robin Butler (Annex E). (YB 88/04.20/4.1)

44. In the meantime I was advised that the CVO was considering the introduction of a slaughter and incineration programme to stop affected cattle from continuing to enter the food chain [minute 7.3.88 Dawson/Murrell BSE10/1 0283] . (YB 88/3.7/6.1-6.2)
45. The first interdepartmental meeting took place on 17 March 1988 in DH under my Chairmanship and was attended by Mr Cruickshank, then Under Secretary, Animal Health at MAFF, Dr Watson from CVL, Dr Joan Davies and Dr S Galbraith respectively from PHLS and CDSC and officials from DH [Note of Meeting BSE9/1 0348]. (YB 88/03.17/8.1) I set out three possible approaches: (1) that BSE was not something about which we need be concerned so we need not take any action; (2) that BSE was something about which we should be sufficiently concerned to take expert advice on what steps, if any, should be taken; and (3) that BSE was such a threat to human health that there should be immediate recommendations for action. Views were sought from those present and it was agreed that Ministers should be advised immediately to authorise the setting up of an expert scientific committee to identify any necessary steps to protect the health of the public. Accordingly I submitted such advice to the Minister of Health on 21 March (Annex F). (YB 88/03.21/1.1-1.2) My submission explained the background of the spongiform encephalopathies as a group and the stage the epidemic had then reached. It also stated that some comfort could be drawn from the fact that a similar disease in sheep prevalent for at least a century had not transmitted to man. I nevertheless recommended, in view of the acknowledged uncertainties concerning what was a new manifestation of this group of viruses, that an expert working party should be set up jointly with MAFF. Its objective would be to advise whether there was a risk to man and if so what preventative action should be taken. I put forward the name of Sir Richard Southwood FRS, Professor of Zoology at Oxford, an ecologist of international distinction as a possible chairman, and to save time advised him informally that he might be called upon.
46. Sir Richard's experience as an ecologist was particularly relevant to a situation which probably involved interspecies spread from sheep to cattle. However my choice of him was based not only on his reputation as a scientist but on my personal knowledge of his breadth of vision and skills as Chairman when I sat as a member of the Royal Commission on Environmental Pollution under his Chairmanship in the early 1980s. I was also anxious that the Working Party was, and would be seen to be, independent of both Departments and I was confident from my knowledge of him that Sir Richard would ensure this was so. He and I agreed that in view of the need to formulate advice as soon as possible a compact committee, which could be got together quickly and which would consult externally as appropriate, was

indicated.

47. The second meeting, which I both organised and chaired, took place in my room at DH on 11 April 1988. It was at a higher level, and included Mr Andrews and Mr S Heppell, Deputy Secretary (Policy) DH. At this meeting I asked that 'the worst case scenarios' should be considered. These scenarios were, respectively on the veterinary side, transmission from infected animals 'vertically' from dam to calf and 'horizontally' to other members of the herd; and in respect of human health, transmission either through milk or beef brain. I fortunately kept a copy of my personal note of the meeting, which is attached at **Annex B. (YB 88/04.11/2.1)** The official record has not so far been found.
48. I advised the Cabinet Secretary, Sir Robin Butler, that Ministers had now agreed that an expert working party be set up and I provided him with a copy of my submission of 21 March by letter dated 20 April 1988. (**YB 88/04.20/4.1 ; YB 88/03.21/1.1-1.2**) This ensured that all Government Departments, including the Scottish, Welsh and Northern Ireland Offices, would be informed.

Setting Up the Southwood Working Party

49. By 21 April, Sir Richard Southwood had agreed to chair the new committee and following further discussions with MAFF and Sir Richard, it was agreed that Sir John (now Lord) Walton, Professor A Epstein FRS, and Dr W Martin would be invited to sit as the three other members. All three accepted. Sir John Walton had worked on CJD, was the author of the standard British text on Clinical Neurology, and as the doyen of British neurology was in a position to call on advice in that field as necessary. Professor Epstein, as discoverer of the 'Epstein-Barr' virus was the most distinguished British virologist of his generation. The fourth member, Dr W Martin, was recommended by MAFF as a veterinary scientist of distinction. Although not personally known to me, he had been the Scientific Director of the Moredun Research Institute in Edinburgh which was involved in experimental work on scrapie in the 1970s. More recently he had been the Chair of a Working Party reviewing research into farm animal disease. He was also a member of the Medicines Commission. I felt that this Committee would have the confidence of the Royal Society as well as of Ministers, the Research Councils and the medical profession. I also suggested that Professor Bryan Matthews, the acknowledged British expert on SEs in man who had been a member of the 'slow virus' committee which I had chaired in 1979, might assist, although he had retired. It was decided that he would not be a member but as he lived in Oxford, where three of the

members were based, he would be consulted informally when necessary.

The Southwood Secretariat

50. It was agreed with MAFF that the Secretariat to the Working Party would be provided jointly. I chose Dr Hilary Pickles to act as Secretary on behalf of the Department because of her strong scientific credentials and the outstanding work she had carried out in relation to the AIDS epidemic. The fact that I appointed a Grade 4 to this role, rather than Grade 5 which would have been more usual, is further evidence of the importance I attached to BSE.
51. On 19 May 1988 I met with Sir Richard Southwood and Mr Andrews [**Minutes 23.5.88 Strang BSE9/1 0324**]. (YB 88/05.23/4.1-4.3) I asked that the Working Party provide advice as soon as possible on whether there were immediate steps which should be taken to safeguard human health and specifically to consider the chances of the agent being transmitted to man through meat, offal or milk (and to pets through pet food). I also asked for advice on possible risks inherent in using bovine material in the preparation of biologicals. MAFF confirmed that they were going ahead with proposals to make BSE notifiable and to ban the use of meat and bone meal in feed for ruminants. These measures were formally announced by way of a press release on 1 June 1988.. On 19 May 1988 I met with Sir Richard Southwood and Mr Andrews [**Minutes 23.5.88 Strang BSE9/1 0324**]. (YB 88/05.23/4.1-4.3) I asked that the Working Party provide advice as soon as possible on whether there were immediate steps which should be taken to safeguard human health and specifically to consider the chances of the agent being transmitted to man through meat, offal or milk (and to pets through pet food). I also asked for advice on possible risks inherent in using bovine material in the preparation of biologicals. MAFF confirmed that they were going ahead with proposals to make BSE notifiable and to ban the use of meat and bone meal in feed for ruminants. These measures were formally announced by way of a press release on 1 June 1988. (YB 88/6.1/1.1)
52. Later on 19 May Sir Richard was introduced to the Working Party Secretariat and the Observers. A list of questions was given to the Secretariat so that answers to these could be provided to the Working Party at their first meeting on 20 June. (YB 88/5.19/1.1 ; YB 88/5.20/3.1-3.3) Although I raised general issues relating to public health for discussion by the Working Party, as mentioned in para 51 above, I cannot now remember if any of the specific questions were prepared by me. Later on

19 May Sir Richard was introduced to the Working Party Secretariat and the Observers. A list of questions was given to the Secretariat so that answers to these could be provided to the Working Party at their first meeting on 20 June. Although I raised general issues relating to public health for discussion by the Working Party, as mentioned in para 51 above, I cannot now remember if any of the specific questions were prepared by me.

53. Although the Southwood Working Party did not conclude its final report until early 1989, it is to be commended for the way it adapted the usual method of working of such committees to the urgency of the situation. Thus it conveyed its recommendations in letters to MAFF and DH as they were agreed, thereby ensuring that, where practicable, implementation took place immediately. The first recommendations were made following the June meeting and reached me soon afterwards by letter dated 21 June 1988 [**letter 21.6.88 Southwood/Andrews BSE9/1 0275**]. (YB 88/06.21/12.1-12.2) I passed these with a strong endorsement onto the Minister for Health on 29 June [**minute 29.6.88 CMO/MS(H) BSE10/1 0263**]. (YB 88/06.29/11.1)
54. Discussion took place with MAFF regarding the Working Party's fourth recommendation, namely that arrangements should be put in hand to ensure that the carcasses of infective animals did not enter the food chain, eg by incinerating them. The introduction of a slaughter and compensation policy was announced by MAFF shortly afterwards. I expressed concern to Mr Andrews that the proposed level of compensation was too low at 50% and might lead to under-reporting [**letter 8.7.88 Andrews/Acheson BSE8/1 0249**]. (YB 88/7.8/4.1) MAFF disagreed.

Setting up the Tyrrell Research Committee

55. MAFF and DH agreed in July 1998 to implement the Working Party's first recommendation, namely that an expert working party be set up to advise on the research on BSE already in progress and any further research projects which were required [**letter 8.7.88 Andrews/Acheson BSE8/1 0249**]. (YB 88/7.8/4.1) I therefore entered into correspondence with Mr Andrews and Sir Richard Southwood about suitable members. Names were passed backwards and forwards and Mr Andrews discussed the matter with Sir Richard by telephone. By November 1988, Dr David Tyrrell FRS, who as a member of the Committee for Dangerous Pathogens had helped me on the 1979 Committee on Sterilisation Procedures and was well versed in SEs, had informally agreed to act as Chair. Bearing in mind that at that time the risk of spread to man was regarded as remote, I was particularly gratified that, supported by Sir Richard Southwood, I had eventually secured agreement that the Chair should be taken by a distinguished medical virologist such as Dr Tyrrell, rather than by a veterinary scientist, as had been₂₀proposed initially by MAFF [**letter 16.9.88**

Andrews/Acheson BSE8/1 0238]. (YB 88/09.16/8.1-8.2) Dr Tyrrell confirmed his acceptance formally once MAFF had agreed my amendment to their suggested terms of reference. This amendment was to extend item (c) from 'priorities for initiating specific experiments' to the more general formula, 'priorities for future relevant research' [**attachment to letter 3.11.88 Andrews/Acheson BSE8/1 0236 & attachment to minute 22.11.88 Pickles/Metters BSE8/1 0232]. (YB 88/11.3/12.1-12.3 ; YB 88/11.22/2.1-2.2)** Dr Watson, Professor John Bourne, Dr Kimberlin and, at my suggestion, Dr Will (the neurologist who later reinstituted Professor Bryan Matthews' CJD monitoring study) were later invited and agreed to sit as members of the new committee, with AFRC approval. The MRC were invited to send an observer and nominated Dr K Levy. The first meeting of the Research Committee took place in March 1989 shortly after the publication in February of the Southwood Report.

56. At the end of August 1988, Sir Richard wrote to me concerning the use of bovine serum and other bovine-sourced biological products. **(YB 88/8.30/3.1)** This letter was passed on to the Head of Medicines Division, Dr Gerald Jones, via Dr Harris and I replied personally in October that a considered view on the whole area should be available to the Working Party by late November. **(YB 88/10.06/1.1)** Professor Asscher, Chair of the Committee on the Safety of Medicines, later advised the Working Party that the CSM had considered the problems posed by BSE **(YB 88/11.24/5.1)** and further correspondence between Sir Richard on behalf of the Working Party and Professor Asscher was copied to me. **(YB 88/12.7/1.1 :YB 88/12.23/1.1-1.2 :YB 89/1.26/1.1-1.2)**
57. The second meeting of the Southwood Working Party took place on 10 November 1988. Dr Pickles reported their discussions to me. **(YB 88/11.11/1.1-1.2)** In particular, I was advised that MAFF had said that there was evidence that there was minimal evasion of the slaughter and compensation scheme in spite of the compensation being fixed at 50% and that new information on the aetiology of BSE supported the hypothesis that BSE was related to scrapie - from both of which I drew at least some reassurance. The Working Party had endorsed the CVO's recommendation to dispose of milk from affected cattle.
58. The third meeting of the Southwood Working Party took place on 16 December 1988. Dr Pickles reported the discussions to me. In particular, she informed me that Sir Richard Southwood had presented the Working Party and the Secretariat with a first draft of his general conclusions [**attachment to minute 19.12.88 Pickles/McInnes BSE10/1 0251]. (YB 88/12.19/1.1-1.5 at 1.5)** Sir Richard's view was that it would be prudent to change current agricultural practice so that animal protein was not fed to herbivores. This echoed the opinion that I had expressed to Mr Andrews on a closely related topic in my letter of 6 June₂₁ 1988 [**letter 6.6.88 Acheson/Andrews**

BSE13/1 0214], (YB 88/06.06/7.1) namely that the unphysiological practice of feeding animal material to poultry would have to be stopped sooner or later to avoid the risk of micro-organisms crossing the species barrier. Later when these conclusions were published in the Southwood Report, I drew them specifically to the attention of the Secretary of State (and see later para 109).

The Southwood Report

59. The report of the Southwood Working Party was finalised at its last meeting on 3 February 1989. I submitted the Report to the Minister of Health on 9 February and endorsed it as a 'thorough study of the problem with sound and balanced conclusions'[minute 9.2.89 CMO/SofS BSE9/1 0097]. (YB 89/2.9/5.1-5.4) The Report concluded that the risk to humans from BSE was remote.
60. Publication of the report was then slightly delayed by investigations and interdepartmental discussions in relation to the recommendation that manufacturers should avoid the use of offal and thymus in baby foods. It turned out that neither was in fact used in baby foods and it was agreed that no direct action was therefore necessary. As a precaution, however, MAFF announced that they proposed to issue regulations to ensure that manufacturers did not so use either of them in the future.
61. On 14 February 1989 I attended a Ministers' meeting with a number of other DH and MAFF officials and Sir Richard Southwood to discuss the recommendations of the Southwood Report and the timing and handling of its publication. (YB 89/02.14/5.1-5.3) MAFF advised us that they would be seeking advice from independent experts in relation to the monitoring of the offspring of affected animals to ensure what they were doing was technically sound.

Addressing the Worst Case Scenario

62. It will be noted that I had organised an interdepartmental meeting to address the worst case scenarios on 11 April 1988 within five weeks of my first notification of BSE in March. A key recommendation of the Southwood Report addressed one of the two worst case scenarios then identified, namely the emergence of cases of SE in man related to BSE. The recommendation advised the setting up of a monitoring programme to identify and investigate all future cases of CJD and related conditions. I accepted this advice and, having reported the need to set up such a programme to Ministers at the pre-publication meeting on 14 February 1989, I wrote on 24 February to the President of the Association of Neurologists, Professor David Shaw, sending him a copy of the Southwood Report.(YB 89/02.24/5.1) He immediately offered the support of his members. I had intended to write to all neurologists

nationwide but on further consideration I decided that as these conditions are rare and require special resources to diagnose with certainty, it would be better to make use of existing expertise by re-instituting the register which Professor Matthews, the acknowledged national expert, had created and which had lapsed on his retirement. I was advised that Dr R Will, Professor Matthews' junior colleague, had already prepared a research protocol for discussion by the new Tyrrell Research Committee. There was a debate about whether the study should be funded by DH or the MRC. Because from personal experience I knew that the MRC's procedures were somewhat lengthy in the interests of comprehensive evaluation, I believed that it should be funded, at least initially in the interests of speed, by the Department of Health. There was also some doubt that the MRC would agree to fund a project of this nature. Accordingly Dr Will's research protocol was submitted for consideration by our Research Division and was duly accepted. The study commenced on 1 May 1990 and is still continuing. Bearing in mind that in spite of the cases of nvCJD there has so far not been any significant increase in the national incidence of CJD as a whole, I consider that the existence of the CJD monitoring unit with its meticulous clinical review of every potential case according to standard criteria has probably led to the identification of nvCJD earlier than otherwise would have been the case (see also para 40). Examination statistically of the year on year total numbers of cases of CJD would have found no trend.

63. Dr Pickles advised me in February 1989 that she was still concerned about the safety of bovine-based vaccines and I wrote to Dr Harris, Dr Gerald Jones' line manager, to ensure that the matter was looked into urgently by the Medicines Division [**minute 9.2.89 Acheson/Harris DCMO1/16 0002**]. (YB 89/02.09/7.1) I was advised later in February 1989 by the Medicines Division that at a meeting on 23 February the CSM had concluded that the risk to man of infection via medicinal products was remote (YB 89/2.23/6.1-6.11) This conclusion had been reached after consultation with its sub-committees and after consideration of the views expressed at a meeting of invited experts and attendees from DH and MAFF on 22 February. (YB 89/2.22/11.1-11.8) However, I was also advised that by way of precautionary measures a special working party to provide advice on BSE and medicines was to be established and that the CSM and Veterinary Products Committee had agreed joint guidelines preventing or limiting the future use of material of bovine origin by the manufacturers of human and veterinary medicines [**minute 23.2.89 Hagger/McInnes BSE13/1 0150**]. (YB 89/2.23/6.1-6.4) I received an update on 5 June [**minute 5.6.89 Hagger/McInnes BSE4/1 0264**] (YB 89/6.5/3.1) on progress being made in investigating the extent to which animal materials were being used. I understood that the industry had begun sourcing its bovine products overseas in any event, for example, by taking material from Australia and New Zealand. I said later in evidence to the Agriculture Select Committee (IBD Vol 1 tab 7) in June 1990: *'In February 1989 the Committee on the Safety of Medicines made a public statement at the same time as the publication*

of the Southwood Report...that the risk to man from [existing] medicinal products of bovine origin, which includes injectables, was remote on theoretical grounds ...'. I also said that in the interests of prudence 'the CSM decided that in future we should remove from medicinal products any bovine material that might have come from infected animals. Guidelines were issued in March 1989 These are still operative'.

Export of Meat and Bone Meal

64. In February 1989 Dr Pickles raised with me the issue of the continued export of meat and bone meal (MBM) [**minute 6.2.89 Pickles/McInnes BSE11/2 0243**]. (YB 89/02.06/6.1) She advised me that the volume of trade was likely to increase now its use was curtailed in the UK. The Southwood Working Party had not felt it necessary to comment on the issue in its report but Dr Pickles and I agreed that this matter should be taken further. MAFF were not persuaded by Dr Pickles that exported MBM should be labelled as unfit for feeding to ruminants so I raised the matter with the CVO personally. It was discussed again at an interdepartmental meeting of Permanent Secretaries on 3 November 1989 which I attended. (YB 89/11.03/4.1-4.3) On this occasion MAFF stated that countries continuing to import ruminant protein were aware of BSE and only used such material for pig and poultry feed. In January 1990 I raised the issue again with MAFF, this time in correspondence [**letter 3.1.90 Acheson/Meldrum BSE11/2 0208**]. (YB 90/1.03/1.1) I was advised by the CVO that MAFF had already taken up the matter at EC level and were currently advocating a Community-wide ban on the feeding of MBM to ruminants. He assured me that he would shortly be writing to his counterparts in all member countries to ensure that the matter had been brought to their attention [**letter 9.2.90 Meldrum/Acheson BSE11/1 0205**]. (YB 90/02.09/10.1-10.2)
65. At another meeting of the Permanent Secretaries of MAFF and DH and the CVO at DH on 22 February 1990 I raised the matter again, particularly in relation to labelling the material as unfit to be fed to herbivores [**Minutes 27.2.90 PEO640 1/1 0078-88**]. (YB 90/02.22/8.1-8.11) CVO said that he was certain that other countries were now fully aware of the situation in the UK but that they were to be left to make their own decisions. He said that MAFF did not wish to introduce a ban on exports since the UK continued to feed MBM to pigs and poultry. This in itself was a matter of some concern to me (see paragraph 58) but as it fell more within the area of responsibility of MAFF than DH, I decided reluctantly to let the matter rest.
66. As CMO I had six monthly meetings with my counterparts within the EU. Although notes of these informal meetings were not kept, I have a clear recollection of raising BSE, including the issue of the export of MBM, on two occasions. The minute sent to me by Dr Pickles on 6 February 1989 (YB 89/02.06/3.1) indicates that BSE was already on the agenda for the next₂₄ meeting and suggests that I would have raised

the topic of MBM at that time; I have a clear recollection of so doing. My letter of 1 November 1989 to Dr M Di Gennaro, my colleague from Italy, concerning the SBO is further evidence that BSE had been recently discussed at such a meeting in Dublin although the letter does not specifically mention MBM. (YB 89/11.01/8.1) At the meeting of the WHO Regional Committee for Europe held in Copenhagen in September 1998, which I attended, I met Dr M Di Gennaro again, for the first time since 1991. She confirms that BSE was discussed both at the Dublin meeting in October 1989 and subsequently at the Paris meeting in the spring of 1990.

67. Later, in July 1990, MAFF raised the possibility of labelling animal foodstuffs and Dr Metters advised again that we would support such labelling particularly when such foodstuffs were going for export.

The Richmond Committee

68. In April 1989, I became aware that it was proposed that the recently formed Committee on Food Safety chaired by Sir Mark Richmond might consider various issues relating to BSE. I advised [minute 30.4.89 CMO/Walford BSE4/1 0327] (YB 89/4.30/1.1) that as the Southwood Report had been published only three months previously, it was premature to reopen the matter unless there were very good reasons (ie new developments) to do so. In the absence of those it would imply a lack of confidence in the Working Party's conclusions if the Richmond Committee were to consider BSE. This was not, in my view, warranted. The matter was raised again at the interdepartmental Permanent Secretaries' meeting on 31 July 1989 (which I did not attend) as Sir Mark Richmond had asked whether he should be looking at the topic in committee, although he was not anxious to do so [Minutes 4.8.89 P Phillips PEO564/1 0049]. (YB 89/07.31/1.1-1.4) MAFF and DH (represented by Sir Christopher France, Dr Diana Walford and Ms Dora Pease) agreed that this was not appropriate given the composition of the Committee and also that Government action should continue to be based on the advice from the Southwood Working Party which had been created for that purpose.

The Specified Offals Ban (SBO)

69. On 24 May 1989 one of my regular internal 'next steps' meeting took place at which a decision was reached that a ban on the use of bovine offal or thymus in all foods

would not be recommended [**minute 31.5.89 Cunningham/Pickles DCMO2/1 0126**]. (YB 89/5.31/4.1) The following day an article published in the Guardian newspaper suggested that MAFF was in fact proposing to introduce such a ban. There had been no interdepartmental discussion of this proposal. I brought this to the attention of the Minister, Mr Freeman, and advised that the matter should be considered by both departments before any decision was reached. MAFF denied that the newspaper story was true. At the beginning of June I was alerted by Dr Metters (YB 89/6.7/6.1-6.3) to the fact that MAFF were now officially proposing to ban offal in all foods for human consumption because of increasing public pressure and he attended two meetings with the MAFF Minister and MAFF officials on my behalf on 6 and 7 June 1989. (YB 89/6.7/1.1-1.2 : YB 89/6.7/2.1-2.2 : YB 89/6.7/6.1-6.3) The Southwood Report had not recommended such a ban and so at my suggestion he first sought the advice of Sir Richard Southwood and Dr Tyrrell who both confirmed that there was no new scientific data to support a ban. The Minister was aware of the views of our expert advisers but wished to bring in the ban nevertheless. Although there was a conflict of view with my expert advisers, the new controls came entirely within MAFF's domain so I did not resist the ban and, with one 'caveat', supported it as an additional protection for human health without any apparent balancing disadvantage.

70. My 'caveat' related to concern that an announcement of the SBO in advance of the anticipated reassurance concerning the safety of vaccines from the CSM might lead to a marked and unwarranted decline in the uptake of vaccines in children. I had in mind a marked and extended previous reduction in the acceptance of whooping cough vaccine which had followed incorrect public allegations by a scientist that the administration of the vaccine carried a significant risk of encephalitis. On the one hand I was aware that during the period 1980-1988, due to incomplete vaccination of our population of children, there had been 123 deaths from measles and 50 from whooping cough in England, together with a many times larger burden of illness and some long-term complications. Against this I had to balance a remote risk of a fatal disease. A warning was given to Ministers to this effect [**minute 7.6.89 Metters/Goldhill BSE4/1 0267**] (YB 89/6.7/6.1-6.3) but in the event although the announcement was not delayed as I wished, it fortunately did not provoke an anti-vaccine scare.³

³ Deaths from measles and whooping cough 1980-88 ONS Reports.

71. The consultation process on the proposed SBO ban began and correspondence passed between the CVO and Dr Metters on the bovine offals that were to be specified in the ban. I was advised by Dr Pickles in November 1989 that the ban would not extend to offal from calves under 6 months. My own view [minute 8.11.89 McInnes/Pickles BSE4/1 0077] (YB 89/11.08/9.1) was that this exclusion was not desirable as scrapie was known to pass by vertical transmission; the fact that calves under 6 months would have been born after the ruminant feed ban was in place was not in itself sufficient reason to make such an exception. Dr Pickles later provided me with further justification for the exclusion of calf offal [minute 14.11.89 Pickles/Smales BSE4/1 0057] (YB 89/11.14/4.1) which I accepted. By this time the Secretary of State had co-signed the regulations and they came into force on 13 November.

Enforcement of the Specified Offals Ban

72. I am now aware that MAFF later accepted, after my retirement from the post of CMO, that the offal ban had not been, and was not being, enforced rigorously. As far as I am aware, I was not advised of any concerns in this regard during my time in office. Indeed, Dr Metters was advised at the meeting with the MAFF Minister on 6 June 1989 that the removal of offals at the slaughterhouse would be the most practicable solution and would obviate any difficulties in enforcing the ban [Minutes 7.6.89 Stagg]. (YB 89/6.7/7.1-7.2) As late as 27 November 1995, my successor was advised to make a statement that since the introduction of the SBO in 1989 there had been only a very remote risk to man, based solely on rare accidental failure to remove small amounts of one of the specified offals, the 'spinal cord'. (YB 95/11.28/4.1-4.4) In other words, at that time the implementation of the SBO was still thought to have been otherwise complete since 1989. The advice given by SEAC between 1989 and 1991 was based, as can be clearly deduced from the Minutes, on the assumption that an effective ban was in place. The statements by Mr Gummer, Minister for Agriculture, on 15 May 1990 indicate that he also believed that an effective ban of the SBOs was in place on that date (Annex G: 185/90; INF 3/90) (YB 90/05.15/14.1-14.2 ; YB 90/05.15/15.1-15.8) and in the case of the former of the two statements he was advising Parliament accordingly in unequivocal terms in answer to a Parliamentary Question that the public were 'fully protected' by action including the removal of specified offals. The further statement by the Minister on 17 May (Annex G: FSD19/90 (YB 90/05.17/11.1-11.3) on the safety of beef confirmed that '*any cattle entering the slaughter house ha[d] the specified offals which could harbour the agent removed*', thus indicating again his belief, presumably on the basis of briefing by MAFF officials, that the offal ban was effectively implemented at that time.

73. In November 1990 the Government published its Response to the Fifth Report of the Select Committee on Agriculture. **(IBD Vol 1 tab 10)** In view of my personal role (eg the CMO was mentioned in para 35) I saw this Response in both draft and in the final version. The Response reports on the outcome of SEAC's visits to abattoirs (requested by the Select Committee) to determine whether slaughtering practice 'ensured that possibly infected brain and spinal cord material does not contaminate muscle tissue destined for human consumption'. Paragraph 9 of the Response sets out SEAC's conclusion, namely that 'providing that the rules relating to slaughtering practices are followed and properly supervised, there is no need on consumer protection grounds to propose further measures'. This Response, which was of course agreed by MAFF, did not give rise to any intimation then or subsequently in my time that these procedures were not being followed or properly supervised. This once again confirmed my view that I had no ground for concern in this regard.
74. Although the Department had a close interest in the enforcement of policy agreed jointly with MAFF, as was confirmed by the Whetnall Report (1989), responsibility for the enforcement of the SBO ban lay with MAFF. In 1989 – 1991, day to day enforcement in slaughterhouses was the task of local authority Environmental Health Departments and the enforcement of BSE control measures was built on these arrangements. The enforcement arrangements came under the general oversight of the MAFF State Veterinary Service regional network which, I believe, was accountable to the CVO. MAFF also provided advice to local authorities on this topic. As far as I can recollect, DH had no control over, nor responsibility for, the MAFF inspectorate, from whom we did not receive reports. My views on the enforcement of the SBO ban were based on those of SEAC and, as I have said above, were also shared by MAFF Ministers in unequivocal terms. In other words, as early as May 1990, within six months of its implementation, I understood there to be effective enforcement of the ban.

Tyrrell Research Committee Report

75. I received a copy of the interim report of the Tyrrell Research Committee in June 1989 and submitted it to the Secretary of State on 13 June [minute 13.6.89 CMO/SofS BSE14.1 0211].(YB 89/6.13/10.1-10.2) The Report recommended an extensive research programme, almost exclusively under the aegis of MAFF

and the Research Councils, and also raised the question of the future of the group.

I was advised by Mr Andrews that he had asked for further information on the research currently taking place within MAFF so that a decision could be reached on how to proceed with prioritising, costing and funding the projects recommended by the Committee [letter 20.6.89 Andrews/Acheson BSE8/1 0080]. (YB 89/6.20/9.1-9.2) Publication of the Report was delayed while this work continued through 1989 but those bodies who needed to act on its recommendations, such as the Research Councils, were given access to pre-publication copies. Mr Andrews also suggested that we meet with Dr Tyrrell to discuss the research identified and the future of the group. This meeting was arranged for August 1989 but had to be cancelled as Dr Tyrrell was unwell.

76. The Tyrrell Research Report was published in January 1990 and MAFF concurrently announced an increase in funds for research into BSE. On 26 January [minute 26.1.90 Pickles/McInnes BSE10/2 0215] (YB 90/1.26/5.1—5.2) Dr Pickles provided me with an update on new research relevant to BSE so I could satisfy myself that the scientific basis for our advice to ministers that the risk to human health was remote remained the same. I noted particularly that there was still no evidence of vertical transmission, from dam to calf [minute 31.1.90 McInnes/Pickles BSE11/2 0227]. (YB 90/01.31/12.1)
77. In February 1990 MAFF decided, with Treasury approval, to increase the level of compensation paid to farmers with affected cattle from 50% to 100% of the average market price. As I have already commented, I had been concerned about the implications of the 50% compensation level on the notification rate since before its introduction in August 1988. DH Ministers indicated their support for this change.

Setting Up the Spongiform Encephalopathy Advisory Committee (SEAC)

78. It was agreed at an interdepartmental meeting of Permanent Secretaries on 3 November 1989 (YB 89/11.03/4.1-4.3) that a small group was needed to monitor and advise on BSE to follow up the work of the Southwood Working Party and the Tyrrell Research Committee and that I would sound out Sir Richard Southwood to establish whether he was prepared to continue as my advisor. He expressed concern to me about his ability to keep up to date with matters relating to BSE due to pressure of other work. He recommended that DH and MAFF form a standing committee to provide expert advice and suggested that we invite Dr David Tyrrell to act as Chair [minute 29.11.89 CMO/Pickles BSE107/1 0241]. (YB

89/11.29/4.1) Accordingly I wrote to Mr Andrews on 5 January 1990 suggesting that we establish a group chaired by Dr Tyrrell, not only to advise both Departments on coordination of research but also to provide expert advice as required on all matters related to BSE. **(YB 90/1.5/4.1-4.3)** This approach and the draft terms of reference I had put forward were agreed by MAFF. We later also agreed that all the existing members of the Research Committee would be invited to sit on the new group save that a virologist, Professor Fred Brown, would be invited to sit in place of Professor John Bourne, the Director of the Animal Health Institute. Dr Pickles continued to act as scientific secretary. The setting up of the new Committee was announced by the MAFF Minister on 3 April 1990. **(YB 90/3.27/2.1-2.2)**

Breeding from Offspring of Affected Cattle

79. MAFF had agreed that any new initiatives should be considered first by the new expert committee, SEAC. However, before SEAC's first meeting on 1 May 1990, news reached DH that MAFF were preparing to offer new advice to farmers relating to breeding from the offspring of affected cattle without consulting the Committee. This was not desirable in my view, as would have been a departure from our practice of acting in accord with independent expert advice and it would also have implied a lack of confidence in the new group. I therefore passed on Dr Pickles' submission setting out our advice that MAFF's announcement should be deferred to Ministers, endorsing her view that I should raise the matter with Mr Andrews and the CVO [**minute 2.4.90 Pickles/McInnes BSE13/3 0157 and my manuscript note**]. **(YB 90/04.02/7.1-7.10)** This was agreed and Dr Metters spoke to the CVO, who was not receptive. Dr Metters and I then discussed the matter further and my advice was passed on to Ministers for action, if agreed [**minute 11.4.90 Metters/Baxter BSE13/3 0148**]. **(YB 90/4.11/3.1)** Correspondence ensued at Ministerial level and on 18 May I heard that MAFF had agreed to delay issuing any advice until SEAC had met [**minute 18.4.90 Metters/McInnes BSE11/2 0095**]. **(YB 90/4.18/1.1)** SEAC later advised that there was no scientific basis for banning the breeding of cattle and provided written advice to this effect in July 1990. My personal view at the time was that, provided they could be identified, the offspring of affected cattle should not be used for breeding because of the possibility that the BSE agent would act like scrapie in this respect. I was however content that DH should follow the advice of the advisory committee who had far more expertise than I in this matter.

Feline Spongiform Encephalopathy (FSE)

80. I heard of the first recorded case of FSE in a report from Dr Pickles dated 9 May 1990 [**minute 9.5.90 Pickles/Baxter BSE23.1 0289**]. **(YB 90/5.9/2.1-2.4)** Although I was aware that scrapie₃₀ material had transmitted to mink I

nevertheless remained deeply concerned about the possible implications of a further transpecies 'jump' of BSE. On the basis of the information in Dr Pickles' report and her second report dated 10 May [minute 10.5.90 Pickles/Metters BSE23/1 0284], (YB 90/5.10/4.1-4.2) it was not immediately clear whether this represented a new disease, possibly caused by BSE infected pet food, or was a naturally occurring case of SE, previously unrecognised in cats. In either case it was important to get expert advice as soon as possible. I therefore gave instructions that although the first meeting of SEAC had just occurred and a second had been arranged for 2 July, an additional emergency meeting must be called. The first practicable date was 17 May. It was my earnest hope that I would not have to make a public statement on the significance of the case of FSE before having the advantage of the advice of SEAC on that date.

81. Unfortunately Press coverage over the ensuing weekend and on Monday 14 May resulted in a rapidly escalating panic, particularly within educational authorities and within the NHS. On 15 May concern appeared to escalate even further and both MAFF and DH issued public statements. Dr Tyrrell, who was on holiday, was consulted by telephone and it was arranged that he would come into the DH on the following day, in other words a day prior to the emergency meeting arranged for 17 May. He was content with a draft PQ which took the following line [minute 15.5.90 Pickles/Baxter BSE15/1 0121-2]:- (YB 90/05.15/6.1-6.2)

'The new committee (SEAC) has recently reviewed new information about BSE and current control measures and concurred with the opinions given in the Report of the Southwood Committee that the possibility of a hazard to humans remains remote. There is therefore no scientific justification for the action by Humberside County Council and British beef can be eaten by both adults and children with confidence'.

82. On the same day MAFF issued two public statements which are attached as **Annex G, 185/90 and INF 3/90.** (YB 90/05.15/14.1-14.2 ; YB 90/5.15/15.1-15.8) The first, which was a general Press Release entitled: 'BRITISH BEEF IS SAFE. GUMMER', went on to state '*British beef is perfectly safe to eat John Gummer, Food Minister, announced today*', and that '*the removal and banning for food of these (specified) offals is a precautionary measure which goes beyond the scientific advice. These actions fully protect the public from what is a remote and theoretical risk.*'

There follows eight pages of detail including a question and answer brief for journalists.

83. While it is impossible to prove a negative I am satisfied that I was not consulted on the fact that there was to be an announcement by MAFF nor on the formulation used. If I had been consulted and had approved it, this would have been stated. I can think of no circumstances in which I would have approved the formulation 'perfectly safe'.

84. The second public statement by MAFF on 15 May was in the form of an open letter to the Chairman of the National Consumer Council, Lady Wilcox. The key section is as follows:-

'Beef is safe

The precautionary measures taken go further than experts thought necessary to deal with any BSE risk, however remote and theoretical. Added to which, studies on scrapie show that the agent which causes the disease is not found in meat. British beef is therefore not a public health risk and can be eaten with complete confidence.'

85. Later that day (6pm) a statement agreed by myself and the Parliamentary Under Secretary was sent to the NHS as follows [minute 16.5.90 Pickles/Baxter BSE15/1 0014]: (YB 90/05.16/16.1-16.2)

'BRITISH BEEF AND BSE

The Government have taken advice from the leading experts in this field. They have consistently advised us that there is no scientific justification to avoid eating British beef. Beef can be eaten safely by everyone both adults and children including patients within the NHS. ...'

86. On 16 May, the Press cuttings showed that public anxiety had unfortunately not been allayed by the activities of the previous day. I was therefore informed by the Press Office that it was not possible for me to wait for the SEAC meeting which would take place on the following day and that media pressure was such that I must meet the Press demands immediately. Accordingly, following a meeting with Dr Tyrrell and Dr Pickles in my office and telephone calls to Dr Will and Dr Kimberlin, I acceded to these requests using the text set out below (Annex H): (YB 90/05.16/1.1)

'British beef can be eaten safely by everyone, both adults and children, the Chief Medical Officer, Sir Donald Acheson, confirmed today. This advice has been given to the National Health Service.

Sir Donald said: 'I have taken advice from the leading scientific and medical experts in this field. I have checked with them again today. They have consistently advised in the past that there is no scientific justification for not eating British beef and this continues to be their advice. I therefore have no hesitation in saying that beef can be eaten safely by everyone, both adults and children, including patients in hospital'.

The superscription 'British Beef is Safe - says Chief Medical Officer' was added by the Press Office.

87. The practice of the Press Office on such occasions was to issue additional written information for journalists in the form of a 'background brief'. Although much of the Press Office material relating to BSE in my period of office appears to have been destroyed, it would have been established practice that such briefing would also have been released to the Press on 16 May.
88. At this stage, eight years after the events of 16 May 1990, I find it impossible to reconstruct the considerations which led to the wording of my own contribution, in particular why I chose to follow MAFF in the use of the word 'safely' rather than 'with confidence' as had been the phrase agreed on 15 May by Dr Tyrrell. Did Dr Tyrrell and colleagues who were consulted again on 16 May advise 'safely' as an appropriate compromise in view of John Gummer's 'perfectly safe'? I cannot now be certain. In retrospect perhaps these statements and all others (eg those of Sir Kenneth Calman on 5 October 1995 (YB 95/10.05/7.1-7.2) and Sir John Pattison on 13 December 1995) (YB 95/12.13/1.1-1.3) should have acknowledged an element of uncertainty due to incomplete knowledge.
89. As I have already said, a significant point is the fact that my statement was made, as were Mr Gummer's, on the confident assumption that the SBO was already fully implemented - in other words that specified offals were *not available for human consumption*. If this had in fact been the case and if the destruction of clinically affected cattle had been complete, the grounds for such confident advice as I gave would have been unassailable.
90. The emergency meeting of SEAC₃₃ duly took place on 17 May (YB

90/5.17/1.1-1.4) and its findings, when they reached me in their final form after the 2 July meeting, gave me the opportunity to reconsider my statement of 16 May. On 17 May, having given priority to a detailed discussion on the issue relating to breeding from infected cows, the Committee confirmed that it was happy to endorse my statement on the safety of beef and stated that it would write to me on the point [minute 18.5.90 Pickles/Baxter BSE107/1 0142]. (YB 90/05.18/7.1) The draft of the letter was discussed at its next meeting on 2 July and the final version, subject to further changes, reached me on 24 July. Entitled *Opinion on the Public Health Implications of Eating Beef and the Epidemic of BSE* [letter 24.7.90 Tyrrell/CMO BSE 4/1 0004-5] (YB 90/07.24/3.1-3.12) the SEAC letter in the form of a paper explained the background reasoning to the Committee's view that beef could be eaten safely. SEAC had made a formal risk assessment of the chance of spread of the disease to man, based on a full review of the scientific knowledge at that time. The paper also took into account the recent cases of FSE and the possibility that some human groups were at special risk. SEAC concluded that any risk as a result of eating beef was 'minute', taking into account the similarity of the agent to scrapie, the inefficiency of the oral route of transmission, the fact that affected animals were being destroyed and specified offals removed by law before sub-clinically affected animals entered the food chain, and also that cooking would reduce any residual infectivity further. I accepted this exhaustive analysis, having personally reviewed the results of the transmission experiments and the arguments and references provided to me by Dr Pickles under cover of her minute of 24 May [minute 24.5.90 Pickles/McInnes BSE107/1 0116 - 128] (YB 90/05.24/13.1-13.9) and 15 June [minute Pickles/McInnes 15.6.90 BSE23/1 0163]. (YB 90/06.15/14.1-14.14) SEAC's unequivocal stance and confirmation that beef could be eaten safely by anyone remained the cornerstone of the Government's policy on the safety of beef for the remainder of my period in office.

91. The aftermath of the issuing of my public statement in May 1990 was fraught. The public in general seemed to accept the advice I had given but not all of my public health colleagues did. Several local directors of public health telephoned the Department to say that they felt that I had gone too far by reassuring the public that eating beef presented no risk at all, ie was 'completely safe' [minute 24.5.90 Pickles/McInnes BSE107/1 0116], (YB 90/05.24/13.1-13.2) and similar concern was expressed by the Welsh Office. That was not in fact what I had said and I made this clear when giving evidence before the Select Committee on 20 June 1990 [transcript of evidence given before Agriculture Select Committee on 20.6.90 BSE 16/2 0079-90]. (YB 90/06.20/10.1-10.10) I circulated the SEAC paper to the Regional Directors of Public Health on 6 August 1990 to provide additional reassurance.

92. In the light of SEAC's risk assessment which reached me in July, I decided to let my public statement of 16 May stand as it was. It was several years after the events that I became aware that for some people the word 'safe' without qualification means zero risk.

Research Progress and Coordination

93. I was concerned to ensure that SEAC continued to carry the respect of the major professional bodies in science and medicine. Accordingly, I welcomed the Committee's recommendation in May 1990 that its membership be strengthened [**draft Minutes attached to minute 18.5.90 Pickles/McInnes BSE15/2 0139**]. (YB 90/5.18/2.1 ; YB 90/5.17/1.1-1.4) I therefore sought the appointment of Dr Joseph Smith, Director of the PHLS, to provide public health input, and of Professor Ingrid Allen to cover the field of neuropathology. I wrote to Mr Andrews proposing these additions to SEAC on 30 May 1990 [**letter 30.5.90 Acheson/Andrews BSE17/1 0216**] (YB 90/05.30/7.1) and our Minister approved the increase in the Committee membership by minute dated 31 May. Professor Allen was appointed with the agreement of MAFF and the Royal College of Pathologists and attended the next meeting of SEAC on 13 June. At first Mr Andrews resisted the appointment of Dr Smith as can be seen from the Minutes of the interdepartmental meeting of 22 June 1990 (see Annex I (YB 90/06.22/1.1-1.3) but the following month he indicated that it had been approved by the MAFF Minister [**letter 12.7.90 Andrews/Acheson BSE28/1 0298**]. (YB 90/07.12/23.1-23.2) By November 1990 I was advised that unfortunately, despite everyone's best efforts, it was impossible for Dr Smith to attend the Committee meetings because of his considerable number of other commitments [**minute 26.11.90 Murray/Smales BSE17/1 0077**]. (YB 90/11.26/2.1) I was particularly disappointed about this as I had secured agreement that he be appointed in the face of opposition from MAFF as mentioned above (see also para 39) and I knew he would have made an important contribution.
94. In May 1990 I was advised by Dr Pickles that the Research Councils were considering setting up a coordinating committee to oversee their research into 'slow viruses' [**minute 8.5.90 Pickles/Metters BSE15/1 0193**]. (YB 90/05.08/4.1) I was concerned about the fragmentation of the research being carried out into BSE. I was even more concerned when on 1 June 1990 Dr Pickles advised me that some three and two star research projects recommended by the Tyrrell Research Committee the previous year had still not started [**minute 1.6.90 Pickles/McInnes BSE13/3 0085**]. (YB 90/6.01/3.1-3.2) I asked Dr Metters to consider what steps, if any, I should take to address these problems [**minute 6.6.90 McInnes/Metters BSE13/3 0084**]. (YB 90/06.06/6.1)₃₅ On my return from leave in mid-June, I

discussed the difficulties between the MRC and the AFRC with the MRC which I was told flowed from the structure and mode of operation of the Institute of Animal Health [letter 14.6.90 Evered/Acheson DCMO2/2 0235].(YB 90/06.14/14.1—14.3) I concluded that the BSE research programmes being carried out by the three bodies, MAFF, the MRC and the AFRC, needed coordination and that the best way of going about this would be to set up a task force. Dr Metters then attended the next meeting of SEAC, on 13 June 1990, at my request and confirmed to me by confidential minute dated 14 June 1990 (YB 90/6.14/6.1-6.2) that the Committee were very concerned at MAFF's failure to ensure that key research was carried out and at the lack of coordination and direction of the animal-related research. Dr Metters supported the idea of a task force approach but advised me that he had reason to believe that this proposal would not be supported at 'high levels' in MAFF [minute 14.6.90 Metters/McInnes DCMO2/1 0247]. (YB 90/6.14/6.1-6.2)

95. I set out the case for such an approach in a submission to our Ministers on 21 June 1990 (see Annex J). (YB 90/6.21/7.1-7.4) The intended objective of a task force, preferably under the direction of a research 'supremo' who I hoped would also be a member of SEAC, was to ensure that BSE research was properly coordinated and given urgent attention without duplication, that there was participation of the best scientists available and immediate funding where projects were defined specifically to fill gaps in the research programme. My proposal was put forward as a constructive suggestion, based on my experience of AIDS research where such an approach had been successful in cutting short the sometimes rather ponderous system of evaluating research grant applications and had quickly created a balanced agenda of high priority projects. The parallel was that in the case of BSE rapid progress was needed in implementing a research programme to deal with an unforeseen major biological problem, which by its very nature had not been taken into account within the prior financial allocation for research. In the case of AIDS the task force approach, in addition to being effective in achieving high priority and speedy implementation, had an almost unheard of benefit which was to attract a large additional earmarked grant direct from the Treasury.
96. The following day, 22 June 1990, I met with Mr Andrews to discuss various matters relating to BSE [Minutes 22.6.90 no DH reference].(YB 90/6.22/1.1-1.3) I raised a number of concerns arising out of the information provided to me by the MRC and Dr Metters and advocated very strongly that we should consider a task force approach. We had a further meeting on 3 July at which Mr Andrews indicated his general support for a BSE research programme and the appointment of a 'supremo' as Director [minute 3.7.90 CMO/Metters BSE28/1 0309].(YB 90/7.3/6.1) I asked Dr Metters to put in hand discussions with the relevant

research bodies as the appointee would have to have the confidence of the Research Councils as well as DH and MAFF. Mr Andrews discussed the idea with Dr Tyrrell who 'reacted favourably'. By July broad agreement between DH and MAFF had been reached. The issue was discussed again at the inter-departmental Permanent Secretaries' meeting which took place on 27 July 1990 [**Note of Meeting undated BSE 14/1 0038**] (YB 90/07.27/7.1-7.2) at which I advised Mr Andrews that the MRC had agreed that the Director should be a member of SEAC. My view was that the person appointed should attend SEAC meetings routinely and not just when questions of research were discussed. By August our Ministers had agreed to a Director being appointed and at the suggestion of the Department of Education and Science (DES) a meeting chaired by MAFF and attended by DH, MRC, AFRC and DES was held on 16 August 1990 to discuss this question further. Mr Murray attended on behalf of DH.

97. I was advised by Dr Pickles by minute dated 31 August 1990 [**minute 31.8.90 Pickles/Smales BSE6/1 0002**] (YB 90/8.31/2.1-2.3) that MAFF had agreed to circulate proposed terms of reference but that the Research Councils had yet to be convinced of the need for a research 'supremo' and the prospects of obtaining their agreement to the proposal were poor. The MRC and AFRC still planned to set up their own coordinating mechanisms on work into SEs and were concerned about possible interference with their autonomy if a research 'supremo' reporting to SEAC was appointed. The MRC consulted me on the terms of reference for their committee [**letter 3.8.90 Rees/Acheson BSE28/1 0243**], (YB 90/08.03/5.1-5.3) which later became the committee chaired by Professor Ken Murray and in October I met with Dr Evered of the MRC to discuss research coordination, amongst other things, Dr Pickles having provided me with updated briefing on 16 October on areas where the lack of coordination remained a problem [**minute 16.10.90 Pickles/Smales BSE109/1 0041-43**]. (YB 90/10.16/3.1-3.3)
98. On 13 September 1990 I sent a reminder to Mr Andrews regarding the appointment of the proposed Director. (YB 90/9.13/3.1) After discussing the matter with him further by telephone in early November, as a result of the impasse which appeared to have been reached between the various bodies involved, I indicated a compromise in a letter to Mr Andrews dated 22 November [**letter 22.11.90 Acheson/Andrews BSE28/1 0046**]. (YB 90/10.22/3.1) In this DH would agree to his suggestion that SEAC take on the task of providing an overview of research provided that the Committee was able to survey the whole field of BSE-related research, including that being carried out by MAFF. Mr Andrews did not agree with my other proposal which was₃₇that the Committee should report their

concerns about any gaps in the research programme direct to Ministers [letter 29.11.90 Andrews/Acheson BSE28/1 0096].(YB 90/10.29/2.1) At the interdepartmental meeting on 2 December 1990 [Minutes 12.12.90 BSE28/1 0052-59] (YB 90/12.07/2.1-2.8) we agreed that a letter should be sent out to Dr Tyrrell as soon as possible seeking the Committee's agreement and that the precise manner in which it would carry out the work would be considered further. The importance I gave to ensuring that DH was fully involved in these discussions and would receive direct reports on the research programme from the Committee was such that I enlisted the assistance of the Permanent Secretary, Sir Christopher France [minutes 7.1.91 Smales/Waterhouse BSE28/1 0049,(YB 91/1.7/2.1) 10.1.91 Smales/Waterhouse BSE28/1 0040 (YB 91/01.10/2.1) and minute 15.1.91 Permanent Secretary/CMO DCMO2/2 0112] (YB 91/01.15/1.1), in handling the matter. I made my views clear to Mr Andrews by letter on 16 January [letter 16.1.91 Acheson/Andrews BSE28/1 0035].(YB 91/1.16/2.1) amending his proposed terms of reference accordingly, and copied the letter to DES.

99. In March 1991 [letter 27.3.91 Tyrrell/Andrews BSE28/1 0014-15] (YB 91/01.15/4.2-4.3) Dr Tyrrell confirmed that SEAC had agreed to play a part in identifying delays, gaps, overlaps and deficiencies in the current BSE research programme. He suggested that individual members obtain relevant information by establishing contacts with the research bodies involved and that these members would then meet periodically with the rest of the Committee to discuss the programme. He also suggested that annual seminars take place with workers in the field. DES confirmed its agreement, provided that proposal also had the support of the Research Councils. In the meantime I was advised of difficulties in obtaining information regarding current research by a member of SEAC, Professor Fred Brown [letter 5.4.91 Brown/Acheson DOH7/2 0017]. (YB 91/04.05/1.1-1.2) I informed him that SEAC had agreed to become more actively involved in reviewing this area and asked that I be informed if the situation did not improve, once this review process had commenced [letter 3.5.91 Acheson/Brown BSE28/2 0151].(YB 91/5.3/4.1)
100. I remained concerned about the reluctance of the Research Councils to allow SEAC to review their research programmes as demonstrated by my manuscript note dated 21 April on the letter sent to me by Professor Brown dated 5 April 1991 [letter 5.4.91 Brown/Acheson DOH7/2 0016]. (YB 91/04.05/1.2) This reluctance was demonstrated again at a joint meeting of the Research Councils, MAFF and DH on 17 June 1991 (attended by Dr Pickles on behalf of DH) and further discussion took place about the extent of the role the Research Councils would play in SEAC's new research function. By the time I left₃₈ office in September, research coordination

and communication between the various bodies involved had improved and SEAC had agreed to produce a brief report on progress made since the interim report of the Tyrrell Research Committee in January 1990 [**minute 7.10.91 Pickles/Peckham BSE28/2 0089**]. (**YB 91/10.7/2.1-2.2**) In retrospect I consider that for BSE the 'research supremo' idea would, had it been implemented, have proved even more important than had been the AIDS 'supremo'. In the case of AIDS the MRC was with the DH the only 'player'. For research in BSE two Research Councils (the MRC and AFRC) and two Departments (MAFF and DH) were involved, all jealous of their independence. A 'supremo' would have had the opportunity to obtain effective coordination and to direct research from a single budget. However such a post could only have been created at Cabinet level.

Epidemiology

101. In June 1990 I asked Dr Metters to brief me further about specific areas of research which were not being pursued by MAFF with sufficient alacrity and needed to be pushed forward. In his minute of 25 June [**minute 25.6.90 Metters/McInnes BSE6/1 0025**] (**YB 90/6.25/2.1-2.3**) he advised me that one area of concern to SEAC, amongst others, was the epidemiological work being done at CVL. I knew that Dr Pickles also had some reservations about this. I had no reason to think John Wilesmith was less than competent but I thought it unacceptable that he was carrying the burden of this important and considerable work on his own without peer review or support. As a former academic I knew the intellectual risks of working in such circumstances. I had in fact met John Wilesmith during my period as Director of the MRC Unit on Environmental Epidemiology in Southampton (before I became CMO) and had invited him to come along to MRC seminars. I was concerned even then about the fact he was working single-handed and in intellectual isolation.

102. My concern also went beyond this to a more general concern about the apparent lack of an adequate academic base in veterinary epidemiology in Britain. By academic veterinary epidemiology I mean the study of the causes, incidence, distribution and prevention of communicable diseases in animals and birds and in this context in particular, as such diseases affect livestock and derived products used in the food industry. I draw attention to a larger issue which I believe is a matter of principle, namely that in addition to a Government facility, of whatever scale and quality, all major areas of science should have a secure academic base which can be seen to be totally independent of government. The more so in a subject, such as the safety of food, with major political, financial and health implications. In a minute to Dr Metters dated 12 July 1990 [**minute 12.7.90 McInnes/Metters BSE127/1 0097**] (**YB 90/07.12/24.1**) I pointed to the 'huge gap' in this area and the need for a major academic department of ³⁹Veterinary Epidemiology or of Animal and

Public Health or possibly both in at least one of the six University Schools of Veterinary Science. I understand that eight years later the gap remains largely unfilled despite the efforts of the Heads of Veterinary Schools at Ministerial level. In addition, it is my view that the epidemiology of animal diseases, including the zoonoses, and the relationship of the breeding and care of livestock to public health should be an important part of the curriculum in the training of veterinary surgeons.

This requires the presence of effective epidemiology units within the veterinary schools to provide the role models not only to teach and pursue independent research into epidemiology but also to attract students into this discipline of national importance.

103. In July 1990 SEAC asked that a meeting of external experts be set up to review the epidemiological work being carried out at CVL [**minute 16.7.90 Pickles/Metters BSE14/1 0055**]. (YB 90/07.16/11.1) I wholeheartedly agreed with this step and fully supported Dr Pickles and Mr Murray over the months in their attempts to bring it about. MAFF resisted DH attempts to do so as can be seen from the briefing notes for the interdepartmental meeting on 27 July 1990 which are attached to Dr Pickles' minute to Ms Gitter of 23 July [**minute 23.7.90 Pickles/Gitter DCMO1/8 001**]. (YB 90/07.23/11.1-11.3) In the event, at MAFF's insistence, an 'in-house' discussion meeting was held instead in August 1990 (attended by Dr Tyrrell, the CVO and other MAFF officials, and by Dr Pickles and Mr Murray on behalf of DH) in order to air views on whether or how outsiders should be involved in this crucial work. I did not regard this as satisfying the requirement for full external peer review and I continued to press for this through my officials. In December 1990 I attended a joint Permanent Secretaries' meeting at MAFF [**Minutes 7.12.90 BSE28/1 0052**]. (YB 90/12.07/2.1-2.8) Mr Andrews reported that external scientists were shortly to become involved in the epidemiological work at CVL which I welcomed. Eventually, such a meeting took place on 2 February 1991. I may have been advised in writing of the outcome of the meeting but there are no relevant documents amongst the papers supplied to me by the Department. I do have some recollection of being told that the review was satisfactory.

Agriculture Select Committee on BSE

104. A DH memorandum was submitted to the Select Committee in June 1990 outlining the involvement of the Department in the response to BSE (see **Annex K**) (**M39 Tab 10**) As can be seen from the memorandum the Department's thinking at that time, based on the expert advice it had been given, was that BSE was closely related to scrapie and scrapie-infected feed was likely to be the source of the epidemic in cattle. There was no evidence of any link between BSE and CJD in humans. However, the possibility that there was some difference in the pathogenicity between scrapie and ⁴⁰BSE could not be ruled out and so

precautions were necessary, all of which it was believed were in place and working effectively.

105. I appeared before the Select Committee on 20 June 1990 accompanied by Dr Pickles and its Report was released in July. The Committee recommended, amongst other things, that an expert committee should enquire into the production of animal feedstuffs. MAFF resisted this. I asked Dr Metters to put my personal weight behind the proposal [minute 18.10.90 Metters/Smales FSPL19/1 0284] (see below at para 109). (YB 90/10.18/3.1)

Experimental Porcine Spongiform Encephalopathy

106. On 23 August 1990 [minute 23.8.90 Pickles/Smales BSE23/1 0060] (YB 90/8.23/1.1-1.2) I was advised by Dr Pickles that a pig inoculated experimentally fifteen months previously with BSE brain suspension had recently been found to have developed a spongiform encephalopathy. No case of the disease occurring naturally in pigs had ever been reported. I was also advised that there were now 9 cases of SE in cats and that the pathological changes confirmed that this was a previously unknown SE. I asked for a special meeting of SEAC to discuss the implications of these findings. I passed the news to the Minister the same day [minute 23.8.90 CMO/PS(H) BSE23/1 0055] (YB 90/08.23/4.1) having meanwhile discovered that unfortunately the pig inoculation experiments had a serious defect in that parallel experiments had not been done with intracerebral inoculation of scrapie material. In other words, no valid conclusions that BSE differed from scrapie in its infectivity to pigs could be made.
107. SEAC met in September 1990. The Committee recommended that feeding of MBM to pigs and other species should be prohibited and that consideration be given to the possible risk to humans from porcine-sourced pharmaceuticals. In other respects, no further action was needed to be taken to safeguard human health. I accepted this. The Medicines Control Agency and Medical Devices Directorate were alerted.
108. In October 1990 discussion took place regarding the inclusion in SEAC of observers on behalf of the Scottish Home & Health Department and the Welsh Office. Dr Tyrrell indicated that he was unwilling to make any further additions to his Committee as it would become unwieldy with the risk of prejudicing scientific discussion. I supported his view that the other health departments could be kept in touch by circulating papers [minute 1.11.90 Smales/Metters BSE17/1 0088]. (YB 90/11.15/6.1)

Animal Feeding Practices in Intensive Agriculture

109. On 17 October 1990 Dr Pickles advised me that difficulties remained over the setting up of an independent expert committee to look at the production of foodstuffs as MAFF was continuing to oppose this [minute 17.10.90 Pickles/Smales BSE19/5 0081]. (YB 90/10.17/7.1-7.2) As mentioned above in para 106 I had asked Dr Metters to deal with this and on 22 October I endorsed Mr Murray's submission to the Parliamentary UnderSecretary who also agreed that a new expert committee should be established [minute 25.10.90 Yates/Otley FSPL19/1 0325]. (YB 90/10.25/1.1) I supported the setting up of the committee in the interests of public health (not just in relation to BSE) as, in view of my previous experience in connection with salmonellosis in chickens, I saw it as an opportunity for consideration to be given to all aspects of animal feeding practices in intensive agriculture (see para 58). MAFF did later fall in with the DH view and the setting up of the committee under Professor Lamming's Chairmanship was announced in February 1991.
110. In July 1991 I was somewhat reassured by advice that the CJD monitoring study had not so far reported any increase in the incidence of CJD despite the considerable publicity the study had attracted the previous year [minute 12.7.91 Pickles/Parliamentary BSE 19/3 0168]. (YB 91/7.12/2.1)
111. I retired on 30 September 1991. My successor as CMO was Dr (now Sir) Kenneth Calman.

B. OCTOBER 1991 – 1996

112. On stepping down from office I decided to leave the field free to my successor. I therefore studiously avoided any involvement in the development of the BSE saga and rapidly lost touch with it. However when reports of a cluster of cases of CJD in young people began to emerge late in 1995, I felt concerned and asked Sir Kenneth Calman's permission to visit DH and be briefed on the situation. Early in 1996 I called in at the CMO's office to refresh my memory on events in BSE during my period of office by reference to my personal files and diaries. Unfortunately I discovered that the diaries and an unspecified amount of other material had been destroyed without reference to me, in good faith in the interests of space (see also para 1).

113. After the lapse of more than four years I was able to identify a striking change in the view of the biological basis of BSE since 1991. Understandably, this may not have been equally clear to those involved continuously on a day to day basis. In the interim, largely due to the completion of the experiments in mice, it had become accepted that the BSE agent differed from scrapie both in terms of the latent period and resistance to high temperatures. Although my visit preceded by about three months the confirmation of new variant CJD, this convinced me that the cluster of young patients might be related to BSE and that the analogy with scrapie which had been an important element in previous advice to the public was no longer entirely valid. After careful consideration over Christmas as to whether I should intervene, I wrote to the Chairman of SEAC, Sir John Pattison, on 22 January 1996 making this point and suggesting that additional measures should be considered [letter 22.1.96 Acheson/Pattison BSE104/3 0083]. (YB 96/1.22/1.2-1.4) In reply he passed me copies of his recent correspondence with Sir Bernard Tomlinson in which he expressed the view that the Government was already taking all the necessary steps to protect human health.
114. I spoke again to Dr Kenneth Calman by telephone and wrote a follow up letter in March 1996 [letter 22.3.96 Acheson/Calman DOH11/1 0002](YB 96/03.22/11.1) which expressed my view that there was an urgent need for validation by an international expert group of neuropathologists/neurologists of the view that the ten recent cases of SEs in humans were indeed a new variant of CJD.
115. I have had no involvement with matters relating to BSE since March 1996 until I began the task of preparing this statement for the Inquiry.
116. I confirm that this statement is true to the best of my knowledge and belief.

Signed

2 October 1998

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