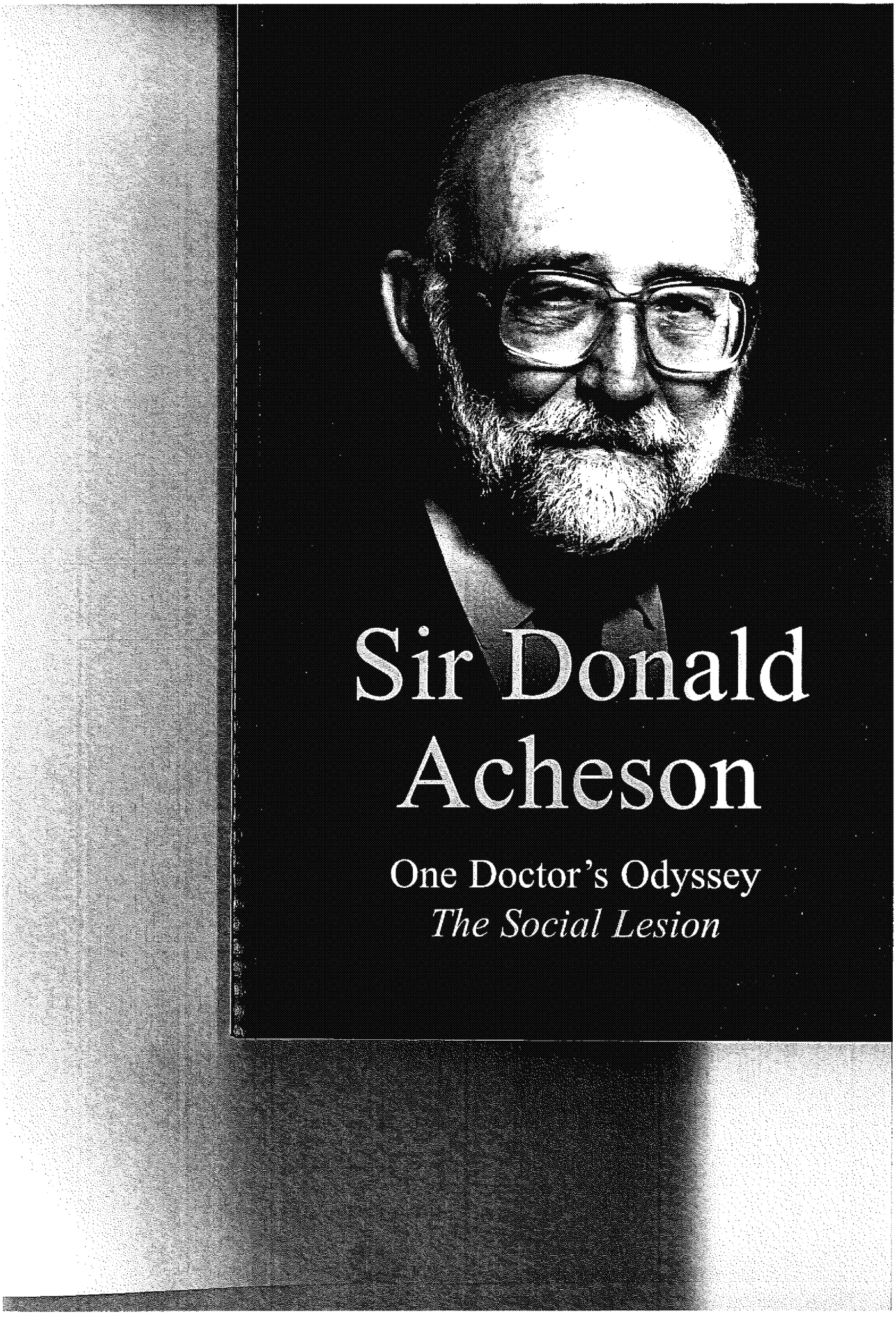
Sir Donald
Acheson
One Doctor's Odyssey
The Social Lesion

FOREWORD

The Right Honourable Norman Fowler

The Chief Medical Officer is an adviser at the very top of Government. Health Ministers are rarely medically qualified – any more than Defence Ministers have had long armed service careers. The result is that the CMO is required to advise the Government on everything from salmonella in eggs, to HIV/AIDS. It was in dealing with this last challenge that I worked most closely with Donald Acheson.

I was Secretary of State for Health (and indeed Social Security) for six years between 1981 and 1987. For the bulk of that time Donald Acheson was my chief medical adviser. Together we faced public health problems like a food poisoning outbreak in a northern hospital which killed more than 20 old people, as well as other issues which were intensely political. One of these was our battle with the pharmaceutical industry and extraordinarily the BMA, to substitute generic drugs for some brand products at an enormous saving to the Health Service. The policy was never reversed.

But it was on HIV/AIDS that we worked most closely. It needs to be remembered that in the mid-1980s this was a new threat. There were no familiar signposts. The nearest equivalent was the way we tackled venereal disease in the two world wars. We decided that the best policy was to be entirely frank with the British public and to tell them (using television advertising and bill-boards) that there was no cure and no vaccine. The only course open was prevention which required reducing the exchange of sexual partners and the use of condoms.

At the time we were much criticised for the course we took. We were told it was a "moral" issue and the Government should not interfere. We were told that our prevention advice made matters worse by extending knowledge to young people. We were told to isolate AIDS sufferers. We did not follow that advice. Instead we sent leaflets to every household and introduced measures like free needle exchanges for drug users and making condoms widely available. The result was that Britain had one of the lowest figures for infection in Europe and substantially less than the United States, who at the time took a much more *laissez-faire* approach.

Donald Acheson played a vital part in the battle against HIV/AIDS but, as his book shows, he achieved much more. He writes movingly, for example, of his experiences in what was once Yugoslavia and the dreadful effects of ethnic cleansing. He also describes his early life and his father's work with the Royal Army Medical Corps in the First World War.

It is a fascinating memoir which for me underlines one central point. We are amazingly fortunate to have public servants of the quality of Donald Acheson working for our good.

The Right Honourable Norman Fowler

PREFACE

The Social Lesion defined:

"A 'social lesion' exists when one group in a society regards itself as inalienably superior to another hence engendering a sense of disadvantage, loss of control and frustration in the latter" as occurs in Ulster, The Black Sea area of Russia and Bosnia.

Lecture: "The origins of Civil Unrest"
Given by Sir Donald Acheson at the Fort Mason Centre, San Francisco, California 28/4/99

An interesting aspect of David Barker's work has been its dependence not on experiments in a laboratory but on the careful labours of past generations of midwives and health visitors. Their painstaking efforts in measuring and recording data about generations of babies in the early years of the twentieth century, have almost a hundred years later, laid the foundations of a veritable revolution in our understanding of the origins of good health. The debate which has emerged is now global in scale. A World Congress on the Foetal Origins of Disease was held in India in 2001. A second such congress took place in 2003.

In 1983, too close for the comfort of my conscience to the opening date of the magnificent building which had just been provided by the MRC for the Southampton Unit, I was presented once again with an opportunity which was impossible to refuse. This time it came about not by means of a letter marked 'Private and Confidential', but with a smile and a handshake across the Whitehall desk of the Secretary to the Cabinet, Sir Robert Armstrong. I had been appointed Chief Medical Officer of England.

CHAPTER 9
Whitehall as I found it

When one foggy morning in October 1983 I arrived at the Department of Health and Social Security (DHSS) to start work as Chief Medical Officer, I discovered that I was the first person recruited from outside the Civil Service to occupy the post since the legendary Wilson Jamieson had steered Britain through the crisis of the Second World War. As, like him, I was an academic I had only the vaguest notion how a great Department of State in Whitehall worked. I felt uncertain of myself and almost as nervous as I had been when as a child I first went off to boarding school. I had no previous experience of the Civil Service except through my father who had been Chief Medical Adviser to the Ministry of Pensions in Northern Ireland. His experience had shown me that working as a medical civil servant was interesting, secure in terms of salary and pension, and prestigious

Fortunately for me, an old friend was there to bid me welcome. My predecessor who was just stepping down was none other than Henry Yellowlees with whom many years previously I had worked closely as Resident Medical Officer at the Middlesex Hospital. As Henry picked up his briefcase and donned his hat and coat, his words of counsel lost nothing from the fact that he was the son of a well-known psychiatrist.

"You'll enjoy this job, Donald, there's never a dull moment! But," he went on, "a word in your ear! Treat the Ministers exactly as you would patients suffering from stress – that's basically what they are! As for the officials, the system works like clockwork. If you listen to them they'll keep you from falling into any of Whitehall's 'elephant traps'."

I took his advice.

Before he left Henry had one more point to make as he began to remove what I thought was a framed modernist picture from the wall.

"You're going, inevitably to lose control of your life, I'm afraid! Look at this! It isn't a picture, its four tickets for Aida at Covent Garden last year, booked ages in advance to celebrate my birthday. We never got there! Instead, at the last minute and in my black tie, I spent the evening counselling a Minister who was in a panic about a speech in the Commons the next day."

I came in at the top of an hierarchical system of which my predecessor had, as was customary, worked his way up from the bottom rung. There was method and indeed considerable strength in this remarkable system. It ensured that the CMO when he gave advice to Ministers or the public could do so with a degree of authority far beyond his personal expertise. Fortunately I had an extensive range of expert advisers who together covered every aspect of public health and clinical practice. This ensured that when a Question was asked in the House of Commons about a topical problem whether for example salmonella in eggs or the excessive waiting list for surgical operations in Hull, I could call upon someone to brief me at short notice on any issue which might be raised in Parliament or the media.

My awesome range of responsibility was exemplified by my experience in the first few weeks which included advising whether the new nuclear reactor at Sellafield was responsible for a local cluster of cases of leukaemia, whether it was safe to put chlorine in drinking water, and whether it was appropriate to withdraw Welfare Milk which had been supplied free as a dietary supplement to poor children since before the war. At the same time, the need for doctors in Whitehall was

being questioned by the Prime Minister as part of her strategy to downsize government.

But there were aspects of the job which needed time for adjustment, and which recalled my brief period in the Armed Forces. Almost before I had sat down at my desk for the first time, I was asked to read and sign the 'Official Secrets Act'. My relaxed persona as an academic disappeared even further into the distance when I found out that I had now become a 'Grade 1(a) Civil Servant' with some sixty or more doctors in Grades 2,3,4,5, etc., 'in my command'. I also discovered that working alongside these doctors was a parallel administrative hierarchy of career civil servants also Graded 2,3,4,5,etc. who were answerable to Sir Kenneth Stowe, the Permanent Secretary. He, in the most helpful way possible as it turned out, was also in charge of me! This chapter is written with due regard to that confidentiality.

Another aspect of the work was more difficult for a newcomer to understand. This was an extraordinary degree of secrecy over what appeared to be relatively mundane matters together with paranoia about unauthorised 'leaks'. After all, the Department did not deal with defence or foreign policy but with health and social services. An issue which came up within a few weeks of my arrival was a case in point. There was a need for the public purse to make savings, and free 'welfare' milk for school children cost approximately the amount required. Now, fifty years after milk tokens had been introduced to help the hungry, rickety children of the thirties, was it safe to give it up? My immediate reaction was to turn to my expert advisor at Great Ormond Street for advice.

"Sorry, you can't do that!" I was horrified to hear, "Far too risky!" That way the matter might leak to the Press before Ministers have made up their mind."

So having been thrown in at the deep end, I had the choice to sink or swim. Fortunately, my largely untutored recommendation turned out to be correct. It was that with the improvements in diet during and since the war and the virtual disappearance of rickets, welfare milk could now safely be withdrawn.

But the technical aspects of health were only part of the story. As I settled in, another impression began to emerge. This was of a Department covering such an enormous scale of work – which at that time included not only the National Health Service and the social services but the social security system as well - that it was, I sensed, seriously overworked, and with the best will in the world was beginning to creak under the strain. On the shoulders of the Permanent Secretary Sir Kenneth Stowe fell the responsibility not only of running the Department but of accounting to Parliament for the whole of the gigantic expenditure, amounting in those days to more than £50 billion per annum. Although I could not myself have managed the finances of a winkle stall, I insisted in giving him at least my moral support. Thus I went along with him to attend regular inquisitions about the finances of the National Health Service which he suffered at the hands of the Public Accounts Committee of the House of Commons.

But at a time when parliamentary sessions often continued throughout the night, it was not we Civil Servants, but Ministers and in particular the Secretary of State on whom the heaviest burden fell. Although I saw four Secretaries of State come and go, it was Norman

Fowler with whom I worked for several years who I got to know best. Ours was a productive partnership which included not only the largely successful policies for the control of HIV/AIDS, legionellosis and salmonellosis but the revival of public health. Norman's success was based on a rare capacity to choose the right priorities together with the self-discipline to pursue them single-mindedly to a conclusion. Here is an example how his careful attention to detail was often decisive. Having read my paper proposing an Inquiry 'into the public health function' he sent for me. As we sat down together he smiled and took out his pen.

"Not an inquiry into the public health function, Donald," he said, "let's be much more upbeat! 'An Inquiry into the future development of the public health function' is what we need."

And so due to Norman Fowler's apparently trivial alteration in its title, the possibility of a negative outcome went out of the window and the consequence of the inquiry was eventually a renaissance of public health not only within the United Kingdom but by imitation in many other parts of the English-speaking world and which has been sustained to the present day.

The Government's Doctor

During my eight years in Whitehall I worked closely with no fewer than four Secretaries of State – Norman Fowler, Kenneth Clarke, John Moore and William Waldegrave as well as with a host of other Ministers in their teams including the future Prime Minister, John Major. While all the Ministers happened to be Conservatives due to the period, I never thought of them in party terms. For me they were public servants carrying heavy responsibilities, working to an impossible schedule,

under almost intolerable strain. At a time when the Department covered not only the NHS but Social Security and Social Services, Senior Ministers in addition to meetings of the Cabinet and its subcommittees and constituency duties, had to attend a House of Commons which in those days kept intolerable hours, including all night sessions.

Although as a civil servant I was totally impartial in political terms, as someone who had recently retired from clinical practice I found myself following my predecessor Henry Yellowlees advice and thinking of Ministers as patients under pressure. Short of actual medical treatment, I tried to give them as much support and encouragement as I could.

Perhaps my greatest compliment came at a relaxed moment from Kenneth Clark.

"Do you know, Donald, we've worked together all these years and I haven't the slightest notion which way you vote?"

For a moment I was quite taken aback. Was he asking a question which was out of bounds?

To tell him would be wrong in principle; not to answer would be rude. Fortunately my Ulster upbringing came to my help.

"At the time of the Irish Question, my grandfather was a strong supporter of Mr Gladstone",

I said with a twinkle in my eye. We both laughed and the moment passed.

The luck of the Irish

Luck perhaps helped by a modicum of good management brought me two successes early in my Whitehall career which helped establish my reputation with Ministers. The problems could not have been more different. One was a serious outbreak of illness in babies, the other a

major showdown between the government and the British Medical Association.

Early in the autumn of 1985 news began to arrive in my office in Alexander Fleming House of a number of mysterious cases of gastroenteritis in infants. Tragically some of these had proved fatal. The pattern of the outbreak was unusual because the cases did not occur among newborn babies in poor families but after weaning and right across the social spectrum. Most mysterious of all was that the microbe identified in the sick children, Salmonella ealing, had previously only been found in, of all places - seagulls.

Fortunately, within the Department we had a group of experts – the 'environmental health officers' (EHOs) - whose job it was to don the mantle of Sherlock Holmes as far as food hygiene was concerned. They made urgent visits to the homes of the affected infants and to those of an equal number of well babies born in the same districts over the same period. This led to an interesting discovery. 'Ostermilk', manufactured by 'Farley Foods', seemed to be associated with the illness. The trouble was that the association was not strong enough to be conclusive, and worse no sign of Salmonella ealing could be found in samples of the milk.

Sitting in my office in Alexander Fleming House where by this time almost fifty cases had been reported and new cases were appearing daily, I found myself in a very difficult position. Should I wait for more evidence; or take the plunge and broadcast a warning not to use Farley Infant Food? It did not need a legal genius to realise that if we proved wrong and unnecessarily bankrupted the firm, we would face an unpleasant lawsuit and probably exemplary damages.

After a sleepless night I decided to put the case to Barney Hayhoe, at that time the Minister of Health. Should things go wrong it would be Barney who would formally be accountable to Parliament for the mistake. But I would not escape blame and would almost certainly get the sack. Providence seemed to be smiling on me when it turned out that Barney had studied statistics at university.

Together we poured over the figures again and again. Even with an additional case the next day, the odds in favour of Farley Foods being the culprit did not quite reach formal statistical significance. But if the outbreak was not due to Farley Foods, what else could be the cause? Asking that question cleared our minds. There were no other contenders. The same day I used TV and radio to warn the public the sale of Ostermilk was prohibited, and it was removed from the shops.

Slowly, all too slowly as it seemed to me, the number of reports of illness began to decline. Had we made a terrible mistake I asked myself, as I tossed and turned in bed at night? If the mysterious microbe found in the sick children was not in Ostermilk, where had it come from? Seemingly an age later the mystery was solved. The scrutiny of the Farley Foods factory in Lancashire had almost been completed when Salmonella ealing was found. It was present in seagull droppings in the high level tank which supplied water to the plant.

The 'limited list'

A quite different part of the CMO's job, and one which I was singularly ill-prepared for was to act as the 'go-between', or in pompous diplomatic terms, as the 'interlocutor' when disputes arose between the Government which is paymaster of almost all the doctors in the land and the British Medical Association which acts as their trade union.

Fortunately when it came to the negotiation of salaries it was my administrative friends in the Department who dealt with it. But from time to time other problems arose which, using civil service slang, brought the CMO 'into play'.

In the case in point, the issue was the cost of the NHS at a time when the country was struggling against inflation and mounting external debt. Across government, all Departments were asked to find savings and in the DHSS the target we were set was £100m per annum. But where could such a large sum be found without compromising patient care, that was the question?

At this distance in time, I am not sure whether the notion that the huge bill for medicines might be an area for savings was mine or someone else's. What is certain is that I thought it was a good idea. As someone who had myself practiced as a clinician in the NHS for many years I knew that not all medicines in use had been proved to be effective. Also even with those of proven efficacy there was often a large gap in cost between 'name brand' drugs and their generic equivalent. I was also aware of the unseemly pressure that was sometimes put on doctors to prescribe the more expensive patented variety, for example, 'Valium' or 'Aspro' rather than the cheaper generic product 'diazepam' or 'aspirin'. For many years it had been commonplace for drug companies to sponsor lectures and seminars in hospitals and postgraduate centres: the cold buffet being provided by the company in return for an arrangement to display its wares. The 'detail man' as the salesman of the particular drug company was called, had become a familiar figure to student and doctor alike.

As I look back, the matter for amazement is not that the drugs and medicines industry as represented by the Association of the British Pharmaceutical Industry (ABPI) was up in arms about the idea of a 'limited list' but that the BMA and the Royal College of General Practitioners decided to support it. They decided to make a stand on their interpretation of a lofty Hippocratic principle – the inalienable duty of doctors at all times to offer what they regarded as the best possible treatment to their patients – in this case presumably regardless of cost to the public purse or of the effectiveness of the remedy.

This in the context of the range of useless preparations currently being paid for from public funds was ludicrous. But it also was a tactic which carried with it the certainty that should ABPI and the BMA lose the argument, they would suffer a painful and very public fall. In due course, that was exactly what happened.

As far as I was concerned, the following weeks were extremely fraught. The dispute between myself and the BMA became public and my first attempt to produce a list of medicines set out under 'generic' not 'trade' names without help from outside the DHSS failed miserably. Meanwhile the ABPI invested in a tendentious national advertising campaign which claimed that the system as it existed was in the best interests of everyone.

But if I had lost a battle, my opponents had certainly not won the war. I decided to go over the heads of the BMA's negotiators and to write to each of the 81,000 doctors in the country explaining what I was trying to achieve. When it became clear that there was by no means unanimous support from the profession for the BMA line, and a

powerful leader in "The Times" entitled "Prescribing Propaganda" appeared which backed my plan, the tide turned.

After this, things began to go smoothly and we made swift progress. I had no difficulty in finding experts in the various aspects of therapeutics who were delighted to help prepare what finally came to be called the 'selected' rather than the 'limited' list. Having held our first meeting on 13 January 1985 and sitting almost daily, we had finished the work on 6th February, three weeks later. After a debate in the House of Commons on 18th March, the definitive list of generic medicines which may be prescribed within the National Health Service and paid for from public funds received official blessing. And so with regular amendments to bring it up to date, it remains to the present day.

But that was not quite the end of the story. Some days later when I spoke on a different topic at the Royal Society of Medicine I met a hostile reception from a minority of the audience. The final round of the battle was fired on 17th April at the next meeting of the Standing Medical Advisory Committee - one of the more portentous of the groups which gives counsel to the CMO. A minute on the "limited list" was challenged and I as Chairman was invited to resign. My heart need not have missed a beat! – for this proposal received not a shred of support from anyone.

From the outcome of what must now seem a silly controversy Ministers learned two lessons about the new CMO: he was not in the lap of the British Medical Association and, when the need arose, he was prepared to stand up to unpleasant public controversy.

The Rebirth of Public Health

During my period as CMO, two major initiatives in the development of health policy took place which as I write almost twenty years later can be seen to have put 'public health'[19] back fairly and squarely on the map of human affairs in Britain and the English speaking world abroad.

These were the 'Inquiry into the Future Development of the Public Health Function – Public Health in England' which I chaired and which reported in January 1988, and the national health strategy 'The Health of the Nation' announced in Parliament by John Major as a Green Paper shortly before I stepped down in 1991. While historians may correctly point out that both of these initiatives owed a debt to such archetypal figures as John Simon and David Lloyd George, by the time I arrived in Whitehall in 1983, current events were pointing to an urgent need for a reconsideration and further development in this field.

In the early 1980's the requirement for a review of public health arose for several different reasons. The first was, that a response was needed to criticisms following Public Inquiries into two serious outbreaks of communicable disease in hospitals run by the government – the massive epidemic of salmonella food poisoning at the Stanley Royal mental hospital in Wakefield in 1984 (approximately 400 cases with 20 deaths) and the smaller but just as lethal outbreak of legionellosis a year later due to contaminated spray inhaled by patients and their relatives from a tank on the roof of the new District General Hospital at Stafford (101 cases with 20 deaths).

Both public enquiries pointed to 'a decline in available medical expertise in environmental health and the control of communicable

[19] Defined as 'the science and art of preventing disease, prolonging life, and promoting health through organised efforts of society'. See 'Public Health in England'. London. HMSO 1988. Chair. Sir Donald Acheson.

disease'. In the 1980s an even greater concern was the occurrence of a steadily increasing number of cases of AIDS. The containment of this previously unknown and universally fatal infection due to a retrovirus transmitted by sexual intercourse and by blood and blood products, would require innovative policies and a strong public health sector.

But there were also administrative reasons for change which arose from an unfortunate omission from Sir Roy Griffiths "Inquiry into the Management of the NHS", his recommendations having particular force as he had been appointed personally by the Prime Minister, Sir John Major to improve the efficiency of the National Health Service. [20]

In creating a management model for the NHS, Sir Roy Griffiths solution was to transfer in principle, the system which he had found to work so well in his capacity as Chief Executive of Sainsbury's national chain of supermarkets. He proposed, rightly to my mind, to replace the rather flaccid existing NHS system of 'consensus management' in the various Health Authorities[1] by a more decisive arrangement where in each Authority one person, the general manager, clearly vested as such, would be responsible for taking action. These managers would be supported in their 'general management function' by experts in the 'finance', 'personnel', and 'estates' functions as well as by a clinician and a nurse.[21]

[20] EDA was well versed in the vagaries of administration within the NHS. Prior to being appointed as CMO he had chaired the Southampton and South West Hampshire Health Authority where he had experienced 'consensus management'. He was also a member of the Wessex Regional Health Authority, and had been a member of the Hampshire Health Authority.

[21] Ibid.

At first, for a period which extended over some difficult months, the Griffiths Report created a situation from which there appeared to be nowhere for doctors with skills in public health to go.[22] But when with the enthusiastic support of the Secretary of State, Norman Fowler, the Inquiry into the Future Development of the Public Health Function was set up and subsequently implemented in 1998, this omission was rectified. The Report required amongst other recommendations that every District and Region should appoint a named leader of what had now become, to match Sir Roy's other managerial tasks, known as the 'public health function' who should be known as the Director of Public Health. And so it remains today.

The epidemic of HIV/Aids, BSE and other infectious diseases which led to a new emphasis on the speciality of Public Health had even wider consequences. They brought about a reappraisal of the relationship to health of health services. Under the leadership of the newly elected Prime Minister, Sir John Major, this led to the creation of a National Health Strategy entitled The Health of the Nation which covered not only behavioural factors such as smoking and alcohol but poverty, poor housing and atmospheric pollution.

[22] The post of Medical Officer of Health in the Local Authorities had been abolished in 1974 following a reorganisation of health services.

CHAPTER 10
The Seven Plagues of Egypt

When on my first day in the office Henry Yellowlees had briefed me about the CMO job, he told me that most of my time was likely to be taken up dealing with two subjects: the never ending problems of the NHS, and acting as 'go-between' for Ministers in their various negotiations with the BMA. The 'wider health' including smoking, alcohol abuse, cancer screening and immunisation could probably be dealt with on a one-day a week basis. As for the various infections – influenza, measles, tubercolosis and the like – these in his time had rarely caused problems requiring his personal attention. In the autumn of 1983, when this conversation took place, neither of us could have guessed that events shortly to befall would shatter this perspective for the foreseeable future.

On my arrival in Whitehall, a handful of cases of a mysterious new disease soon to be labelled with the acronym 'AIDs'[23] had already occurred in Amsterdam and San Francisco among gay men. But these had not yet been shown to be due to an infection and their significance was uncertain. Soon two developments were to occur which changed that forever. The first, in 1984, was the discovery that AIDs was in fact due to a retrovirus – HIV – and likely to prove incurable. The second, an even greater bombshell, erupted the following year. I heard from Robert Redford, a colleague in Washington at the Walter Reed Military Institute, that in American soldiers a few of the early cases had been due to infection during vaginal not anal intercourse with an HIV positive person.

[23] 'AIDs' is the acronym for the Auto Immune Deficiency Syndrome due to the Human Immunodeficiency Virus (HIV) which destroys the body's defences against infection.

Perhaps due to wishful thinking I did not at first grasp the full implications of this. But the defining moment was not long delayed. It occurred early in the following year and came from a different continent. A package marked 'Urgent, for CMO's personal attention' arrived by messenger from the Foreign and Commonwealth Office across the road. This confirmed as correct, rumours which were circulating of a disaster engulfing parts of Africa. In Zambia, and as I heard later, also in Uganda, HIV was spreading like wildfire in the general population. In some places few adults other than the elderly survived and it was proving difficult to find people to bury the dead. A generation of orphaned children was beginning to appear.

I was horrified. If this could happen in Africa what would an apparently identical virus do in Britain? Having decided that it would be folly to assume that in the UK HIV/AIDs would continue to be confined almost exclusively to gay men, I sought an urgent appointment with my political boss Norman Fowler, the Secretary of State for Health. Norman's reaction was one of deep concern and for the rest of my time in Whitehall, with his unfailing encouragement and support, I was able to give the AIDs epidemic a place close to the top of my priorities.

Almost twenty years later as I write these words, although Britain has so far suffered less from HIV/AIDs than any other European country with colonial links to Africa, there are no grounds for complacency. Globally the epidemic continues to evolve and has by no means reached its peak. No preventative vaccine is yet in sight, and although drugs now available can control symptoms for many years, they remain beyond the pocket of all but the wealthy and insured and involve a complicated regime. In the meantime, in Britain, in recent

years an ominous upward trend in the numbers of HIV infections due to vaginal intercourse has once again become apparent particularly in London as people have forgotten the warnings.

As if HIV/AIDs was not enough, in my term of office, Britain was struck by another previously unknown but completely different fatal disease – BSE (bovine spongiform encephalomyelitis) which is caused by eating food contaminated with offal from infected cattle. In addition, quite apart from salmonellosis, two other seemingly obscure infections – legionellosis (Legionnaire's Disease) and listeriosis were responsible for outbreaks of illness sufficient to cause public alarm and to reach the ears of Parliament.

But at a safe distance and in retrospect even plague and pestilence can have a lighter side! Two such occasions were when I received an envelope marked, as if in a James Bond movie, 'Immediate, for CMO's Eyes Only' led initially to action just short of pandemonium – but fortunately were both resolved with a happy outcome. The first related to the discovery of a perfectly preserved corpse in the vault of an ancient London church which had been exposed accidentally by students researching the art of 18th century silver coffin lids. To the horror of all concerned, the body in question displayed the unmistakable marks of the rash of smallpox. The other event, scarcely less alarming was the finding of two phials, one marked Pasteurella Pestis – the microbe of bubonic plague and the other Variola, 1952 (the date of the last outbreak of smallpox in England) in the refrigerators in the laboratory of a London Teaching Hospital. Both of these specimens were found standing immediately adjacent to the technicians' milk and sandwiches!

The phials having been flown urgently under escort to the U.S. National Institute of Health in Atlanta, Georgia, in those days, the only laboratory in the Western world equipped to deal with smallpox, we awaited the outcome with bated breath. Although in both specimens electron microscopy confirmed the presence of the characteristic brick shaped particles of the smallpox virus, these fortunately proved to be inactive. This came as a relief, as the students in the meantime had dispersed on holiday to various unknown destinations on the Mediterranean coast.

'Don't Die of Ignorance': the Government's Response to HIV/AIDs

As has often been the case over the centuries in other epidemics, the discovery that the mysterious condition "AIDs" was in fact due to an infection, led at first to alarm amounting almost to panic. In this case it was not the Jews who in times gone by had so often been the target for irrational attacks who were blamed, but the gay community which became the focus for a punitive response. One extreme proposal in the early days came from an MP who should have known better. His view was that AIDs sufferers should be quarantined permanently in a guarded enclosure on the Isle of Wight. More worrying to us in DHSS, were stories about public discrimination against gay men who had been evicted from their lodgings or refused entry to restaurants.

As far as HIV/Aids was concerned, a few cases of what was already seen as a fatal virus infection associated with infected blood and sexual intercourse had already occurred prior to my appointment. I decided that the implications of the infection was so serious and our knowledge so limited that I should seek expert advice as soon as possible. The expert advisory group on Aids (EAGA) was set up and having met

seven times in 1985 and regularly thereafter, it made a series of recommendations which led to more effective control of HIV/Aids within the UK, than in any other country that had links with the African continent.

The authoritative advice of EAGA led to a secure understanding of how the retrovirus was and was not spread which stemmed the risk of mass hysteria. In DHSS, we found ourselves dealing with a seemingly endless series of questions not only on these points but on worries about possible cross infection from butchers, bakers, waiters and even ticket collectors.

In 1985, it became clear that our current approach in the Department to deal with each of these crises as they arose, was no longer tenable. Instead what was needed was to take the bull by the horns and with the help of expert advice[24] make available to everyone in the country a frank and full explanation of the facts – how HIV is and is not spread. I was able to advise the public that HIV does not pass from a close contact as occurs in the tube in rush hour or in the cinema nor in food or water but that it did spread or could spread during sexual intercourse with an infected person without a condom or by infected blood during a transfusion. Although this would inevitably involve distributing explicit information about sex which some people might find offensive, that could not be helped. When I put this proposal to Norman Fowler, whatever concerns he may have had privately about the effect approving such a campaign might have on his future political career, he set these aside and subject to one condition gave the 'Don't Die of Ignorance' Campaign his enthusiastic support.

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[24] The Expert Advisory Group on Aids provided the scientific advice on which the UK's policies were based.

The stipulation on which Norman Fowler's consent to the 'Don't Die of Ignorance' Campaign depended, was to lead me down a path which I suspect no CMO has trodden before or since. It also occasioned one of the most memorable experiences of my career. I was to consult and try to gain, at least the acquiescence, if not the approval of four key national figures: none other than the Archbishop of Canterbury, the Cardinal of Westminster, the Moderator of the Free Churches and the Chief Rabbi. Having first searched unavailingly for a twinkle in Norman Fowler's eye, I began to realise this was not a joke but a serious proposition. Some hope, I thought to myself! Nor were my spirits restored by the mirthful expressions on the faces of my office staff when I asked them to make the necessary appointments. Even though almost twelve years have elapsed, as the meetings were in strict confidence it would be wrong to go into detail about who said what. But there can be no harm in writing about the substance.

The memory I have is not, as I had feared, of a series of tirades on sin, repentance and judgement. Far from that, the four religious leaders' concerns related exclusively to the unfolding tragedy of the epidemic and its increasing toll of untimely deaths among young people and children. As for my own rôle, which included giving explicit advice about risk reduction on TV and radio, they had nothing but support and encouragement. I had feared that in particular my promotion of the use of condoms as a prophylactic against the spread of infection would prove controversial. In the event, neither on that occasion or later did I receive any criticism from anyone including the Cardinal about my promotion of condoms. Although all of them taught that sexual fidelity within marriage was the golden rule and some held that homosexual intercourse was an abomination, it turned out that they were united in

respecting the intentions of the Government's campaign to protect health and united in admiration for my energetic persistence.

The "bottom line" was that, whatever reservations they might have about the details, none of the four religious leaders would preach against the 'Don't Die of Ignorance' campaign, nor any part of it – nor if they could help it, would their clergy. From that day to this, all of them and their successors have been as good as their word.

Fortunately for the United Kingdom, Norman Fowler's contribution to the control of HIV, led to two sets of policies which had a major impact. The first was the campaign using radio, television and the press to give explicit information about the means of transmission of the virus which led to the advice "if you don't stick to one partner, use a condom." Secondly, to inform the public that the infection was not limited to homosexual men. In the process of making this point it was necessary to explain to the public the distinction between vaginal and anal intercourse. Although this temporarily was too much for the Prime Minister, Margaret Thatcher to contemplate, with the support of Lord Whitelaw, the Deputy Prime Minister, she was prepared to adopt an accurately phrased account which was duly used in the national public education campaign 'Don't Die of Ignorance'.

As far as Norman Fowler was concerned, that was by no means the end of the story. It was he, who shortly afterwards had the courage to introduce another policy which although controversial at the time as aiding and abetting an illegal practice, has I believe, also been a significant factor in containing the epidemic in Britain. This was to authorise the creation of a chain of distribution points throughout the National Health Service where at public expense, intravenous (I.V.)

drug abusers could and still can, obtain clean work's (clean work's – is the slang word used for equipment including needles and syringes used by people who inject themselves with heroin etc) in exchange for their old needles and condoms and advice on safe sex to this day. Nearly twenty years later IVDA's contribute a minute part of the British epidemic.

But the implications of the 'Don't Die of Ignorance' Campaign, which I hoped would include a leaflet drop to every household in the land, were such that they would require the consent of the Government as a whole. That this, in the event, did not prove insurmountable was due not only to Norman Fowler's support but to the efforts of two other outstanding public servants, Sir Robert Armstrong and Lord Whitelaw. As Secretary to the Cabinet, Sir Robert was the most senior civil servant in the land and was also the person to whom I, as CMO was accountable. Lord Whitelaw's support as Deputy Prime Minister would also be essential if our campaign was to obtain, as it must sooner or later, the approval of the Prime Minister. Thanks to their efforts and advice Margaret Thatcher agreed, Lord Whitelaw's help having been - contrary to what might have been expected from an elderly Tory grandee – decisive.

"Pep it up, and don't beat about the bush", I remember him saying, *"You won't shock me! I'm an old soldier and know all about this sort of thing."*

And so with the help of a detailed survey of the sexual habits of the British people conducted on behalf of the Government by the Wellcome Institute to help us predict future trends, we did!

At the first meeting of the Whitelaw Committee in November 1985, I witnessed the most effective piece of Chairmanship of my life whether in Whitehall or elsewhere. Driving the other members – almost exclusively of Cabinet rank – like a flock of chickens, within the space of and hour and a half, William Whitelaw had got agreement for:

- a universal leaflet drop to every household explaining how HIV spread,
- free time on TV and radio for health messages,

and

- a new set of newspaper and poster advertisements.

At the same time he stamped firmly on the idea of an 'AIDs public education council', which he declared would simply cause delay in actions we all agreed were urgently necessary, and also upon the notion that immigrants should be screened for HIV at the ports.

The first of the Whitelaw recommendations was in my view the most sensitive. After all a person who was shocked by a radio or television message could turn it off and even a full-page advertisement in a newspaper could be ignored. But a leaflet in an envelope marked "Important Information for Your Health" dropped through every letterbox in the land, be the occupant priest, parent or prostitute, was another matter. In fact, from more than twenty million leaflets delivered there emerged only one complaint – from a Member of Parliament who returned his leaflet unopened with an abusive note addressed personally to me.

The culmination of the 'Don't Die of Ignorance' Campaign was the publication of the explicit full-page advertisements recommended by Whitelaw (including the headline "Stick to one partner; if you can't, use a condom") simultaneously on Sunday in all the national newspapers.

This, some of my friends felt, would prove to be 'a bridge too far' not least because of the wide circulation English newspapers have outside the U.K., for example, in Ireland and on the continent. I remember vividly, the moment early that Sunday morning when the telephone woke me up. This must be the first of an avalanche of complaints about the disgusting advertisements desecrating the Sabbath day, I thought. In fact to my relief it was simply a neighbour saying the paperboy had delivered two papers, ours as well as his, to him. He thought the advertisement was good stuff, 'if a bit racy', as did his mother aged 81.

As it turned out, there were no complaints about those advertisements on that day or subsequently.

There were however one or two hiccoughs along the way. The first was when the British Medical Association with the best intentions announced that people who had had more than one sex partner in the past two years should not donate blood. This advice was withdrawn just in time to prevent the collapse of the transfusion system for want of donors. The second was when the names of two doctors with HIV were leaked to the News of the World. I sought an injunction from the High Court to protect them. The judge accepted my advice but the News of the World responded by publishing a scurrilous article about me in their newspaper in 1987.

But that was by no means the end of the matter which rumbled on for several weeks with widespread further press coverage. On the one hand statements were made that doctors particularly surgeons had the right to know if their patients were HIV positive, and on the other hand proposals emerged from elevated circles of Government, that doctors should be subjected to regular compulsory screening. Finally, a strict new set of rules from the GMC to guide members of the medical profession, settled the matter once and for all, and I, marvellous to

relate, was congratulated for getting the GMC 'to crack the whip at last' and issue such a firm statement.

Princess Diana

Perhaps overshadowed by her tragic later life, Diana's rôle during the early years of the HIV/AIDs epidemic seems to have been forgotten. Yet the simple, direct and let it be said, fearless example of this largely untutored young woman, by allowing herself to be photographed embracing people of all ages infected by HIV – babies, children and adults – probably had more influence in dispelling irrational fears and bringing HIV/AIDs in from the cold than all the Government's leaflets and advertisements put together.

Neither was Diana's work on AIDs the 'flash in the pan' that might have been expected if she had simply been seeking publicity. It was substantial over several years. I was fortunate to meet her on a number of occasions, for example, when she opened the new HIV/AIDs ward at the Middlesex Hospital in April 1985 and five and a half years later when I was present at the opening of 'Positively Women's[25] new HQ in Islington. I know also that in the intervening years she was a regular visitor – often late at night to avoid the Press – at the Mildmay Hospital in Hackney and at the 'London Lighthouse'.

Here is an excerpt from my diary about Diana:

> *3rd Dec 1990*
>
> *My day started with a visit to Positively Women's new HQ in Islington. Princess Diana 'opened' it though without speech or plaque. This beautiful and dignified young woman simply by being*

[25] A charitable organisation for HIV Positive women.

there and talking quietly in turn to each of the women transformed the occasion. Sheila G. thin but very cheerful made a marvellous speech in her strong Glasgow accent without notes. Her baby, now two years old, turns out not to have been infected during pregnancy and is HIV negative. I also met two smiling Ugandan women and a sad looking ex-Edinburgh drug abuser. The place was full of nice people and we were met at the door by a young man with a pink Mohican coxcomb. Incongruously, the house itself is part of a listed 18th century terrace with a magnificently carved oak fireplace.

AIDs in the 'New World'

During 1987 I visited the United States about AIDs twice. In the first, in January, I accompanied Norman Fowler and we visited New York, San Francisco and Washington. In the second, in October, his successor John Moore and I revisited New York, and had the opportunity to look at the situation there in greater depth.

What we were to find on these visits was not one catastrophe but two. First, tens possibly hundreds of thousands of infected people in New York, San Francisco and other parts of the USA, mostly under 40 years old and all of whom would die within the next few years. Norman and I were deeply moved, indeed harrowed by what we saw. And second, at the Federal level from Ronald Reagan down, a state of complete psychological denial even seemingly to the very existence of the HIV/AIDs epidemic. Hand-in-hand with this attitude which a charitable view might hold stemmed from the Puritanism of the Pilgrim Fathers, went blindness to the need of any public explanation of the illness or of how to protect oneself against it. However, at a local level, as we were to find in San Francisco and in New York, good work was being done.

The occasion of the second visit to New York after an interval of nine months gave me the opportunity to review the creeping AIDs disaster in that city.

The position in New York City has progressed inexorably since January – now 320 cases appearing a month with 60% of the Bellevue Hospital's beds occupied by AIDs and perhaps 500,000 people infected. We visited the Haarlem Hospital at 135th Street. A ward full of AIDs-stricken children, some abandoned and with nowhere to go... Few are expected to reach puberty. To say that the self-chosen devotion of those looking after these doomed children was edifying is an understatement.

Everywhere, the fact that on two occasions Conservative Cabinet Ministers from Britain had been sufficiently interested in HIV/AIDs to cross the Atlantic was a matter for wonderment. And everywhere, we were accompanied by a vast retinue of the Press. At the personal level both Norman Fowler and John Moore, as I was myself, were harrowed and distressed by the wards filled with young men and children sick and dying of a fatal disease.

But as Norman Fowler and I stepped wearily down from the plane at Heathrow on our return from Washington, we found that while we were away a storm had been gathering. The Prime Minister, Mrs Thatcher, had apparently associated herself publicly with an almost crazy moralistic speech by Anderton, the Head Constable of Manchester. In this speech, he had claimed divine inspiration for referring to gay men and I.V. drug abusers as a '*scum floating on a sea of corruption*'. Norman Fowler's reaction was robust and a great credit to him. He said, that even if some other members of the Cabinet might share this view he was convinced his approach was right. He did not really care what others thought and would continue on his course

regardless. And so he did. Meanwhile the storm quickly blew itself out and may have been due to a misunderstanding.

We then went to Belgium where the epidemic in heterosexuals affected both sexes equally. Was this due to a different strain of virus in the Belgian Congo?

28th February 1987

Aids continues to dominate everything. Last night there was a TV programme in which Norman and I both appeared. A proposal from one member of the panel that there should be universal testing and quarantine got little support.

30th May 1987

Yesterday news came from our Washington Embassy that President Reagan is to make a statement tomorrow in which he will express the hope that in future people will agree to be tested for HIV on admission to hospital, before marriage, on attending sexually transmitted disease clinics or pregnancy. Or on being sent to prison . In my view there is a substantial downside to these suggestions - unless confidentiality is strictly adhered to. This was not mentioned.

October 1987

Debate on HIV/Aids in New York and later in Paris. Speeches at both are made by John Moore who had at that time replaced Norman Fowler as Health & Social Services Secretary.

The first World Summit on HIV/Aids was held in London in 1988, jointly sponsored by WHO and the UK government. 120 ministers were present including a representative of the Holy See who could not accept

the value of condoms. Later, I held a meeting with Prudential Insurance Company on HIV/Aids. Instead of trying to identify high risk groups and load their premiums they have decided that everyone who wants to take out a policy for more than £100,000,00 should be required to take a HIV test and they would not ask any questions regarding sexual orientation.

Twenty years later after the early cases of HIV in the UK, the measures taken to try to reduce the spread of HIV have stood the country in good stead. In 2004 the number of cases while not as low as occurs in the Scandinavian countries, is lower than any other country with a colonial history in Africa and the epidemic due to intravenous drug abuse has been avoided.

The World Summit on AIDs in London, January 1988

In many ways the culmination of my work on AIDs was the 'World Summit' which took place in London in January 1988 and was organised jointly with the World Health Organisation (WHO) and hosted by the United Kingdom Government. It was a resounding success with an unparalleled attendance of more than 120 Ministers and 149 delegates – including one from the Holy See – from all corners of the globe.

Unlike most international conferences, the audience's attention was riveted throughout. There were two striking aspects in addition to first class presentations and organisation. The first, was the standard of the contributions of Ministers from the various countries – none of whom made political points but updated their country's epidemiological position and gave frank accounts of the specific cultural problems. I remember in particular Sierra Leone – the Minister fearful of the arrival

of the virus because of the tradition of many sexual partners – 'an area between marriage and prostitution' which he explained accounted for a substantial part of the distribution of the wealth of the country; and Lesotho where the mineworkers away from their families not only made use of prostitutes but of homosexual relationships.

But the choice of the contributors of scientific papers was one of the best features. A Kenyan lady in full African dress, spoke in perfect English about the details of her health education campaign among Nairobi prostitutes – the majority of whom were already HIV positive; and an Australian Aborigine health visitor described the acceptance and commitment she had obtained from her own people – by using a colour scheme on her posters which they could identify with.

These contributions must have had an impact on strengthening the resolve of other Ministers to deal likewise with the risks of disadvantaged and alienated people whether among the Greenland Eskimos or the South American shanty dwellers. My own contribution which focussed on the unpleasant details of risky behaviours associated with transmission of the virus was received not in disgust but with enthusiasm.

The conference ended with the 'London Declaration' which went much further than the platitudes which often conclude international conferences, and, although the USSR and China abstained, otherwise I received almost universal commitment. The Declaration is based on the following principles: the containment and reduction of the spread of HIV should be based on accurate and freely exchanged scientific information; the protection of human rights and dignity; and by

education, persuasion and support rather than condemnation and punishment.[26]

Aids Ethics at the Elysēe Palace and at WHO

In May 1989, when I arrived in Paris from Geneva for the first meeting of the French Committee on 'The Ethical Aspects of Aids/HIV' I was both tired and jaded. Not only had I been away from my London office for ten days attending the World Health Assembly, but the only English newspaper available in the plane – the 'Independent' – featured a story about an unfortunate rift between my boss Kenneth Clarke and myself before I left. It alleged that following a threat of resignation on my part, Kenneth had had to think again about the membership of the newly created National Health Service Policy Board and include me as ex officio as CMO on it as a member.

At the World Health Assembly, the massive problems of global ill health had put this petty backstairs gossip in its proper perspective. Since my first attendance there in 1984, as UK Head of Delegation perhaps the most important achievement of WHO, had been to develop the radical idea of 'primary health care,' and get it accepted by many of the poorest countries. This proposes that top priority should be given - not as had previously been the case, to the construction, at great expense of European style hospitals, only of use to the minority within walking distance, but the provision for everyone of basic essentials such as clean water, shelter and immunisation. With this should go hand, in hand the empowerment of women as the key agents to promote personal hygiene, contraception and nutrition within the family.

[26] A major factor in the triumph of the so-called 'liberal consensus' rather than a punitive approach was due to the work at WHO of the late Dr Jonathan Mann at WHO. Dr Mann died tragically in an aircraft accident in 1990.

Although at the Assembly, as CMO I was formally Head of the UK Delegation, I would have achieved nothing without the help of John Sankey, the British Ambassador in Geneva, and his staff of professional diplomats.

In view of the ongoing crisis in the Middle East, it is worth recounting that almost twenty five years ago in 1989, the issue which split the World Health Assembly and led to seemingly endless debate stemmed from the same roots. It was the question of the admission of the 'State of Palestine' to full membership. These discussions took place in the presence of a familiar figure – Yassar Arafat – looking ageless – and wearing his characteristic headdress. As the delegations were seated alphabetically, the UK, together with the USA, and the USSR, were close to the back of the hall next to the area for official visitors. These included on this occasion, Mr Arafat, with whom, as he spoke English, I used to exchange greetings and pleasantries. But on the substantive issue of Palestine's Membership of the Assembly, it was John Sankey, the professional diplomat, not I, who found the magic formula on which all could agree – the deferment of the decision until next year!

Guest of Honour at the Elysēe

The meeting on the first morning of France's 'Aids and Ethics' conference proved to be tiresome. I found myself co-opted as 'rapporteur' of a group dealing with the social, economic and legal problems of HIV, which meant I had the task of submitting a summary paper later in the day. At first I thought I would have to give up and say I simply could not manage it – the issues were complex; my notes copious; my brain did not seem to be working properly and attendants kept interrupting me to clear away coffee cups, glasses etc. But in the

end it all came together in the form of a heavily amended script for delivery in the afternoon session under the chairmanship of none other than President Mitterand himself.

In the event, partly because Mitterand was half an hour late, the tension continued to build and became almost unbearable. My talk turned out not to be a flop but was a success, and I found my English being complimented both for clarity of language and content. My reward was to be invited to join François Mitterand and to sit at his right hand for the remainder of the day – a man who although of diminutive stature dominated proceedings and came away with all the laurels.

Although his approach was friendly and informal, François Mitterand's deep concern about the tragedy of the HIV/Aids epidemic was obvious from the outset.

"One episode of sexual intercourse, one swap of a syringe and needle are" - as he put it – *"terrifyingly sufficient to transmit Aids. We must all think of our responsibilities".*

It was his use of the word 'we' which was so riveting. His message was that HIV/Aids is a problem for everyone whatever their station in life, President or commoner, in France or beyond.

Reflecting on the speech afterwards, I hoped that the personal concern of France's Head of State expressed in such intimate terms and addressed as it seemed to each one of us would strengthen resolve for HIV/Aids to be taken seriously everywhere.

The HIV/AIDs epidemic in Britain Today

That tragically was not the end of the story. It is proving to have been only the beginning. During the last five years the increase in the number of cases of HIV infection has been steeper than at any time since statistics became available in 1985. By the end of 2002 there were approximately 50,000 people in the UK living with HIV. Admittedly, treatment now available has extended the lives of infected people but there is another side to that coin which is worrying. Drugs currently available do not cure the infection by the retrovirus but only suppress it. What is more the treatment is complex, it has to be continued indefinitely and unless taken meticulously does not guarantee that the patient is at all times non infectious to others.

Alongside the year on year increase in the reports of HIV which in 2002 reached 4750 there are similar increases in new infections with gonorrhea. Taken together, these ominous portents suggest that young people have forgotten the lessons of the 1980s and have recently become more inclined to risk unprotected sex.

The geography of HIV within the UK is remarkable. Although no area has escaped completely, more than half of the 50,000 people known to be infected live in London. Particularly perplexing is the recent sharp rise in the number of HIV cases where infection has been in the continent of Africa. Whatever the political implications of that fact eventually turn out to be, London residents urgently need to have the central message of the previous Aids campaign put before them again. On TV, Radio and in public advertisements the warning should go out: 'Stick to one partner, if you don't, use a condom!'

Most people's concept of the meaning of the word 'epidemic' is based on illness like influenza or food poisoning where the outbreak begins or ends within a few weeks. Where people unknowingly carry the HIV/Aids retrovirus for years, the word has totally different

implications. In Britain, we should be thinking in terms of an epidemic with a perspective not of years but of decades where if the infection is not to become endemic – a semi permanent feature of our society as did syphilis and tuberculosis – we need a longer term strategy than is apparent today. In 1986, the issue of testing for HIV at the ports was considered and turned down as much on the basis of practicability as on any other grounds. It seems increasingly unlikely that HIV within the UK will reach levels experienced in Africa, Brazil, India and Thailand.

Edwina

Edwina Currie's career in Whitehall rather like a visitation of Halley's Comet, was brief but spectacular. Although her appointment was as a junior minister, in this case it came straight from 10 Downing Street when Mrs Thatcher had discovered that with one other exception she, as Prime Minister was the only woman in government. In the DHSS we looked forward to her arrival as likely to enliven our routine. This it certainly did.

I have a clear recollection of my first meeting with Edwina. As was customary with a new Minister I made an appointment to go down to her office to meet her. The young attractive brunette behind the desk stood up with a bright smile, walked to the table in the middle of the room, hitched her skirt above her knees, crossed her legs and offered me a place beside her at the table.

"You will have already noted CMO that I have two nice legs", she said, *"you should also know that I have two excellent university degrees!"*

Edwina's difficulty was that, in spite of all these helpful attributes she was at times wayward about accepting advice. During the

salmonella – egg crisis she made the mistake of giving an interview to a journalist from her home at the weekend without proper briefing. The impression she gave, that the majority of eggs might be infected, when the truth was closer to 1 in a 1000, knocked the bottom out of the market. For a time, while hens continued to lay and eggs could not be sold, stocks piled up and had to be tipped down mine shafts or otherwise destroyed. Tearful deputations of farmers arrived in the Department. Bankruptcies may have ensued.

A second occasion when Edwina had misunderstood her brief and made a broadcast was perhaps even more unfortunate. She allowed herself to say, that cervical cancer was due to 'women sleeping around'. The truth is, that while one factor in the causation of cervical cancer is a virus spread by sexual intercourse, it may sometimes originate from the male partner who has been 'sleeping around' and be passed to a female who has not. Subsequently, I tried to correct the misunderstanding myself in a further broadcast.

Mad Cow Disease

Bovine Spongiform Encephalomyelitis, or BSE as everyone now calls it, is a fatal disease of cattle due to what is rather pompously known as an 'unconventional transmissible agent' or 'prion'. The epidemic in the 1980's was caused by the introduction of 'meat and bone meal' in cattle food or 'MBM', a product made by the cannibalistic practice of supplementing cattle food by grinding up the carcases of cows. This unpleasant idea came into vogue because animals fed in this way fattened more quickly, than those fed exclusively on grass and hay, their natural foods. Tragically, the prion in MBM, in addition to infecting cattle was subsequently to cross the species barrier and spread to humans who had eaten infected products. At the time of writing,

approximately 200 people within the UK, mostly in the prime of life have died of the related disease 'new variant Creutzfeld Jakob Disease' or 'nv CJD' – as it is commonly called. The fact that the epidemic nv CJD now seems to be in decline is the first gleam of hope in an otherwise appalling scene.

As I was Chief Medical Officer when BSE was identified in March 1988, I was involved in the public health response to it until my retirement from that role in 1991. Subsequently my actions were scrutinised by Lord Phillips in his Public Inquiry into the epidemic published in 2000. While I received some praise, I was also criticised in a way which in my view seems to rely heavily on hindsight.

The first news I had of the BSE epidemic in cattle came simultaneously from two sources on 3rd March 1988. A note from Derek Andrews, the Permanent Secretary of the Ministry of Agriculture, Food and Fisheries (MAFF) described the epidemic which had started in 1986 in general terms and asked for advice. The second from the doctor who was my liaison officer with MAFF was a good deal more informative. This brought the news that Andrews' admirable plan to control the epidemic by making the disease notifiable so that the affected cattle could be destroyed had already been turned down by the Treasury. This was because of the costs of compensation to farmers that such a policy would create.

A brilliant research study at the National Agricultural Institute at Weybridge had already pinpointed the cause of the disease. BSE was due to the recent introduction of a novel way of speeding up the fattening of cattle for market. Unfortunately this involved the cannibalistic feeding of rations enriched with 'meat and bone meal' (MBM) derived from the carcasses of their own species and other livestock.

A quote from my personal diary at that time reads:

11th March 1988

We have another plague in Egypt. A year or so ago it became clear that a new spongiform encephalophathy has appeared particularly in dairy herds... A brilliant epidemiological study suggests it is due to the use of tallow derived from brain fat in animal feed... The 'virus' is probably already in the food chain. If we are dealing with the scrapie agent in sheep there is no evidence that this has infected man by the oral route for at least 100 years. But at present one does not know enough to write off any risk of eating ox brain less than adequately cooked. I am calling an urgent meeting next week.

My judgement was and still remains that it would have been quite wrong for me to rush in to a public warning without first taking urgent expert advice. The epidemic was at that time exclusively in cattle and the precedent of scrapie in sheep suggested the agent might be harmless to humans. Since public health warnings may affect the behaviour of millions of people they must be based on unequivocal expert scientific advice and sound reasoning.

That my instinct had been correct was borne out when even the group of veterinarians and other experts I had summoned urgently to advise me two weeks later themselves found the issues too difficult to resolve at a single meeting – not least because an early attempt at DNA sequencing of the BSE prions just published in Edinburgh further supported (wrongly as it later turned out) the view that the prion was indeed identical to harmless scrapie. The unprecedented nature of the problem would require the attention of a different group of experts whose experience focussed specifically on animal virology and ecology. The unfortunate price of this was that 'the slaughter and compensation order' had to wait until after the first meeting of the expert committee on 20th June I had urgently set to be chaired by Sir Richard Southwood.

Although the Phillips Inquiry took the view that I personally should have challenged the Treasury's decision to overrule MAFF's recommendation for slaughter three months previously, this seems nonsense as the CMO's role is advisory and includes no executive powers particularly in financial matters. The only possible approach, in theory, would have been for me to seek the help of the Prime Minister, Mrs Thatcher, but in the face of the lack of evidence available at the time such a view puts even the notion of hindsight under strain. In any case, this would probably have been to no avail for even when as described below, Southwood recommended a ban of bovine offal in baby food the Prime Minister was highly sceptical of the need to do this and sent for me for an explanation.

The other criticisms of my response to BSE/CJD crisis can be dealt with quite briefly.

The Phillips Inquiry held, quite rightly in my view, that the Department of Health ought to have undertaken a review of the Southwood Report when it was published in 1989. I agreed with this and had in fact requested such a review. However they chose not to accept my evidence that this had actually been done. My difficulty in convincing the Inquiry, was that the senior official Dr Ed Harris, whose responsibility was to advise me on infectious diseases, and who had undertaken the review, had died and so could not corroborate my evidence. Fortunately Dr Michael Abrams, a close colleague, whose office was adjacent to Dr Harris, has subsequently confirmed that my evidence on this point was correct.

In his report, Sir Richard Southwood did not advise that bovine offal (liver, brain, kidney etc) should be removed from the shops but as a measure of "extreme prudence" that it should be excluded from baby food. He had two reasons for making this exception. First, babies are

particularly vulnerable because their immune systems are not fully developed and second, baby food often comprises 100% of their diet. The Phillips Inquiry criticised me for not overruling him, but as he knew far more about this matter than I did, that was not a practical option. In other words, if you get experts to advise and they do a careful job one can't easily overrule them. Ironically, when the Southwood Report was put before the Cabinet, the Prime Minister, herself a mother and a housewife, asked not for a wider ban to be introduced but whether the baby food ban was really necessary and could be set aside. Later, MAFF decided to take the matter into its own hands and implemented a ban on specified beef offal in all food for adults, children and babies alike.

Goodbye to Whitehall

Two important Ministerial changes were to make my final twelve months as CMO the most interesting and productive I experienced as a civil servant. In November 1990, the Thatcher government fell and John Major became Prime Minister, with William Waldegrave as Health Secretary. As my office in Whitehall was directly opposite Downing Street, I had immediate notice of this seismic event. As TV and Radio broadcasts announced the tearful moment, there was a loud cheer from the gathering crowd and a man began to ring a hand bell.

I had got to know John Major well because earlier in his career he had been Minister of Social Security in our own department during the bitter winter of 1986. I was able to show him that due to our shocking national heritage of poorly insulated and unheated housing, the excess mortality in winter in Britain was higher than in the far colder climates of Scandinavia and Central Europe. The winter fuel allowance was the first step in a raft of policies he introduced across Whitehall to deal with this problem and rehabilitate the public housing stock.

John Major's personal background and our easy relations in the department also meant he was open to other ideas. One of these, although radical at the time, was that in spite of its obvious merits, the National Health Service while providing free treatment for a wide range of ailments – be they hernia or haemorrhoids, hypertension or breast cancer – was insufficient on its own to improve the nations health. John abhorred smoking and drinking to excess and was quick to respond to the idea of a national strategy for health, tackling all the main risk factors e.g. diet, housing, transport, smoking and so on.

As Prime Minister, it was John Major who set the seal once and for all on the 'Health of the Nation' strategy by hosting an all day seminar at 'Chequers' his official country residence.

27th April 1991

In the car on the way to Chequers. The leak of the 'Health Strategy' to the press yesterday did not cause much of a negative impact, indeed it turned out to be quite the contrary despite Robin Cook's (at the time 'shadow' Health Secretary) efforts. But the fact that Guy's Hospital is to fire 600 staff to balance their books <u>is</u> causing a major impact which may spoil today's seminar.

Chequer's is a large red-brick house - perhaps 17th century and much extended recently – standing alone in a secluded and sparsely inhabited valley in the Chilterns. It is surprisingly exposed from the road and to my wonderment, such apparently is the strength of England's common law, has a well trodden public foot path across the grounds.

The meeting was in a room with a long table – almost a replica of the cabinet room at No 10 Downing Street. As well as the Prime

Minister and all the Health Ministers, a number of medical and nursing luminaries from the Royal Colleges and the BMA were present. An amusing moment was when Christine Hancock (at that time President of the Royal College of Nursing) found herself explaining how many people who had done badly at school were good at practical (she quickly added) and other tasks – when she remembered the press interest in the PM's extremely meagre O' levels. He roared with laughter and remarked that he was glad she had added 'other'.

In addition to chairing the meeting he acted as host (his wife was not present) and, as ever, his careful courtesy and trouble to talk to everyone and make them feel at home was evident and most impressive.

The seminar was not just constructive but of a very high calibre despite press expectations to the contrary. It not only dealt with the 'Health of the Nation' document including its relationship to WHO's regional strategy for health in Europe but also attempted to predict in general terms how health and healthcare would look in 2000:

- *Aging of the population would continue*
- *The spectrum of disease would remain much the same*
- *Health care workers would remain in short supply and would need to 'retask' at regular intervals*
- *Needs of inner cities should be looked at again*
- *Ethical issues would provide more difficult problems*
- *Genetics would lead to wide insights and new techniques*

At Chequers, there are stained glass windows dedicated to each Prime Minister. From where I was sitting I could see windows to Wilson, Home and Callaghan.

The Health of the Nation 'Roadshow'

A consultative document 'The Health of the Nation' was set before Parliament in June 1991 and for the remainder of the weeks before the summer holidays, William Waldegrave, the new Secretary of State for Health, and I toured the Southern and Western shires with what became know as the 'Roadshow'. In some ways, reminiscent of an Elizabethan 'Progress' we stopped off at various welcoming hospitals in the Southern and Western shires where we did a double act, my part being to explain the facts of health and ill health and his to announce the new portfolio of policies. I remember it as a relaxed occasion in the company of a cultured and highly intelligent country gentleman.

A note of our visit to Bristol tried to put all our recent efforts in perspective:

Most of the day spent on the Health Strategy Roadshow's visit to Bristol. It was a success. W.W's speech went well and was also complimented. I put the strategy in the context of the 1871 Public Health Act, the Ministry of Health Act of 1920 and the 1948 Act which set up the NHS. During the discussion someone produced a remarkable supplement of the Times dated 30th September 1937 believe it or not, entitled 'The Health of the Nation'. Chamberlain, who was Prime Minister at the time, was photographed salmon fishing on p2 with a large advertisement by the BMA proposing a 'national general medical service' on p3 which was a step towards the NHS not a wider health strategy.

In 2004, more than a decade after the publication of the 'Health of the Nation' document by John Major's Conservative Government, the importance of the existence of a national strategy for health has been acknowledged – although without giving credit for its predecessor - by Tony Blair's Labour Administration in 'Saving Lives: our Healthier Nation'. As well as placing more emphasis on socio-economic factors in the genesis of ill health than its predecessor and focussing on the reduction of inequalities as a priority, it identifies four 'killers' for particular attention – cancer; coronary heart disease and stroke; accidents and mental illness and sets targets for each to be met by 2010. Setting aside these differences, the key point which emerges is that an organised effort to sustain and improve health led by government but trying to involve everyone and reaching far beyond the National Health Service seems now to be a permanent feature of the British scene.

For instance, as might be expected if one invites people to do something positive rather than to stop doing something they like it is often more likely to succeed. Thus my suggestion that everyone, and in particular children should eat five portions of fruit or vegetables each day was much more widely accepted than to advise them to stop smoking.

When I was Chief Medical Officer, so much of my energy was used dealing with the crises and events of the day, that it was difficult to imagine that any long term benefits would be achieved. As I look back now, however, some fifteen years later I can see major outcomes which seem likely to be permanent and beneficial. This is the renaissance of public health which has brought with it the ideas that health cannot be achieved by the National Health Service alone but in addition requires a healthy lifestyle, acceptable housing, schools, work places and public transport. Public health as a profession extending beyond medical practitioners is now well established and includes nurses and health

visitors and environmental health workers. Directors of public health have now been appointed throughout the country ideally working jointly with the local authorities and the National Health Service. A development which I can take some credit for, is the strengthening of the system of health statistics by the establishment of a central health monitoring unit in Whitehall.

Having retired as CMO on my sixty fifth birthday, I was recalled shortly afterwards by the then Minister of State at the Home Office, Ann Widdecombe to investigate the health of prisoners. As there is already an Inspectorate of Prisons and also a Prison Medical Service this took a good deal of tact. In the process, I visited some 28 prisons all over the country. This is not the occasion where I wish to write a chapter on my prison visits. However, I am happy to put on paper my profound admiration for the work of the custodians often discharging their duties patiently and professionally in the most appalling environment, often in Victorian unmodernised prisons more than a 100 years old.

I wish to make a single point with all the force I can muster. In a system where prisoners may be incarcerated at the opposite end of the country to their homes e.g. a Tyneside man on the Isle of Wight. Public funds should be found to allow the families to visit. Otherwise an additional penalty over and above the sentence of the court without the knowledge of the jury has been exacted. In a sentence of several years, family breakdown due to lack of contact becomes inevitable with all of its implications of further offences. I feel this should be put right as a matter of urgency.