14. Departmental responsibilities

14.1 The two Northern Ireland Departments with the most significant role in the BSE story were the Department of Agriculture for Northern Ireland (DANI) and the Department of Health and Social Services (DHSS).

Department of Agriculture for Northern Ireland (DANI)

14.2 During the period covered by the Inquiry, DANI reported to a Parliamentary Under-Secretary, a post held at different times by, among others, Lord Lyell and Lord Skelmersdale in the House of Lords, and by Mr Peter Bottomley in the House of Commons. The DANI divisions of relevance to the Inquiry were:

- Animal Health Division;
- Livestock and Meat Marketing Division;
- the Veterinary Service, headed by the Chief Veterinary Officer (CVO) for Northern Ireland;
- the Science Service, headed by the Chief Scientific Officer (CSO) for Northern Ireland; and
- the Agricultural Service (including the Agri-Food Development Service), headed by the Chief Agricultural Officer (CAO) for Northern Ireland.\(^{521}\)

14.3 The DANI Permanent Secretary when BSE emerged was Dr William Jack. He held weekly meetings with the Under and Assistant Secretaries in the Department, together with the Heads of the three professional divisions and other senior staff, to ensure that all senior managers were aware of current and potential business and problems, and that action was properly coordinated.\(^{522}\) The key administrators in relation to BSE were Mr David Carnson (Grade 3, Under Secretary), Mr Rutherford Armstrong and later Mr Pat Toal (Grade 5, Assistant Secretary), and Mr Gregg Shannon and later Mr Liam McKibben at Grade 7 level.

14.4 Dr Jack told the Inquiry that it was DANI’s policy that all branches should maintain contact with their counterparts in other Departments. On animal health matters, this included the Ministry of Agriculture, Fisheries and Food (MAFF) in Whitehall, the Department of Agriculture in Dublin and, to a much lesser extent, the Isle of Man and the Channel Islands.\(^{523}\) Mr Liam McKibben, head of the Animal Health Division between 1992 and 1995, said that he had attended meetings regularly with senior management within DANI and with colleagues in MAFF and the Scottish and Welsh Offices on policy matters.\(^{524}\)

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521 S252A Jack para. 16
522 S252 Jack para. 3
523 S252 Jack para. 4
524 S255 McKibben para. 5
14.5 As in Wales and Scotland, officials in DANI tended to have a much wider range of responsibilities than their corresponding grade in MAFF. Dr Jack explained:

The same degree of specialisation was simply not possible here and this is why so much emphasis was laid on maintaining close cooperation with MAFF officials in relation to many aspects, including BSE. 525

Animal Health Division

14.6 Animal Health Division (AHD) had four main areas of responsibility:

i. prevention of animal disease coming into Northern Ireland, particularly taking into account the requirements of EU law; 526

ii. control or eradication of any animal disease detected in Northern Ireland, again in light of the relevant EU law;

iii. introduction of legislation to give effect to these policies; and

iv. providing administrative support for the implementation of relevant controls (mainly by veterinary staff), including assessing the appropriate levels of compensation to be paid out and the provision of the necessary funds. 527

14.7 Although DANI enjoyed considerable autonomy in agricultural matters, it was regarded as desirable, where a threat to public and animal health existed on a UK-wide basis, that policy be formulated to combat such a threat on the same basis. As in Wales and Scotland, the general policy lead was therefore taken by MAFF and the Department of Health (DH) in Whitehall. As Mr Pat Toal said in his statement to the Inquiry:

There are considerably greater resources available to MAFF for policy formulation than exist in any Territorial Department. All Government sponsored R&D was undertaken by MAFF and it was on the basis of this research that policies in relation to BSE were developed. The other main influence on BSE policy was the findings of Government-appointed expert committees. In particular I am referring to the Southwood Committee, the Tyrrell Committee and most recently the Spongiform Encephalopathy Advisory Committee (SEAC). 528

14.8 Consequently the policy role of AHD during the BSE crisis tended to be limited to ensuring that the policy developed by MAFF and its subsequent implementation took proper account of Northern Ireland’s circumstances.

525 S252A Jack para. 25
526 The European Union (EU) came into existence on 1 November 1993 as a result of the Maastricht Treaty. It incorporated but did not replace the European Community. Throughout the volumes of this Report, the term EU is generally used for consistency’s sake (even if sometimes chronologically incorrect), except where specific reference is made to the functions conferred by the European Community Treaty or to its legal effect
527 S255 McKibben para. 4; S257 Toal para. 4
528 S257 Toal para. 8
Livestock and Meat Marketing Division

14.9 The Livestock and Meat Marketing Division was generally responsible for the marketing of beef, sheepmeat and their products, and a number of other matters including the licensing of slaughterhouses and the registration of export plants.

Veterinary Service

14.10 The Veterinary Service in Northern Ireland was entirely separate from MAFF’s State Veterinary Service in Great Britain. The Chief Veterinary Officer (CVO) for Northern Ireland advised Ministers and senior officials directly. He was supported by two Deputy Chief Veterinary Officers (DCVOs), one with responsibility for development of policy advice, and the other for the implementation of policy. Mr Bill Sullivan was CVO until 1990, when he was succeeded by Mr Ron Martin, who had previously been DCVO (Policy). Dr Robert McCracken took over from Mr Martin as DCVO (Policy).

14.11 The DCVO with the responsibility for policy advice led a team of veterinarians based at DANI headquarters which advised the CVO on ‘veterinary public health, enzootic diseases, epizootic diseases and animal welfare’. This meant providing the CVO with policy options for the control of animal diseases in Northern Ireland and recommendations as to which options were most appropriate. The DCVO (Implementation) and his staff provided advice on practicality and resource implications when policy options were being considered by the CVO, and subsequently ensured implementation of the chosen policy.

14.12 In addition to the group which directly supported the CVO, the Veterinary Service had another three sections with involvement in BSE, namely:

- meat hygiene and inspection;
- epizootic diseases such as BSE; and
- enzootic diseases such as bovine tuberculosis and bovine brucellosis.

14.13 The Veterinary Service in Northern Ireland had some wider responsibilities than its counterpart in Great Britain. One example of this was meat inspection in slaughterhouses, which in Great Britain was the responsibility of local authorities until the introduction of the Meat Hygiene Service in 1995. In Northern Ireland almost all meat inspection was the responsibility of the Veterinary Service.

14.14 Veterinary inspection of meat was necessary given Northern Ireland’s substantial reliance on beef exports and the accompanying need to comply with international standards in meat inspection. Almost all of the slaughterhouses in Northern Ireland were EU-approved so that most meat, whether it was for export or the domestic market, was prepared to the same standards and under the same levels of supervision. The only exceptions were four small slaughterhouses for which local authorities had responsibility.

529 S279 McCracken para. 5(b). See the glossary at the end of this volume for definitions of epizootic and enzootic
530 S278 Martin R para. 6. The exceptions were plants producing certain meat products for the domestic market which were not combined with DANI-supervised operations, certain plants producing other products of animal origin, and other meat premises such as butcher’s shops and catering premises. These were all supervised and licensed by local authorities. See DN01 tab 9 para. 1
531 S278 Martin R para. 6
14.15 The fact that there were fewer slaughterhouses than in Great Britain also meant that inspection could be carried out at a higher level. Each export slaughterhouse had a full-time DANI Veterinary Officer present, together with a trained team of DANI Meat Inspectors. In addition, Divisional Veterinary Officers (Meat) based at DANI headquarters at Dundonald House in Belfast visited export plants once a quarter for the purpose of checking compliance with licensing requirements, monitoring hygiene and meat inspection standards, and reporting any problems to the CVO.

14.16 The epizootic disease section of the Veterinary Service assisted with the formulation of policy in relation to epizootic diseases, including BSE. According to Mr Samuel MacDonald, Senior Principal Veterinary Officer from 1985 to 1995, the section’s responsibilities were:

(a) Provision of expert advice to Senior Management and to Animal Health Division on formulation of policy in relation to serious animal and poultry diseases such as Swine Fever, Foot and Mouth Disease, Fowl Pest etc (Epizootic Diseases) [and] other miscellaneous animal and poultry diseases including BSE; Animal Welfare; and trade in certain products of animal origin.

(b) Preparation of contingency plans for dealing with outbreaks of serious animal disease.

(c) Preparation of staff instructions for field staff carrying out farm visits and other field duties relating to implementation of policy in the above areas.

(d) Provision of advice and guidance to the field on the implementation of policy.

(e) Monitoring implementation of policy.

14.17 The enzootic disease section was less involved in BSE policy matters but did provide the cattle-tracking system. The principal responsibilities of the section were:

(a) Provision of expert advice to Senior Management and to Animal Health Division on formulation of policy in relation to Enzootic Disease, Zoonotic Disease, Licensing and use of Veterinary Medicines, and cattle identification and movement control.

(b) Interpretation of Brucellosis Test results.

(c) Preparation of instructions for implementation of policy in the field.

(d) Provision of advice and guidance to the field on implementation of policy.

(e) Monitoring implementation of policy.

532 T80 p. 20
533 T80 pp. 145–6
534 S378 MacDonald para. 4
535 S378 MacDonald para. 3
The Science Service

14.18 DANI had its own scientific service headed by the Chief Scientific Officer and consisting of a number of scientific research divisions which included the Veterinary Research Laboratories (VRL).

14.19 Although this capacity was available to DANI, Dr Cecil McMurray (CSO, February 1988 to March 1996) said that an early decision was made not to carry out research into BSE in Northern Ireland, because:

A There was no DANI research expertise in scrapie or other TSEs.

B DANI did not have appropriate animal accommodation or mouse colonies for carrying out specific investigations on pathogenesis, transmission or infectivity studies.

C Appropriate expertise existed elsewhere in the UK and research programmes had already been initiated or were under way in institutes, eg, by MAFF (CVL) and AFRC (at Edinburgh and Compton) when [BSE] became a direct issue in Northern Ireland.

D Research budgets were stretched and there was no spare capacity for undertaking new programme areas and especially of the scale necessary to make a unique impact alongside programmes being carried out elsewhere.536

14.20 However, a number of research projects relating to BSE were proposed in 1989 by Professor John McFerran, then Chief Veterinary Research Officer at the Veterinary Research Laboratories. Dr McMurray told the Inquiry that he understood that these were later carried out.537 In addition, Mr Owen Denny, DVO, was involved in major epidemiological modelling.538

14.21 DANI also funded research on animal health undertaken at the Faculty of Agriculture and Food Science at Queen’s University, Belfast. Senior staff of the Faculty held dual appointments at the University and DANI Research Divisions. Dr McMurray had himself been Head and Professor of Food and Agricultural Chemistry at the University until 1988.539 Dr Jack said:

The bulk of research commissioned from the Research Divisions was of an applied nature relative to farm production and food processing. An ability to identify major pathogens was retained together with such research as was required for University teaching purposes. Basic science was not commissioned from DANI but left to the Research Councils funded from Great Britain.540

14.22 According to Dr McMurray, DANI was not represented on any of the expert committees set up by MAFF during the BSE crisis. It therefore relied on MAFF to pass on scientific and technical information on issues surrounding BSE, and usually received such information after the implications had been explored and proposed...
actions recommended. The scope for the DANI CSO to evaluate the relevant scientific issues and to influence subsequent policy formulation was consequently limited.

14.23 The VRL was principally responsible for the provision of a diagnostic pathology service to DANI and to the farming community and veterinary practitioners generally. VRL staff interpreted and reported on the results of tests carried out following the gross post-mortem examination of animals, in particular where results indicated the involvement of diseases subject to statutory control.

14.24 The VRL’s role in relation to BSE was limited to pathological diagnosis of the disease and disposing of infected carcasses in its incinerator. From the beginning of the epidemic, all suspect or confirmed BSE cases in Northern Ireland were incinerated, unlike in other parts of the UK where they were often disposed of in a landfill site, because numbers outstripped incinerator capacity. All reports on suspect BSE cases were forwarded to the Veterinary Service.\textsuperscript{541}

The Agri-Food Development Service

14.25 The Agri-Food Development Service, headed by the Chief Agricultural Officer, was responsible for monitoring compliance with the statutory requirements imposed on the manufacture and use of feedstuffs. This task was undertaken by DANI Fertilisers and Feeding Stuffs Inspectors, who made regular visits to feedmills, on-farm feed mixers and farms.\textsuperscript{542} While Inspectors were responsible for monitoring compliance, the Animal Health Division took over when action was required in terms of warning letters, consideration of prosecution, and passing on information to industry organisations, the Minister and senior officials.\textsuperscript{543}

Department of Health and Social Services (DHSS)

14.26 The DHSS was headed by a Parliamentary Under-Secretary, a post held at different times by, among others, Mr Richard Needham and Baroness Denton.

14.27 The responsibilities of the DHSS with respect to BSE/CJD fell into two broad categories:

- to engage in preventive action to protect public health; and
- to provide healthcare to persons suffering from illness.

14.28 The groups in the DHSS relevant to the BSE story were the Health and Social Policy Group, and the Medical and Allied Group. Within the former, the Medicines and Food Control branch undertook the public health responsibilities of the DHSS. The medical professionals within the Medical and Allied Group consisted of the Chief Medical Officer (CMO) and his/her staff, who provided advice to administrative branches and directly to the Secretary of State.

\textsuperscript{541} S279 McCracken para. 3
\textsuperscript{542} DN01 tab 4 para. 19
\textsuperscript{543} S255 McKibben para. 9
14.29 There was no organisation in Northern Ireland equivalent to the Communicable Disease (Scotland) Unit (see paragraphs 9.24–9.25) or the Welsh Unit of the Communicable Disease Surveillance Centre (see paragraphs 4.21–4.22). The analogous function was carried out by a medical division in the DHSS, supported by the Regional Communicable Diseases Liaison Group, which is described more fully below (paragraphs 14.37–14.40). As mentioned in paragraphs 9.28–9.29, the CJD Surveillance Unit in Edinburgh had a remit that covered the whole of the United Kingdom.

14.30 There was also no Public Health Laboratory Service in Northern Ireland. Samples taken from humans were analysed at the nearest hospital or referred to the Central Public Health Laboratory of the PHLS at Colindale in England or the Belfast City Hospital if further study was required. The latter institution also had the capacity to examine food samples.

14.31 The DHSS did not have its own in-house expertise or any research or investigative capacity in food science and technology, and thus it was departmental policy to look to MAFF and DH for national guidance and advice in relation to food safety matters generally.

Medical professionals

14.32 As in the other parts of the United Kingdom, the Chief Medical Officer (CMO) was head of the medical professionals. Dr John McKenna held this post between December 1986 and June 1994, when he was succeeded by Dr Clifford Hall and later Dr Henrietta Campbell. He described his public health duties as follows:

- to monitor the state of health of the public of Northern Ireland;
- to advise the Minister on matters relating to the public health and on medical matters relating to the Health and Personal Social Services (with a right of direct access to the Minister);
- to advise the DHSS and all other Northern Ireland Government Departments on matters relating to the Northern Ireland public health;
- to advise the Northern Ireland public on matters relating to their health, being the chief Government spokesperson on these issues;
- to bring resolved medical advice to the DHSS;
- to provide direct medical services for Northern Ireland Government Departments;
- to provide medical professional leadership in the implementation of Government policies by initiating and driving through necessary changes;
- to monitor and review the provision of medical services, ensuring their appropriateness, effectiveness and quality; and
to represent the DHSS and the Northern Ireland medical profession on national committees.\textsuperscript{544}

\textbf{14.33} The CMO reported to the DHSS Permanent Secretary but in addition had direct access to the Secretary of State. He or she was assisted by a Senior Medical Officer (SMO) and Deputy Medical Officers. For the whole of the period covered by this Report there was an SMO in the DHSS with specialist communicable disease expertise.\textsuperscript{545} According to Dr McKenna, this meant having enough expertise to deal with the range of zoonoses that arose in the population of just 1.6 million, and in particular in the farming community.\textsuperscript{546} The Department had access to whatever training was available in the UK to deal with zoonoses, but did not have its own zoonosis specialist.\textsuperscript{547} The SMO also had access to the full network of microbiological expertise in Northern Ireland, both in the DHSS itself and in DANI. Dr McKenna emphasised how the close-knit nature of the Northern Ireland Departments facilitated internal communication.\textsuperscript{548} DANI and DHSS staff, for example, were housed in the same building.

\textbf{Medicines and Food Control branch}

\textbf{14.34} The Medicines and Food Control branch was responsible, among other things, for preparing Regulations under the successive Food Acts covering food additives, labelling, composition, hygiene, etc.\textsuperscript{549} The name of this branch was later changed to the Health Protection branch. Mr George Hamill, head of this branch between 1988 and 1993, described its involvement in the BSE story as follows:

Neither I nor my administrative colleagues in Medicine and Food Control branch had any expertise in BSE or CJD and we were certainly not in any position to propose alternative courses of action in relation to BSE or CJD. Our sole function in relation to BSE was to implement policy by producing legislation for NI to maintain parity with Whitehall Departments.\textsuperscript{550}

\textbf{The Health Promotion and Disease Control branch}

\textbf{14.35} This was headed by Mr P Green and then Mr E Rooney and provided administrative support to the CMO and his/her staff.

\textbf{The Health and Social Services Boards}

\textbf{14.36} At the level of the four Health and Social Services Boards, control of communicable disease was coordinated by an Area Team led by a Consultant in Communicable Disease Control. The Team also included a nurse, an Environmental

\textsuperscript{544} S254 McKenna para. 3
\textsuperscript{545} Dr Nicholas Donaldson until 1990 and then Dr Elizabeth Mitchell
\textsuperscript{546} In 1990 the population of Northern Ireland was just 3 per cent of that in England and Wales, and 30 per cent of that in Scotland (see The Microbiological Safety of Food, Part II, Report of the Richmond Committee on the Microbiological Safety of Food, London, HMSO, November 1990, p. 33)
\textsuperscript{547} T75 p. 35
\textsuperscript{548} T75 p. 36
\textsuperscript{549} S253A Hamill para. 3i
\textsuperscript{550} S253A Hamill para. 5
Health Officer and a Divisional Veterinary Officer where necessary, and could call on the Regional Communicable Diseases Liaison Group (see below) for assistance at any time.551

Other bodies relevant to the BSE story

Regional Communicable Diseases Liaison Group

14.37 The Northern Ireland Regional Communicable Diseases Liaison Group (RCDLG) was set up by the DHSS and was chaired by a senior medical officer from that Department, quite often the CMO. Its members were the Communicable Disease Consultants of the four Health and Social Services Boards, the Chief Environmental Officer of the Department of the Environment for Northern Ireland, the CVO or a DCVO from DANI, a Nursing Officer of the DHSS, microbiologists, and consultants in infectious disease.552

14.38 The functions of the Group were the epidemiological surveillance of communicable disease and food poisoning, and collection and collation of relevant information; advice to the DHSS and other NI Departments on communicable disease control policy; and coordination of services involved in the control of communicable disease.553

14.39 A briefing was provided at each of the meetings of the RCDLG on a range of zoonotic diseases. Mr Ron Martin, DCVO (Implementation) from 1985 to 1990, told the Inquiry:

It was not just BSE, it was TB, brucellosis and so on. And if I recall rightly things like salmonella and salmonella in eggs and many issues of that type, so that there was that formal link whereby we communicated. But the Communicable Diseases Group was also a partnership where we would have liaised generally.554

14.40 The Group was set up to provide a broad strategic view on communicable disease. In her statement to the Inquiry Dr Henrietta Campbell, CMO for Northern Ireland from January 1995, said:

. . . it could not be considered that a small country such as Northern Ireland could support a research base or academic centre for spongiform encephalopathies. However, BSE was included as an item on the agenda of each meeting and members were updated on the BSE epidemic. One member of the group, Professor David Simpson, a [consultant] microbiologist at Queen’s University, Belfast had a particular interest in zoonoses. The Deputy Chief Veterinary Officer of course also attended each meeting and kept us updated on the animal health issues. The group recognised that they

551 In Northern Ireland, the local authorities had a more restricted role than in the rest of the UK, partly because the central government there was closer to the local communities. Area Boards administered many of the local services (not just health and social services) that were provided by local authorities in Great Britain
554 T80 p. 29
did not have any particular expertise in the spongiform encephalopathies and there was an acknowledgement that as a group we were not well equipped to make any independent conclusions on the risks to human health. 555

Ulster Farmers’ Union (UFU)

14.41 Mr McKibben of AHD told the Inquiry that he consulted regularly with industry interests in Northern Ireland, including the Ulster Farmers’ Union.556 These organisations were invariably consulted on policy issues and proposals relating to BSE. 557

Relationship with the Republic of Ireland

14.42 An important factor influencing Northern Ireland’s approach to animal health issues in general, and BSE in particular, was the fact that it shared a land border with the Republic of Ireland. 558 Both countries were heavily dependent on agricultural exports and were not as industrially developed in other respects as Great Britain. 559 Like Northern Ireland, beef production in the Republic was grass-based, with cattle grazing pasture for most of the year and winter feed consisting mainly of silage and/or hay.

14.43 In the international arena, the island of Ireland was often treated as a single unit as far as animal health matters were concerned (for instance, in measures to deal with foot and mouth disease and swine vesicular disease).560 Even so, animal health conditions were not always the same in the two countries – notable examples being outbreaks of warble fly and tuberculosis. 561

14.44 The first case of BSE in the Republic was confirmed on 25 January 1989, within a few months of the first case in Northern Ireland. Between 1989 and 1996 a total of 188 cases were diagnosed. Unlike in Northern Ireland, the incidence of the disease did not reach its peak before 1996 and has not peaked to date. A major difference in the Republic’s approach to BSE control measures was its policy of slaughtering the entire herd once BSE had been confirmed in an animal in that herd. Progeny of, and all the calves born in the same season in the same herd as, the affected animal were also traced and destroyed. A ruminant feed ban was introduced in July 1990, and a ban on SBO for human consumption in April 1996.

14.45 DANI maintained a close working relationship with the Department of Agriculture in Dublin, particularly when the BSE issue arose.562 Before 1987, apart from in certain areas which were governed by EU legislation, there were no formal discussions between the two Departments, but there were extremely close informal working arrangements, mostly between officials.563 In 1987, for the first time,

555 S258B Campbell para. 4
556 S255 McKibben para. 5
557 S255A McKibben para. 12
558 T133 p. 17
559 T75 p. 9
560 T75 pp. 8–9
561 T75 pp. 11–12
562 T75 p. 12
563 T75 p. 33
formal structures were introduced in the form of the Intergovernmental Conference, but according to Mr Toal, Assistant Secretary (Grade 5) in the Animal Health Division, animal health discussions with Dublin continued to operate informally. He could recall only one occasion on which there was an agricultural issue on the agenda for the meeting of the Intergovernmental Conference.

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564 This was established pursuant to the Anglo-Irish Agreement of 1985 and allowed for meetings in London, Dublin and Belfast at ministerial or official level (www.nio.gov.uk/p_relations.htm)

565 T75 p. 34