5. Chronological account of specific Welsh issues

Emergence of BSE

5.1 Retrospective studies by MAFF suggest that an early clinical case of BSE occurred in Dyfed in July 1985. By mid-February 1988, there were 16 confirmed cases in Wales. New epidemiological evidence suggests that the disease might have spread initially not only from the South West of England but also from the southern part of Wales. The annual incidence of the disease in Wales peaked in 1992, when there were 3,846 confirmed cases (out of a UK total of 37,545). Between 1986 and 20 March 1996 the total number of confirmed cases of BSE in Wales was 15,202, affecting 4,926 herds.

5.2 Mr Roger Bollington, Head of WOAD 2 between 1986 and 1989, said that he first became aware of BSE in late 1986 or early 1987, during the course of a meeting of Regional Veterinary Officers. He was told that ‘a disease had started to emerge in cattle which was irregular both in location and in relation to the herds’. He recalls ‘being informed that the [State Veterinary Officers] were attempting to ascertain a pattern in the disease in order to enable them to attempt to deal with it’.

5.3 In June 1987 the Chief Veterinary Officer of the time, Mr William Rees, minuted the MAFF Parliamentary Secretary (Commons) – Mr (now Sir) Donald Thompson – to inform him that a slowly progressive neurological disorder of adult cattle had been identified which ‘could have potentially serious implications, not only domestically but for UK exports’. This minute was copied to Dr David Williams’s predecessor as Veterinary Adviser to the Welsh Office, Mr H Evans.

The ruminant feed ban, and slaughter and compensation

5.4 The Bovine Spongiform Encephalopathy Order 1988 introduced compulsory notification of BSE in June 1988 and the ruminant feed ban in July 1988. Both measures were introduced simultaneously in Wales and the rest of Great Britain. Compulsory slaughter and compensation was introduced just over a month later with the compensation rate set at 50 per cent of market value. Welsh farmers almost immediately expressed their dissatisfaction with this...
rate, taking the view that it was unrealistic to expect producers to bear half the loss of stock affected and slaughtered.\(^78\) During the course of a regular meeting with the Agriculture Advisory Panel for Wales in May 1989, Mr John Davies, the Head of WOAD at the time, was advised of a serious consequence of this dissatisfaction:

\[\ldots\text{it was also fairly certain that farmers were seeking to mitigate their losses by sending animals to slaughter at the first hint of the disease being present.}\] \(^79\)

5.5 Mr Davies regarded this situation as untenable. He advised the Secretary of State, Mr Peter Walker, to put it to the Agriculture Ministers that the existing policy should be reviewed. Mr Walker did so on 5 May,\(^80\) but the MAFF Minister, Mr John MacGregor, replied that he had seen no evidence that farmers were acting in this way and that he could find no justification for increasing the compensation. He added that he did not see the ‘remotest possibility’ of securing the Treasury’s agreement to an increase.\(^81\)

5.6 Ten months later, Mr MacGregor’s successor, Mr John Gummer, wrote to the Chief Secretary to the Treasury, Mr Norman Lamont, making the same proposal on similar grounds.\(^82\) Mr Walker gave support to the proposal with a reference to his letter of the previous May.\(^83\) Mr Lamont concurred two days later, on 9 February,\(^84\) and compensation for affected and slaughtered cattle was increased with effect from 14 February 1990 to 100 per cent of average market value.\(^85\)

The SBO ban

5.7 On 27 February 1989 the Report of the Working Party on Bovine Spongiform Encephalopathy (the Southwood Report) was published.\(^86\) An opinion expressed in paragraph 5.3.5 of the Report – ‘we consider that manufacturers of baby food should avoid the use of ruminant offal and thymus’ – provided a stimulus for the subsequent general Specified Bovine Offal (SBO) ban. The ban on SBO was introduced by means of the Bovine Offal (Prohibition) Regulations 1989, which came into force simultaneously in England and Wales on 13 November 1989. The Regulations specified cattle tissues that were banned for human consumption: brain, spinal cord, spleen, thymus, tonsils and intestines. (The ban was later extended, in 1990, to the use of SBO in animal feed.) WOAD was not directly involved in implementing or enforcing the SBO ban, since operational responsibility lay with local authorities and – after April 1995 – the Meat Hygiene Service. Responsibility for monitoring the work of these bodies lay with the SVS.\(^87\)
Welsh Office concerns

Risk from slaughterhouse practices

5.8 In March 1988 Dr Ruth Jacobs joined the Welsh Office as SMO with an environmental health role, including responsibility for communicable diseases. In her statement Dr Jacobs said that in September 1989, when she returned from a year’s maternity leave, WOAD was leading on the issue of BSE. Her role at the time involved receiving updates on the situation from DH and assimilating the information.88 In early May 1990 Dr Jacobs heard about the case of feline spongiform encephalopathy diagnosed by Bristol University and considered the implication that the disease might be capable of crossing another species barrier and thus be transmissible to humans. This caused her to regard proper enforcement in slaughterhouses of the ban on SBO as a particularly important issue.89 She asked Mr Ronald Alexander, Environmental Health Adviser at the Welsh Office, to look into and report on slaughterhouse practices for the removal of bovine brains.90

5.9 Mr Alexander responded on 9 May 1990, commenting that local authority Environmental Health Departments had not received guidance on the interpretation of the Bovine Offal (Prohibition) Regulations 1989 introduced the previous November. This had resulted in differing standards of enforcement throughout Wales. He considered that two of the four methods in use to remove the bovine brain involved significant health and safety risks to slaughterhouse workers as well as the risk of contaminating the head meat. In addition, it was understood that bovine carcasses imported into Wales from the Republic of Ireland, where no parallel Regulations existed, were found upon inspection to contain spinal cord.91

5.10 For Dr Jacobs, these pieces of information highlighted the link between meat hygiene and public health and safety issues.92

5.11 Dr Deirdre Hine, the new CMO for Wales,93 was told of Mr Alexander’s concerns about slaughterhouses within the next few days. Having visited slaughterhouses herself, both as an undergraduate during her public health experience and as a postgraduate training in public health,94 she was not surprised that there were variations in conditions at slaughterhouses. She told the Inquiry that, in her experience, they were not places where there was likely to be a uniform method of working.95

‘Beef is safe’

5.12 On 15 May 1990 Dr Hilary Pickles, Principal Medical Officer at DH, put a submission to the Parliamentary Under-Secretary, Mr Stephen Dorrell, copied to DH officials, with an update on the BSE situation.96 The submission was also faxed

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88 S284 Jacobs para. 10
89 T82 p. 49f; S284A Jacobs paras 2–3
90 S284A Jacobs para. 2
91 YB90/5.9/6.1; S282 Alexander para. 14; T82 p. 51f; S284A Jacobs paras 8–9. For a description of slaughterhouse methods, see vol. 13: Industry Processes and Controls
92 S Jacob 284A para. 9
93 Dr Hine had become aware of BSE during 1985–88, as Deputy CMO at WOHD, but had not had any direct involvement with either BSE or CJD at that time. Between 1988 and 1990, before being appointed CMO, Dr Hine left the Civil Service and had no involvement with BSE or CJD during this period either
94 T76 p. 67
95 T76 p. 68
96 YB90/5.15/19.1–19.9
to the Welsh Office. It advised that Sir Donald Acheson, the CMO in England, would make a statement the next day reassuring the public that beef was safe to eat. The proposed ‘line to take’ was:

According to the advice of outside experts given to the Government there is no scientific justification to avoid eating British beef. Beef can be eaten safely by everyone both adults and children.97

5.13 In response to news of this imminent announcement, Dr Hine convened a meeting of the Health Professionals Group (HPG) on 16 May. The meeting was attended by Dr Jacobs, Mr Alexander, the two Deputy CMOs at the Welsh Office (Dr Michael George and Dr David Ferguson-Lewis), and Dr (now Professor) Stephen Palmer and Dr Roland Salmon of the PHLS. Dr Palmer had been Head of the Welsh Unit of the CDSC since 1983.98 Dr Salmon was a consultant epidemiologist with the CDSC Welsh Unit.

5.14 Professor Palmer told the Inquiry that at that time:

Our assessment of the evidence, limited as it was, suggested that there was a case that could be made that there certainly was a significant potential for BSE to be transmitted to humans either by inoculation or by the consumption of infected meat.99

5.15 This conclusion was based on published evidence (see paragraph 5.29) which could be interpreted as suggesting an association between the consumption of sheep offal and classic CJD, and also between classic CJD and exposure to small biting animals such as mink, which were known to be subject to transmissible spongiform encephalopathies. He made the point that the absence of evidence of risk was not the same as the presence of evidence of no risk, and that he and his colleagues felt at the time that this distinction was not being made clearly. They therefore advised caution in making categorical statements that beef was safe or ‘completely safe’.100

5.16 At the meeting it was concluded that the Welsh Office should not separately endorse the views of Sir Donald Acheson. It was decided further that, if the Welsh Office could not avoid commenting publicly, it should state that:

We have been informed by the Department of Health that they have concluded, based on the advice of their outside experts, that there is no scientific justification to avoid eating British beef.101

Follow-up action on issues

5.17 Those at the meeting on 16 May agreed a number of points which Dr Jacobs should pass on to Dr Pickles seeking clarification of the ‘very helpful information she had already given’.102 Dr Jacobs wrote to Dr Pickles on the same day. The letter, which was approved by Dr Hine, contained the following points:

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97 YB90/5.15/19.6
98 S285 Palmer paras 2–3
99 T82 pp. 56–7
100 T82 p. 57
101 YB90/5.15/13.1
102 YB90/5.16/13.1
i. The Welsh Office asked whether it would be possible to see a protocol of proposed studies to be carried out by Dr Robert Will, Director of the CJD Surveillance Unit (see vol. 8: *Variant CJD*).

ii. The practice of continuing to feed pigs and poultry with feedstuffs containing bovine offal was felt to be ‘severely in question’.

iii. The continued use of sheep offal as an animal feedstuff in species other than bovine was felt to be ‘similarly questionable’.

iv. Dr Jacobs asked whether there was any evidence from the age distribution of cattle with signs of BSE coming for slaughter which suggested a point source of exposure.

v. An update on views on vertical transmission of BSE (ie, from dam to offspring) was requested.

vi. The continuing export of animal feedstuffs which were not considered to be acceptable within the UK was questioned ‘if for no other reason than self-interest, since beef or live animals fed on such feedstuffs may re-enter the UK’.

vii. The three issues raised by Mr Alexander were included, ie: the danger posed by imports from the Republic of Ireland; the lack of guidance to local authorities on interpretation of the SBO Regulations; and the variation in slaughterhouse practices leading to a consequent risk of cross-contamination. 103

5.18 At the same time, Dr Jacobs wrote to Mr Peter Lister of the Health and Safety Executive (HSE) drawing his attention to the lack of guidance on the interpretation of the Bovine Offal (Prohibition) Regulations 1989 and the importation of possibly infected carcasses from the Republic of Ireland. She noted Mr Alexander’s advice that none of the four methods of removing bovine brains in slaughterhouses could guarantee the effective removal of the brain without the head becoming contaminated. Two of the methods involved significant health and safety risks to workers in the slaughterhouses. Her intention was to ensure that he was aware of practices in slaughterhouses and to assist him in formulating occupational health advice for slaughterhouse workers. 104

Concerns over bovine heads

5.19 Dr Jacobs copied this letter to Mr Alan Huws, Head of Farm Animal Health and Welfare at WOAD. Mr Huws immediately sent Dr Jacobs a copy of a request for comments on proposed guidelines for slaughterhouses which he had received from his MAFF colleagues. Mr Huws noted that Dr Jacobs’s points about contamination during brain removal went contrary to the guidelines, and asked for advice on which methods of brain removal were acceptable. 105 Dr Jacobs and Mr Alexander replied jointly to Mr Huws, re-emphasising that, as none of the methods of brain removal was safe, head-splitting should be expressly prohibited. Head meat should be obtained without splitting the head, which should then be disposed of

103 YB80/5.16/14.1
104 YB90/5.16/19.1–19.2
105 YB90/5.18/10.1
intact and in such a way as to prevent any brain material from entering the human food chain. This letter was copied to DH and HSE.106

5.20 Mr Huws sent these comments on to MAFF on 23 May.107 He was advised by a letter dated 25 May that the guidelines had already been amended and submitted to the newly established Spongiform Encephalopathy Advisory Committee (SEAC), which had met for the first time on 1 May. A copy of the amended guidelines was enclosed.108 Concerned that the Welsh Office views had not been incorporated, Mr Huws wrote back on 5 June to ask that the points about head-splitting be put to the Advisory Committee. Ms Bronwen Jones of MAFF responded that the guidelines had already been sent to the members of SEAC, who had not been presented with arguments for or against head-splitting, but had been left to form their own views about ‘technical’ issues. She noted that the question whether head meat should be removed before the head was split had already been discussed at MAFF,109 and the general view was that the approach taken by the guidelines was sufficient, particularly since DH had agreed them. Ms Jones indicated that it remained to be seen what SEAC would decide but that the views of the Welsh Office would be drawn to the attention of MAFF Ministers.110 In the event, at their meeting on 13 June, SEAC decided that as a commonsense measure the removal of bovine brains before the head meat was harvested should not be permitted.111 The MAFF guidelines issued on 14 June 1990 duly indicated that bovine head meat intended for human consumption should be recovered from the intact skull before the brain was removed.112 This was later made a statutory requirement by the Bovine Offal (Prohibition) (Amendment) Regulations 1992.113

Challenging the DH line

5.21 As noted above, Sir Donald Acheson made his public statement on the safety of beef on 16 May 1990.114 Shortly after this Dr Salmon prepared a memorandum of advice for Dr Hine articulating several concerns about assumptions underlying the statement.115

5.22 Dr Salmon’s memorandum reviewed in general terms the evidence for transmission of animal spongiform encephalopathies to man, and stated that a small risk of transmission to humans could not be excluded. The memorandum concluded: ‘All this adds up to a numerically extremely small risk but that risk is of a particularly catastrophic outcome.’ Dr Salmon viewed this conclusion as inconsistent with the terms of the statement on the safety of beef issued by Sir Donald. In addition, in his view it was more difficult to impose stricter Regulations, or educate the public, when policy statements were being issued that presented the risk as minimal to the point of not existing.

5.23 At this stage, Dr Hine received a copy of the memorandum submitted by Dr Gerald Forbes, Director of the Environmental Health (Scotland) Unit, to the House...
of Commons Select Committee on 8 June 1990,\(^{116}\) expressing concerns about the apparently limited involvement of medical officials in a public health problem.\(^{117}\) Dr Forbes’s paper concluded that it was clear that no absolute guarantee could be given that the eating of beef was safe.

5.24 On 12 June 1990 Dr Pickles wrote to Dr Jacobs to assure her that all the issues raised in her letter of 16 May 1990 were being considered.\(^{118}\)

5.25 On 27 June Dr Hine forwarded a copy of Dr Forbes’s Select Committee memorandum to Mr John Davies (Grade 3 Head of WOAD) and Mr John Lloyd (Deputy Secretary, Social Affairs/WOHD). Her covering minute said:

I thought you should see the attached papers which I received recently since they are a very clear and accurate statement of my own opinion on this subject.\(^{119}\)

5.26 The next day Mr Davies replied to Dr Hine, agreeing that the comments made by Dr Forbes were ‘by and large, objective’. He did, however, take issue with Dr Forbes’s point in relation to claims that beef was ‘absolutely safe’. Mr Davies said that it was not being asserted by anyone that beef was ‘absolutely’ safe, and added that this was ‘not a petty comment’ as ‘it is the degree of risk which lies at the heart of the argument’.\(^{120}\)

5.27 In early July 1990 Dr Hine was informed that Mr Davies was not happy that HPG had raised points with DH which were more properly within the remit of WOAD. Dr Hine considered that Mr Davies had not immediately recognised that HPG, rather than making statements, had been posing questions to professional colleagues at DH. Mr Davies and Dr Hine then agreed to hold a meeting between WOAD and HPG to share opinions and discuss areas of overlapping responsibility.\(^{121}\) The meeting was held on 17 July. Dr Jacobs recalled:

The Chief Medical Officer explained to Mr Davies that it was entirely appropriate that we should approach the Tyrrell Committee [ie, SEAC] through Dr Pickles to express our concerns in the form of a series of questions and statements. And I think he was quite happy with that explanation before the meeting took place . . . we amicably resolved any misunderstandings which might have arisen as a result of the letter I wrote. He then went on to press our concerns, and very strongly, with MAFF, which of course he was entitled to do because his Department liaised directly with MAFF.\(^{122}\)

The epidemiology concerns

5.28 In response to a request by Mr Davies at the 17 July meeting, Dr Palmer and Dr Salmon sent a joint memorandum to Dr Michael George, one of the two Deputy

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\(^{116}\) For a detailed discussion of Dr Forbes’s concerns, see paragraphs 10.41ff

\(^{117}\) ibid tab 7: House of Commons Agriculture Committee Fifth Report, Bovine Spongiform Encephalopathy (BSE), London, HMSO, 1990, pp. 187–9

\(^{118}\) YB90/6.12/10.1

\(^{119}\) YB90/6.27/7.1; the content of this submission is discussed below at paras 10.41ff

\(^{120}\) YB90/6.28/14.1

\(^{121}\) T82 pp. 77f

\(^{122}\) T82 p. 77. The Tyrrell Committee, or Consultative Committee on Research, was set up in February 1989 to advise MAFF and DH on research into spongiform encephalopathies. It was re-established as the Spongiform Encephalopathy Advisory Committee (SEAC) in April 1990. Dr David Tyrrell chaired both committees
Chief Medical Officers at the Welsh Office, querying the conclusion of SEAC that the epidemiological evidence of a lack of association between scrapie and human disease appeared to be secure. Drs Palmer and Salmon expressed surprise to find no detailed discussion in SEAC’s papers of work by Harries-Jones, Knight, Will, Cousens, Smith and Mathews.

5.29 According to the two doctors, the paper by Harries-Jones et al. reported the results of the only controlled epidemiological study of CJD from the UK at that time. The study had been designed to examine potential risk factors, including dietary factors and animal contact. In the view of Drs Palmer and Salmon, the paper contained ‘some data, and other statements suggesting data exists, which shows associations between animal and offal exposure and CJD’. They concluded by expressing their reservations about the proposed CJD study by Dr Will and in particular about the methods of case definition and case ascertainment. They also suggested that such a long-term and complex study might be better handled by the Medical Research Council or PHLS or both, and that a study of abattoir workers over the previous five years would be reassuring.

5.30 The day after his meeting with Dr Hine and her team, in the margins of a MAFF Regional Panel Meeting, Mr John Davies discussed some concerns that Dr Hine had been expressing about the work and composition of SEAC with Mrs Elizabeth Attridge (MAFF Under Secretary, Grade 3, responsible for animal health). Mrs Attridge minuted Mr Keith Meldrum, Chief Veterinary Officer at MAFF, about this discussion, suggesting that Mr Meldrum have a word with Mr Davies as, in her view: 

> It would be better if we could put their minds at rest before they took up a position different from that of DoH as otherwise it seems to me we are going to be in some difficulty of the kind exemplified by the differing views put out by Mr Gerry Forbes from Scotland.

5.31 Shortly afterwards Mr Raymond Bradley, Head of the Pathology Department at the Central Veterinary Laboratory (CVL), wrote to Mrs Attridge about the Welsh Office concerns saying that they were ‘likely to result from ignorance’. He was of the view that ‘the epidemiological judgements should be made after consideration of all the evidence from numerous case control studies’.

5.32 During July 1990 Dr Jacobs continued to investigate matters relating to BSE. She wrote again to Dr Pickles, to ask whether, in the light of SEAC’s identification of a potential risk posed by dissection of bovine eyeballs, any guidance had been issued or was planned to be given to schools. She also asked Dr John Hodgson, an HSE epidemiologist, whether any epidemiological study of CJD was planned. Dr Hodgson was unaware of any such work and this answer was conveyed to others in HPG.

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123 YB90/7.18/5.1–5.2
124 YB90/7.18/5.1–5.2
126 S286 Salmon para. 14
127 YB 90/7.18/5.1–5.2
128 S286 Salmon para. 14
129 YB90/7.18/5.1–5.2
130 S284 Jacobs para. 22. In the event, it was not until early 1993 that guidance was sent to Welsh schools on the use of bovine eyeballs for dissection. For a detailed discussion of this topic see vol. 6: *Human Health, 1989–96*
131 YB90/7.24/10.1; S284 Jacobs para. 22
132 S284 Jacobs para. 23
5.33 On 27 July Mr Davies sent a letter (prepared in draft by Dr Jacobs) to Mrs Attridge, summarising the Welsh Office queries. This document raised a number of points including the following:

- The Tyrrell Committee (i.e., SEAC) papers contained no indication that the Harries-Jones paper had been discussed in detail.
- The Welsh Office wished to know whether the raw data on which the Harries-Jones paper was based had been examined.
- The Welsh Office queried the wisdom of dismissing the associations indicated by the data in the Harries-Jones paper between CJD and contact with mink, cats and other animals.
- The fact that SEAC had no recognised human epidemiologist was surprising.133

5.34 Dr Jacobs sent Dr Pickles a copy of the letter, along with Mrs Attridge’s note of her discussion with Mr Davies and a note of HPG’s concerns regarding the protocol for Dr Will’s studies at the CJD Surveillance Unit.134

5.35 Four days later Mrs Attridge responded to the letter.135 She observed that if the Southwood Working Party (see vol. 4: The Southwood Working Party, 1988–89) had checked the raw data in relation to the Harries-Jones et al. paper, there would be little point in SEAC going over it again. She suggested that Mr Alan Lawrence, who had been joint secretary to the Working Party, could look up the data presented to it. She added: ‘Certainly the possibility of any association with scrapie was very fully considered.’

5.36 On 9 August Dr Pickles wrote to Dr Jacobs responding to the matters raised by the Welsh Office in their letter of 27 July.136 In Dr Hine’s view, ‘The letter . . . was a fairly general reassurance to us that these concerns were being looked at and acted upon.’137 However, Dr Pickles complained:

I do think the way you have handled this is surprising. Many of the comments suggest you have a keen interest in BSE and CJD but are in possession of only some of the available information. In these circumstances, surely it would be preferable to check out your ideas on the 'phone before they get formalised into an official viewpoint put to another Government department.

I have done my best, as you acknowledge in your letter, to keep you informed of the main developments but it is quite inappropriate for me to share with you all the detail. If there is an aspect you think the experts may have overlooked, please feel free to raise it with me on the 'phone or in writing. For my own part, I do not see there is a particular Welsh ‘angle’ to BSE/CJD, and am surprised you feel it necessary to put so much effort into challenging the views of colleagues at DH who are more senior, more
experienced in the area, devote a higher proportion of their time to the topic, and have frequent access to the real experts in the field.

We go to great lengths to keep working side by side with MAFF on this topic and it would be a shame, as Mrs Attridge notes in her minute of 18 July, if the Welsh Health Department decide to take a separate line.\(^\text{138}\)

5.37 Dr Hine told the Inquiry:

> We were well aware that we were not in possession of the full facts, though we had tried very hard to obtain access to the Committee [SEAC] and to all the evidence, and we were getting very much generalised responses back, rather than specific responses. However, I was, to a certain extent, understanding of the position of my colleagues in the Department of Health who were dealing with very difficult, very sensitive matters, on which we did not have the whole information and therefore we were asking awkward questions and we, of course, had the luxury of not having the responsibility for the policy lead. So to some extent I can understand the slight degree of irritation which is creeping into the correspondence.\(^\text{139}\)

5.38 Dr Jacobs, commenting on this letter from Dr Pickles, told the Inquiry that there was a legitimate Welsh interest in that she and her colleagues had a duty to advise the population in Wales on public health matters and this was not something that could be done on the basis of summarised evidence alone.

> What I did find very disturbing was that she actually said that it was not appropriate for us to have all the detail.\(^\text{140}\)

5.39 Dr Jacobs, with Dr Hine’s approval, replied to Dr Pickles’s letter on 26 September 1990. She explained that WOHD had not raised matters with MAFF but had supplied information to WOAD, which had then raised certain points with MAFF. She noted that Sir Donald Acheson had recently agreed that Scottish and Welsh Office representatives should attend SEAC meetings as observers (but see paragraphs 5.41ff below). She protested that HPG had no intention of ‘taking a separate line’ from DH but, as medical and environmental advisers to the Welsh Office, HPG had:

> . . . a duty which the Department of Health cannot entirely relieve us of to continue to put whatever time and effort we judge to be appropriate into attempting to understand the problem more clearly.\(^\text{141}\)

5.40 During August Drs Palmer and Salmon had written to Dr George with observations on correspondence to date.\(^\text{142}\) With regard to the letter from Mrs Attridge to Mr Davies discussed in paragraph 5.35 above, they noted that the text of the Southwood Report did not suggest that the Southwood Working Party had examined the raw data in the Harries-Jones study, as opposed to just the published literature. In response to Dr Pickles’s comments on Mr Davies’s letter of 27 July, the doctors said that they thought that epidemiological expertise on SEAC would be

\(^{138}\) YB90/8.92/1–2.3
\(^{139}\) T76 pp. 26–7
\(^{140}\) T82 pp. 95–6
\(^{141}\) YB90/9.26/6.1–6.2
\(^{142}\) YB90/8.23/3.1–3.3; S259 Hine para. 20 refers to a draft of this minute at YB90/8.21/1.1–1.2
helpful ‘because there is a need for direct empirical evidence [of] the risk (or otherwise) to human populations from animal spongiform encephalopathies’. They considered that if a ‘Welsh Angle’ was required (before commenting on proposals from DH), it was that the incidence of CJD in Wales was 0.859 cases per million population per year, higher than any region of England and almost double the England and Wales average of 0.49 cases per million per year.

**Restricted access to SEAC deliberations**

5.41 Dr Hine felt that Health officials from Scotland, Wales and Northern Ireland should attend SEAC meetings. In August 1990, at a meeting of UK CMOs, she asked that consideration be given to allowing her or a member of her staff to attend SEAC meetings, at least as an observer. Dr Hine commented in her evidence that this ‘would have allowed me and HPG to put the advice we were receiving into the context of the discussions between the experts and if appropriate to put our concerns to them at first hand’.143

5.42 Dr Jeremy Metters (Deputy CMO at DH) responded in November by letter, reporting that Dr David Tyrrell, the SEAC chairman, was anxious about the present size of his Committee and was firmly opposed to any further enlargement. Dr Metters also said that, given the strength of Dr Tyrrell’s opposition, Sir Donald Acheson felt that this issue should not be forced, but they would ensure that communication with interested Departments was improved.144

5.43 Dr Jack McKenna, Northern Ireland CMO, who received a similar letter from Dr Metters, told the Inquiry that in his view:

Dr Tyrrell was saying he did not want his committee encumbered by people who were there because they had particular geographical hats as opposed to people there for their expertise. I did not have any real basis for demanding that somebody should be there.145

5.44 Wales, Scotland and Northern Ireland were not granted representative status on SEAC during this period, but Dr Metters did assure all three CMOs that they would see the papers and minutes.146 However, in oral evidence Dr Jacobs, Professor Palmer and Dr Salmon concurred that the flow of information from SEAC was infrequent and that it was often not in the form of SEAC’s minutes but rather summarised versions of evidence presented to the Committee.147

5.45 The refusal to allow other Health Departments to have observers attend meetings of SEAC was raised again with Sir Donald Acheson by Dr Hine on 22 November 1990 at another meeting of the UK CMOs.148 Sir Donald said that he supported Dr Tyrrell’s view that the other Health Departments could be kept in touch with SEAC by circulating papers. Therefore, the following January Dr Hine wrote to Dr Metters, saying that ‘in the face . . . of the strong opposition you report by the Chairman, it is obviously inappropriate for us to press for inclusion in the Committee’.149 However, she added that she intended to invite Dr Tyrrell to visit the

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143 S259 Hine para. 21
144 YB90/11.08/7.1
145 T75 p. 128
146 T76 pp. 37–8; YB90/11.08/7.1:YB90/11.08/5.1
147 T82 p. 103. But see paragraph 5.53 below, which suggests that they did see some minutes at least
148 S259 Hine para. 22
149 YB91/1.17/7.1
Welsh Office to discuss some of the points of interest raised previously and to give a general briefing on the work of the Committee.\footnote{YB91/1.17/7.1} Dr Metters later replied, saying that DH would be very happy for the proposed meeting with Dr Tyrrell to take place.\footnote{S259 Hine para. 22}

5.46 At this point, Dr Jacobs’ involvement in BSE effectively ended, although she did attend the subsequent meeting with Dr Tyrrell.\footnote{S284 Jacobs para. 29} She gradually handed over her responsibilities in this sphere to Dr Jane Ludlow, who took up full-time duties as an SMO with responsibility for communicable disease control in January 1991.\footnote{YB91/7.17/7.3; YB91/7.23/4.1}

**The meeting with Dr Tyrrell**

5.47 The meeting with Dr Tyrrell, accompanied by Dr Pickles, to discuss the Welsh Office’s involvement in BSE, was arranged for 23 July 1991. Shortly beforehand Dr Salmon prepared a Discussion Paper for use at the meeting which reiterated his and Dr Palmer’s concerns and ended with several questions relating to research and policy.\footnote{YB91/7.15/3.1–3.4; S286 Salmon para. 19} Among these were the issues of case ascertainment and controls in Dr Will’s study, and statements on the safety of beef.

5.48 The meeting was attended by WOAD officials, Mr Alexander, Dr Hine and other HPG staff including Dr Jacobs. Items on the agenda for this meeting were:

- the responsibilities of the Welsh Office in agriculture and public health;
- the terms of reference and work to date of SEAC;
- epidemiological aspects of spongiform encephalopathies;
- current policies, maternal transmission of BSE and future eradication;
- slaughterhouse practices, disposal of BSE-infected carcasses and the infection risk from those buried earlier; and
- the monitoring of cattle and other animals, and animal feedstuff production and importation.\footnote{S282 Alexander paras 31f; YB91/7.24/5.1–5.2; T82 pp. 106–7}

5.49 Mr Alexander raised a number of points which he believed had not been addressed by Dr Pickles: in particular, the practices he had observed in relation to the removal of spinal cord, the varying degrees of success achieved and the resulting contamination; and the possible human and animal health risk from buried carcasses of BSE-infected animals. He did not receive answers to these questions at the meeting, but was instead told that SEAC was pursuing these points. Mr Alexander said later that he was unaware of any substantive response ever being received on these issues.\footnote{S282 Alexander paras 31f; YB91/7.24/5.1–5.2; T82 pp. 106–7}

5.50 Dr Salmon told the Inquiry that he considered that Dr Tyrrell’s approach ‘placed greater emphasis on the ‘biological hunch’ rather than statistically based population studies’.\footnote{S286 Salmon para. 20} Both he and Dr Hine were left with the impression that ‘the
[Committee] was not completely on top of the epidemiological aspects of the CJD Survey'.158

5.51 In due course Dr George received two bundles of SEAC papers dated 28 November 1991159 and 16 September 1991 respectively, which he passed to Drs Salmon and Palmer for comment and advice. Dr Salmon replied in two memoranda which he discussed in his statement to the Inquiry:

I took issue with some of the epidemiological conclusions in the Medical Research Council Coordinating Committee on Research Report which was among the papers that I had received. I also queried whether any response had been received from the Tyrrell Committee to the Discussion Paper.160

5.52 The first memorandum commented on the draft Report of the Medical Research Council Coordinating Committee on Research on the Spongiform Encephalopathies, chaired by Professor Kenneth Murray. The Report discussed the opportunities and priorities for research on the spongiform encephalopathies of relevance to man.161 Dr Salmon concluded that ‘some published epidemiological data flatly contradicts confident assertions in the report’, notably the assertion that:

. . . studies in the UK (Matthews), France and elsewhere have failed to implicate contact with animals in the epidemiology of CJD.162

5.53 The second memorandum commented on the minutes of the SEAC meeting of 16 September 1991 and asked Dr George whether the Committee had responded to the points raised in the Discussion Paper. Dr Salmon noted that his understanding of the meeting of 23 July 1991 was that Dr Tyrrell ‘specifically undertook’ to take the Discussion Paper to the main Committee.163

5.54 Accordingly, on 3 March 1992, Dr Salmon wrote to Dr Tyrrell to enquire when he might receive a response to the several points raised in the meeting the previous July.164

5.55 Almost two months later, in May 1992, Dr Will wrote to Dr Tyrrell with his comments on Dr Salmon’s Discussion Paper. Dr Salmon received Dr Will’s comments a further three months later, in August.165 He forwarded a copy to Dr Hine, who told the Inquiry: ‘I was not reassured by the lengthy delay, almost 13 months, before I had sight of Dr Will’s response.’166

5.56 Dr Will’s reply dealt in detail with the points raised in Dr Salmon’s Discussion Paper but concluded:

. . . the Welsh Office Paper raises a large number of important issues which have been previously addressed and the decision has been made that the current epidemiological survey is sound methodologically although

158 S259 Hine para. 24; YB91/7.23/4.1; S286 Salmon para. 20–1; YB91/7.23/3.1–3.3
159 YB91/11.28/2.1–2.5
160 S286 Salmon para. 23
161 YB91/10.29/3.1
162 YB91/12.30/3.1; YB91/12.30/3.2
163 YB91/12.30/4.1
164 YB92/3.12/1.1
165 YB92/8.3/1.1
166 S259A Hine para. 2
inevitably has disadvantages in relation to the practicalities of the project and the necessarily prolonged nature of the surveillance programme.167

5.57 In Dr Salmon’s view, Dr Will’s commentary:

... contained judgements about the published epidemiological literature with which I disagreed. Detailed comments about the survey methods used by the National Creutzfeldt-Jakob Disease Surveillance Unit in the same paper were also inadequately addressed in the commentary. That commentary also betrayed what appeared to be a basic misunderstanding of the concept of statistical power which I commented upon at the time. This raised concerns in my mind about how adequately analysis of the National Creutzfeldt-Jakob Disease Surveillance Unit survey would be carried out and led me to express the concern to the Welsh Office that ‘surveillance may be being carried out less than optimally’.168

5.58 Although Dr Salmon was pleased that his Discussion Paper had received serious consideration, he still had concerns.169 In October 1992, after agreement with Dr Palmer, he sent a minute to Dr George which concluded: ‘I know you and CMO will share any concern that surveillance might be being carried out less than optimally and I am sure you will choose to represent such concerns appropriately.’170

5.59 The main issue that arose in this correspondence was whether Dr Will and SEAC ignored earlier research indicating the probability of transfer of transmissible spongiform encephalopathies from animals to humans. We do not think Dr Will did so – indeed he was a co-author of the original paper.

5.60 Dr Hine’s conclusion on the exchange of correspondence was that formal representations on the risks of transmission of BSE would be viewed by MAFF and DH as irrelevant, irritating or both. Consequently she decided to address further issues (such as the absence of a medical epidemiologist on SEAC and the need for involvement of the PHLS) informally through routine meetings with the other CMOs.171

PHLS involvement in SEAC and the CJD Surveillance Unit

5.61 Dr Hine thought that the Public Health Laboratory Service (PHLS), as the Government advisory agency responsible for monitoring communicable disease, should be more closely involved in the investigation of BSE and CJD, and that all the various medical bodies with expertise in the field should contribute:

All I was anxious about was that this whole area of work was so potentially serious that, if you like, all the medical tribes should actually contribute, and I was concerned that one of the medical tribes was seeming to be excluded.172
5.62 In her view, excluding one body had the effect of reducing the amount of
information going out to public health doctors in the field. As she understood it,
‘to involve PHLS would give substance to the idea that there was indeed a human
health hazard associated with BSE’.  

5.63 The role that Dr Hine envisaged for the PHLS was surveillance, research, and
development and monitoring of control methods. In particular, she anticipated that
the PHLS’s knowledge of field survey methodology and of dietary intake surveys
(albeit usually on a much shorter timescale) would add an expertise to the study and
discussions which others could not match.

5.64 She also felt that the PHLS could have provided expertise in epidemiology at
two levels. Firstly, to SEAC itself:

\[ \ldots \text{in the discussion of general epidemiological questions, particularly from} \]
\[ \text{the point of view of a body which had a lot of experience of communicable} \]
\[ \text{disease epidemiology . . . I felt that that would have reassured the public} \]
\[ \text{health community that, in fact, this was being taken very seriously . . . I think} \]
\[ \text{they could have contributed to the assessment of risk then.} \]

5.65 Secondly, she felt that the CJD Surveillance Unit (CJDSU) could have
benefited from the considerable experience of the PHLS in the design of the
surveillance study and of occupational and dietary questionnaires, and in the
administration of those questionnaires.

5.66 Dr Palmer, too, was of the view that the skills and capabilities of the PHLS
should have been utilised by DH in their investigations into BSE and CJD. The
PHLS was a national organisation which was set up to identify and control new
communicable diseases of public health importance. As such, he had never been
satisfied that there were cogent reasons why the Service should not have been
involved in investigating BSE. He had raised this issue in early 1990 with his
immediate superior, the Director of the CDSC in London, Dr Christopher Bartlett,
who agreed with him. However, Dr Bartlett made it clear that the issue had been
considered and the PHLS was not to involve itself formally, since DH believed that
BSE was an animal health issue only.

5.67 The roles that Dr Palmer envisaged for the PHLS in the BSE investigation
were: firstly, to assist with resources and expertise in the area of design and
implementation of epidemiological studies and surveillance; secondly, to make a
significant contribution to risk assessment analysis; and, thirdly, to provide
ongoing experience and expertise to SEAC as issues arose and developed.
Dr Palmer told the Inquiry that he was aware that others who held the same view had also put pressure on the Director of the PHLS, Mr (later Sir) Joseph Smith. Sir Joseph’s opinion, expressed several times to DH officials, was that:

Even though the expert view as reflected in the Southwood Report was that the risk that the disease was transmissible to humans was remote, I thought that the PHLS should be involved in its study, particularly on the epidemiological side. The Service was experienced in tracing the sources of infection and the links between cases, including those requiring reports from clinicians. CDSC in particular had expertise in case-control studies and in field epidemiology. This included case-finding and the design and use of questionnaires to examine, for example, the foods eaten by patients and by control groups which could help to identify the foods through which infection may have been transmitted.

Despite this, the PHLS Board concluded in April 1990 that it could not disregard the express wishes of DH that the PHLS should not become involved in epidemiological work on BSE/CJD. However, when Dr Diana Walford succeeded Sir Joseph as Director of the PHLS in 1993, she too formed the view that the PHLS’s expertise in communicable disease epidemiology and experience in dealing with major national incidents could be utilised by the CJDSU. Dr Walford’s initiatives in this direction came to nothing in the face of continuing DH resistance. It was not until the announcement on 20 March 1996 of a possible link between BSE and the new variant CJD that the PHLS became involved in a number of aspects of work on CJD.

Between 1992 and 1996 Dr Hine had regular meetings with the other UK CMOs at which she continued to raise and discuss the above issues. However, she told us that she was in a minority, as the others did not entirely share her concern.

Another issue which arose during this period was the banning of beef from school meals by local authorities. In England, the Humberside Education Authority announced in April 1990 that it was to ban British beef from meals in its schools. By the end of May some 20 other education authorities in the UK had taken similar decisions, including two authorities from Wales: West Glamorgan and Clwyd. Mid Glamorgan Education Authority requested a meeting with the Secretary of State for Wales, Mr David Hunt, to discuss this issue. (In a Parliamentary Question, Mr Ron Davies, Opposition spokesman on agriculture and rural affairs, asked the MAFF Minister, Mr John Gummer, to meet representatives from Mid Glamorgan to discuss the same issue.) Mr Graham Podmore of WOAD (Grade 5) advised the Secretary of State that no purpose would be served by the meeting as information put out by the Welsh Office was sufficiently clear. In addition, he was concerned that:

183 S285 Palmer para. 14; see also S285A Palmer paras 4 and 6, and T82 pp. 117f
184 S181 Smith para. 19
185 S181 Smith para. 18
186 S181 Smith para. 80
187 S182A Walford para. 6
188 S182A Walford para. 23. For a more detailed discussion of the attempts to involve the PHLS see vol. 8: Variant CJD
189 S259B Hine para. 15
. . . the likely motivation of the Authority in requesting a meeting is to attempt to establish differences in approach between DoH and MAFF on the one hand, and the Welsh Office on the other; or to try to shift responsibility onto the Department for any decision which the Authority might make on the matter.\textsuperscript{190}

5.72 This advice was accepted by Mr Hunt. In the event, by the time it was contacted about the decision, the Mid Glamorgan Education Authority had already decided to ban beef from school meals, as it was not convinced that it was safe.\textsuperscript{191} The Secretary of State asked for advice in mid-June as to whether he should write to education authorities about the bans. Mr Podmore responded that, as there was no new scientific information available, there was very little that the Welsh Office could add to their previous advice. He noted that MAFF had deemed it unnecessary, indeed possibly counterproductive, to write to local education authorities in England again.\textsuperscript{192}

The Meat Hygiene Service

5.73 The only other issue of note in which the Welsh – or rather, in this case, a Minister – expressed reservations about Whitehall policy was the creation of the national Meat Hygiene Service (MHS) (see vol. 6: Human Health, 1989–96). In August 1993 the Secretary of State for Wales, Mr John Redwood, wrote to the MAFF Minister, Mrs Gillian Shephard:

\ldots I have had doubts about the wisdom of establishing another body to carry out the work of meat hygiene and enforcement. In general, I would prefer not to add to centralised bodies where effective arrangements can be made using existing local structures.\textsuperscript{193}

5.74 However, according to Mrs Shephard’s statement,\textsuperscript{194} the subsequent discussions among Ministers in various Departments centred on the immediate and future costs involved in the changeover from local authority to MHS control, and whether or not the new Service was in line with the Deregulation Initiative and reducing public expenditure. Mr Redwood eventually withdrew his opposition in November, following the expression by the Secretary of State for Scotland of strong support for the new Service.\textsuperscript{195}

Identification of vCJD

5.75 In January 1994 reports emerged of a teenager suspected to be suffering from CJD. Dr Ludlow received a press release concerning the teenager, who was Welsh and being treated in Wales.\textsuperscript{196} In September 1995, CJD was suspected in a Welsh farm worker, the fourth British farm worker to be diagnosed with the disease.\textsuperscript{197}

\begin{footnotes}
\item[190] YB90/05.22/20.1–20.2. The issue of beef in school meals is dealt with in vol. 6: Human Health, 1989–96
\item[191] S359 Huws para. 19
\item[192] YB90/6.14/18.1–18.2
\item[193] YB93/8.29/1.1
\item[194] S325 Shephard paras 15–17
\item[195] YB93/10.26/5.1–5.2; YB93/11.14/1.1
\item[196] YB94/1.20/1.1; S507 Ludlow para. 15
\item[197] YB95/9.28/8.1
\end{footnotes}
Dr Hine said that she became aware in October 1995 that there were two cases of sporadic CJD in teenagers.\textsuperscript{198}

5.76 On 14 March 1996, at a routine meeting of the four UK CMOs,\textsuperscript{199} Dr Hine was informed for the first time that a new variant of CJD in persons under 42, including teenagers, had been identified, which involved new brain patterns and a shorter course of illness. During the next 24 hours she was involved in detailed discussions of the implications of this information in preparation for a statement to be made to Parliament by the Minister for Agriculture, Fisheries and Food and the Secretary of State for Health the following week. According to Dr Hine, ‘in view of the gravity and sensitivity of the new information’, she returned to Wales on 15 March to brief Mr Michael Scholar, the Permanent Secretary, and Mr William Hague, the Secretary of State for Wales.\textsuperscript{200}