

Witness Name: Harry Burns
Statement No.: 1
Exhibits: HB
Dated: 28 April 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF SIR HARRY BURNS

In relation to the issues raised by the Rule 9 notice dated 22 March 2023 served on Sir Harry Burns, former Chief Medical Officer for Scotland, Sir Harry Burns will say as follows:

1. I was Chief Medical Officer (CMO) for Scotland from 2005 until 2014. I was, therefore in post for the H1N1 influenza pandemic of 2011. I was not involved in pandemic preparedness after my departure from the Scottish Government and I did not participate in, nor was I aware of, the simulation exercises carried out prior to COVID. In particular, I was not involved in exercises Cygnus, Silver Swan and Iris so I am unable to comment on them.
2. I have prepared this statement myself by reference to records and material provided to me by the Scottish Government. I have also received assistance from the Scottish Government Covid Inquiry Information Governance Division.
3. During my time in post, the 4 CMOs of UK administrations met regularly and discussed a range of topics. The meetings were positive and there was a sense of helpful collaboration across the 4 countries on public health topics. At the time, many of these public health discussions related to health inequalities and problems such as smoking, obesity, alcohol etc. In addition, there were discussions about health care delivery and efficiency as the purchaser provider split was being implemented differently across the UK. I do not recall any discussions about pandemics until the emergence of H1N1 influenza.

4. When it became clear that a new strain of influenza virus was emerging, and the first UK cases were in Scotland, the Scottish Government moved quickly to set up systems for monitoring spread of the virus and preparing for pressure on health care systems. The philosophy was “prepare for the worst possible case but hope for the best.” The NHS is familiar with influenza outbreaks and the pharmaceutical industry, each year, provides appropriate vaccines to deal with winter flu preparedness. Therefore, there were grounds for optimism that the pandemic could be controlled.
5. My main involvement was in two areas: communication and helping the NHS to plan for pressures. Each day, the Health Minister and I would meet the press to provide updates on progress. Public opinion surveys suggest there was a high level of satisfaction with the flow of information. Communication with local Directors of Public Health was also an important part of the CMO role. Officials also held weekly teleconferences with Chief Executives of Health Boards. As far as pressures on the service were concerned, these were less than expected. 1541 cases were admitted to hospital during the pandemic and pressures on intensive care were less than planned for. Communication with Directors of Social Work as well as Local Authorities was also frequent.
6. Following this pandemic, the Scottish Government reviewed its response. A copy of that review is provided [HB/0001 – INQ000102936]. A number of recommendations emerged for management of future pandemics. Interestingly, the recommendations talk about “future flu pandemic planning”. There is, as we have seen, no guarantee that future pandemics will involve influenza virus. The other recommendations, however, are relevant and appropriate. These were:
 - A phased approach to containment of the pandemic (containment, treatment)
 - The collection, assessment and dissemination of scientific advice
 - Management of medical and consumables stockpiles
 - Future strategy on vaccine procurement, including decisions on the efficacy of Advance Purchase Agreements
7. These lessons from the flu pandemic were very relevant to the Covid pandemic. Another important element of the flu pandemic response was frequent and clear communication with the public. This was an important feature of the Covid pandemic.

8. How could the UK response to the Covid-19 Pandemic have been improved? From an outsider's point of view, it is hard to say. Communication with the public across the UK was good. I have no knowledge of the discussions taking place between the 4 CMOs. However, if there had been difficulties, I suspect I might have heard. The Centre for Health Policy at Strathclyde University has conducted a study of the role of CMOs in the UK, Australia and Canada. Each province or state in Australia and Canada has a CMO. It is clear that there are varying tensions between politicians and CMOs in some places. Having seen the data on this, as yet unpublished study, I am clear that the roles and relationships of the 4 UK CMOs are much more straightforward and that communication across public health agencies in the UK is likely to be effective.
9. Probably the only thing we can say with certainty about future pandemics is that there will be one in the next few years. We cannot make assumptions about the organism involved. It may be a new influenza strain but the emergence in the past few years of novel organisms from the "wet" markets of the far east is of concern. Organisms such as ebola might mutate and spread more easily. The principles of infection control will need to be applied early and comprehensively. The concept behind the "Great Barrington Declaration" in which a number of individuals (including Donald Trump!) argued against lockdowns and advocated "focussed protection" allowing Covid to spread and create herd immunity has been shown to be false.
10. In October 2022, the journal "Nature" published an article entitled "*Leaders can choose to prevent pandemics*", provided [HB/0002 – INQ000181822]. The Independent Panel for Pandemic Preparedness and Response produced a document, *Covid 19: Make it the Last Pandemic* (May 2021), provided [HB/0003 – INQ000181823], advocating a series of actions which would lead to rapid detection and reporting of outbreaks with World Health Organisation taking the lead. International funding would support those countries with insufficient resources to stop epidemics from turning into global pandemics.
11. Regardless of international actions, the UK may need to be alert to the risks of localised outbreaks. Early, focussed lockdowns may need to be implemented. Mask wearing, not only reduced the spread of Covid, but was also associated with reductions in influenza spread during the winter. Mortality in social care homes has been unacceptably high and there is evidence that infection control methods in some

homes have been lax. Health Boards and Social Work agencies thus need to ensure that simple control actions are enforced in settings where the elderly are vulnerable.

12. Should a country base its pandemic preparedness plan on an influenza outbreak?

The Covid pandemic made it pretty obvious that other, more deadly organisms are capable of causing global pandemics. As mentioned above, the UK should be taking a lead in advocating for a global approach to pandemic prevention. However, in the meantime, Scotland should follow through on its undertaking to clarify roles and responsibilities in the event of a pandemic. Personally, I thought that roles and responsibilities were handled well in the H1N1 pandemic but, clearly the exercises undertaken since my tenure have identified that improvements can be made. The other two undertakings: to increase the capacity and capability of social care to cope during an outbreak and to ensure the availability and correct use of PPE, including through fit testing and procurement processes are both important and necessary.

13. The Audit Scotland report, *NHS in Scotland 2020* [HB/0004 – INQ000148761], was compiled and published several years after my time in post. I therefore am not in a position to comment on its contents.

List of Issues

14. I have considered the Module 1 List of Issues dated 6 April 2023 and shared with me on 13 April 2023. I confirm that I have included all relevant comments in relation to those issues, within the context of the questions asked of me as Chief Medical Officer for Scotland from 2005 until 2014 in the Rule 9 request issued to me on 6 April 2023.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed: _____

Dated: _____28 April 2023_____