

BSE INQUIRY
WITNESS STATEMENT OF DR DIANA WALFORD
Bsc Msc MD FRCP FRCPath FFPHM

1. My name is Diana Marion Walford and I worked for the Department of Health until December 1992. I am currently Director of the Public Health Laboratory Service. My business address is PHLS Headquarters, 61 Colindale Avenue, London NW9 5DF

Overview

2. My involvement in BSE whilst at the Department of Health was largely limited to a period in March 1988. BSE was initially dealt with by my Division, but was transferred, at the direction of the Chief Medical Officer, to another Division (Med SEB) in about April 1988. After that time I ceased, virtually, to play any part, although some papers were copied to me. The position did not alter when I became a Deputy Chief Medical Officer and the Director of Health Care on the NHS Management Executive in October 1989 and remained the same until I left the Department at the end of November 1992.
3. It is now more than ten years since the events of March 1988 took place and my detailed recollection of events has inevitably faded. I have relied on the available documents to recall the involvement that I had.
4. A summary of the posts I held at the relevant time is as follows:

Oct. 1987 - Sept. 1989	Senior Principal Medical Officer International Health, Microbiology of Food and Environment, Communicable Disease Policy and Immunisation and International Relations (Med IMCD/IRH)
Oct 1989- Nov 1992	Deputy Chief Medical Officer (DCMO) and Director of Health Care, NHS Management Executive
Jan 1993 -	Director, Public Health Laboratory Service

Head of IMCD Division

5. I joined the Department of Health as a Senior Medical Officer in Medicines Division in November 1976, having previously worked as a haematologist in the NHS. I was promoted to Principal Medical Officer in 1979, when I joined the Scientific Services, Equipment and Building Division and then to Senior Principal Medical Officer, as Head of the Medical Manpower and Education Division, in 1983. I joined the IMCD Division as Senior Principal Medical Officer in October 1987, following a year's sabbatical reading for a Master's Degree in epidemiology at the London School of Hygiene and Tropical Medicine.

6. As Senior Principal Medical Officer, I was Head of the IMCD Division and responsible for its management. I reported to Dr E. Harris, Deputy Chief Medical Officer and was responsible for about seventy staff. In early 1988, the Principal Medical Officer was Dr Hilary Pickles, although she was soon to move from my Division to another Division, Med SEB. There were several other Senior Medical Officers and a Medical Officer within the Division, supported by a number of other staff. Some of the Senior Medical Officers were involved in the work of more than one branch at a time.
7. In early 1988, when BSE was first brought to the Department of Health's attention, IMCD was made up of five branches. One of the branches (Med. IMCD2), dealt with all aspects of the microbiology of food and the environment. The Senior Medical Officer in charge of that branch was Dr Helen Murrell and she was supported by Dr Ann Dawson, Medical Officer. Another branch (IMCD3) dealt with Communicable Disease Policy. Part of the work of that branch was on the so-called 'slow viruses', including Creutzfeldt-Jakob Disease. The Senior Medical Officer in charge of that area of work was Dr A Fenton Lewis. Of the remaining branches of IMCD, one dealt with AIDS and the final branch provided support to all sections of the Division. In addition to those five branches, there was an administrative branch within the Division, lead by an Assistant Secretary, which dealt with the health and social welfare aspects of international relations.

February 1988 - October 1989

8. To best of my recollection, I first heard of the existence of BSE at a meeting of the Central Zoonoses Group which took place on 17 February 1988. The Central Zoonoses Group was a regular (approximately six-monthly) meeting of medical, scientific and veterinary officers from the Department of Health and Social Security (DHSS), the Public Health Laboratory Service (PHLS) and the Ministry of Agriculture, Fisheries and Food (MAFF). The purpose of the meetings was to have a regular exchange of information on scientific developments in zoonoses (animal diseases transmissible to humans). At that meeting, which I chaired, the minutes (attached at Annex 1a) show that Dr W.A. Watson the then Director of the Central Veterinary Laboratory, gave a description of BSE. I have no recollection of the discussion at the meeting (which took place over 10 years ago) on this or on any other agenda item. A summary of Dr Watson's presentation was circulated with the minutes of the meeting and is Annex 1b). The summary concludes with the words: "There is no evidence to suggest that there may be a risk to human health."
9. The meeting on the 17 February 1988 took place (as the papers I have seen show) some two weeks before a meeting which I had, on 3 March 1988, with the then Chief Veterinary Officer, Mr W.H.G. Rees and the Director of the Central Veterinary Laboratory, Mr Watson. I do not recall exactly how the arrangements for the meeting were made, but I think it was at Mr Rees's request. The meeting took place in my office in Alexander Fleming House, Elephant and Castle. I do not recall who else was present, but I assume, from

X the documents I have seen, that Dr Dawson, Medical Officer in IMCD, was present, since she prepared the subsequent minute (dated March 3 1988) informing the Chief Medical Officer about the meeting and its purpose. My memory of the meeting is extremely limited but, as the papers make clear, Mr Rees and Mr Watson had come to inform the Department about BSE, a new disease in cattle, that appeared to belong to the group of diseases known as spongiform encephalopathies. They were seeking the advice of the Chief Medical Officer on the view that MAFF should take of the possible human health implications and how MAFF should handle questions about the risks to human health. I recall advising that the CMO would need to undertake a thorough investigation, with the advice of experts, before he would be able to respond on these matters.

10. On 3 March 1988 - the same day as my meeting with the Chief Veterinary Officer, and arising therefrom - Dr Dawson wrote a minute to the Chief Medical Officer, which I approved (Annex 2). It was to the effect that the Department had been advised by Mr. Rees, the Chief Veterinary Officer, that the Permanent Secretary of MAFF had written to him seeking the Department's views on the possible human health implications of BSE. Dr Dawson's minute also stated that full briefing would follow.
11. In response to that minute, the Chief Medical Officer wrote to me on 7 March 1988 (Annex 3) to the effect that if this new disease of cattle behaved like scrapie and kuru there should not be a problem in man, but that we should nevertheless take urgent advice from the experts. He suggested that the experts to be consulted would be those who had been members of a committee he had chaired on Creutzfeldt-Jakob Disease.
12. On 7 March 1988, Dr Dawson sent to the Chief Medical Officer the fuller briefing to which her minute of 3 March had referred (Annex 4).
13. Subsequently, on 9 March 1988, I wrote a minute (Annex 5) to Dr Fenton Lewis who, amongst his other duties, dealt with slow viruses. I said that, as the initial discussions in the expert group were likely to concentrate on the general properties of slow viruses and their transmissibility, I thought the lead responsibility for the production of the necessary papers fell to him rather than to the Food Branch
14. After that date, I was copied, amongst other things, the Chief Medical Officer's submission, dated 21 March 1988, to the Minister for Health, as well as the confirmation, three days later, that the Minister had agreed to the setting-up of the expert group. The expert group was subsequently known as the Southwood Working Party and I was copied various documents about the setting-up of the Working Party
15. Around this time, the Chief Medical Officer decided that BSE would be dealt with by Dr Hilary Pickles, in the Division she had moved to, Med SEB. My understanding, at the time, of the reason for the transfer of work on BSE to Dr Pickles, was that she had spare capacity in her Division whereas my staff and I

were heavily involved in dealing with a number of major outbreaks of public health importance and would have had difficulty taking on the additional work of setting-up and servicing an expert group. Since BSE was a new animal disease and not a known zoonotic disease, there was no particular reason for it to be dealt with in my Division. Following the transfer of the work to Med SEB and Dr Pickles, neither I nor my Division had any further direct responsibility for the subject.

16. On 30 April, 1989 I received a minute from the Chief Medical Officer concerning the Richmond Committee (Annex 6). This was a Committee which had been set up to examine issues concerned with the microbiological safety of food and which was serviced by staff in my Division. The CMO was concerned that the Richmond Committee was preparing to discuss BSE so soon after the Southwood report. He wished personally to clear any question which was felt to be sufficiently important to justify re-opening the issue at that stage. I passed the minute on to Dr Eileen Rubery, the Principal Medical Officer in my Division responsible for the Richmond Committee, and to Dr Pickles, drawing their attention to the CMO's comments. I do not recall hearing anything further about the matter.

17. My involvement with BSE after March 1988 was limited to being kept in touch with general developments. I would describe myself simply as a detached observer at that time, as the matter was being dealt with by another Division and, in particular, by Dr Hilary Pickles. My own Division, of course, had its own responsibilities and in particular, at that time, was dealing with the critical issues of salmonella infection from eggs, listeria infection from cheese and other food, an outbreak of botulism and many other food and water-borne outbreaks.

October 1989-December 1992

18. In October 1989, I was appointed to the position of Deputy Chief Medical Officer (DCMO) and Director of Health Care on the NHS Management Executive. At the time I took up my post, the other DCMOs were Dr J Metters and Dr M Abrams. My major responsibilities were to provide medical input to the Executive and to deputise for the Chief Medical Officer. I was accountable to him for such matters as medical education, medical manpower, medical audit and the development of the public health function in the NHS. I had no involvement with BSE and only slight involvement with iatrogenic CJD (i.e. CJD resulting from medical treatment).

Post December 1992

19. From January 1993 I have been Director of the Public Health Laboratory Service, which is an Executive Non-Departmental Public Body, whose purpose is to protect the population from infection. As Director, my role is to provide scientific leadership and direction to the Service; to ensure the provision of advice on communicable diseases to Government; to meet the objectives and

targets set for the PHLS by Ministers and to manage the Service effectively and efficiently.

20. From the time of my appointment and up to the 20 March 1996, I was in periodic communication with the Department of Health, offering the services of the PHLS, particularly in relation to the epidemiology and surveillance of CJD, insofar as it might be helpful to, and supportive of, the work of the National CJD Surveillance Unit. However, I was advised that there was no requirement for PHLS involvement in spongiform encephalopathies. On 21 March 1996, I wrote again to the CMO (Annex 7) to say that the PHLS's expertise in communicable disease epidemiology was at the disposal of the Spongiform Encephalopathy Advisory Committee (SEAC) and in support of the National CJD Surveillance Unit. I asked that he should let the Chairman of SEAC know that the PHLS stood ready to assist the Committee in any way it could. My letter set out briefly those areas to which the PHLS could bring particular expertise.

Connection with Interested Bodies

21. I do not personally have any links, past or present, with the farming community, renderers, feedstock manufacturers, petfood manufacturers, pharmaceutical companies, trade associations, other private organizations or local government, other than in the following respects:

a) I have a portfolio of stocks and shares which is managed on my behalf by independent financial advisers, which contains some shares in various pharmaceutical companies, subject to change at the discretion of the financial advisers. I am not aware that my portfolio contains any shares in the other categories mentioned above.

b) My husband is Company Secretary of GRO C

22. The above statement is true to the best of my knowledge and belief.

Signed:

GRO C

Dated:

4 June 1998