

Witness Name: Sir Patrick Vallance  
Statement No.: 3  
Exhibits: PV3/1 – PV3/15  
Dated: 14 November 2023

## UK COVID-19 INQUIRY

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### THIRD WITNESS STATEMENT OF SIR PATRICK VALLANCE

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#### Introduction

1. This short witness statement is provided in response to a Rule 9 request from the Inquiry, dated 12 October 2023, in which I am asked to address a number of specific topics highlighted by the Inquiry. I have provided a detailed witness statement dated 14 August 2023, which constitutes my primary evidence in respect of the issues relevant to Module 2, to which I refer where relevant below ('second witness statement', **PV3/1 - INQ000238826**).
2. I am asked a number of questions regarding my scientific colleagues, both in general (in relation to abuse directed towards members of the scientific community) and specifically, regarding individuals or groups of colleagues.

#### Public attitudes towards scientists

3. I am asked to comment on "*attacks on scientists from press, public and politicians*". As I note in my second witness statement, science advisers faced significant public scrutiny throughout the pandemic response. This came from a number of sources, including by way of both social and traditional media. Some of that scrutiny and commentary was highly critical, and some crossed the line and became personal, threatening and abusive, including towards me and my family.

4. Dr Stuart Wainwright, former director of the Government Office for Science, gave evidence to the Inquiry on 12 October 2023, during which he explained the mechanisms of support for scientists that were put in place by GO Science following the publication of the names of SAGE participants and the publication of the SAGE papers and minutes. This included help with communications, wellbeing and psychological support and security advice and support. A number of former SAGE participants have written and spoken publicly about the aggressive and sometimes threatening communications they received during the pandemic response.
  
5. I am also aware of a survey conducted by the Guardian at the end of 2021, which asked SAGE, SPI-B, SPI-M-O, NERVTAG and JCVI participants about their experiences around providing expert advisory input during the pandemic.<sup>1</sup> Three quarters of the anonymised respondents had received significant abuse. While I did not participate and was not involved in carrying out or interpreting this survey, the findings reflect my own experience of issues raised by SAGE and sub-group participants. The article noted, in summary:

*“Dozens of UK advisers described incidents ranging from coordinated online attacks to death threats and acts of intimidation, such as photos being taken of their homes and shared online and suspicious packages arriving in the post, some containing items with messages scrawled on them.*

*Further harassment has included vitriolic tweets, emails and phone calls, hate mail, threats of violence, complaints sent to employers, referrals to the General Medical Council watchdog, offensive notes left on cars and abuse shouted through the letterbox. The police have brought charges in a small number of cases when individuals linked to specific threats were identified.”*

6. While I am asked specifically about abuse from the public, I should be clear that this represented the actions of only a very small minority. The public was in fact nearly universally supportive, positive, kind and very helpful throughout the pandemic response.

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<sup>1</sup> Guardian, 31 December 2021, *UK government’s Covid advisers enduring ‘tidal waves of abuse’* [PV3/2 – INQ000340402]

7. A number of politicians made helpful and welcome statements when the abuse of SAGE participants came to light. For example, George Freeman, then Science Minister, was quoted in the Guardian article referred to above, and called the abuse “*appalling*”, adding “*All of us who value our freedom and democracy need to call this out ... Scientists and doctors should not be held responsible for decisions taken in good faith by ministers accountable to parliament.*” The Prime Minister, Boris Johnson, was also a source of support, and assisted in ensuring that practical security arrangements were put into place.
8. There were some interventions from politicians which did not appropriately delineate the role of SAGE from that of decision-makers and may have contributed to an atmosphere that increased abuse towards scientists. One example relates to scientific advice versus operational action in respect of care homes, in a Sky News interview with Care Minister Helen Whately on 9 June 2020.<sup>2</sup> Another example was the then Secretary of State for Work and Pensions Thérèse Coffey’s comments made on 19 May 2020 in which she was widely reported to be blaming scientists, regarding the decision to stop community testing in March 2020, namely “*If the science was wrong, advice at the time was wrong, I’m not surprised if people will then think we then made a wrong decision*”.<sup>3</sup> Other politicians including Steve Baker MP and members of the covid recovery group made repeated comments that were considered attacks on scientists.<sup>4</sup> Whilst it is of course appropriate for politicians to challenge evidence and put forward particular policy views it is important that this is done in a way that does not provoke personal abuse towards scientists.
9. I am asked about the relationship between participants in science advisory groups and the media. As I note in my second witness statement (paragraphs 721-723), SAGE participants were free to speak publicly about their own research and areas of expertise, but they were asked not to report the details of discussions that took place within SAGE meetings or seek to draw policy conclusions from the SAGE minutes.

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<sup>2</sup> *Coronavirus: Health minister Helen Whately blames scientists for care home deaths - then quickly rows back*, Sky News, 9 June 2020 [PV3/3 – INQ000340399]

<sup>3</sup> *Coronavirus: Scientists to blame if government made mistakes in response, cabinet minister says* 19 May 2020, [PV3/4 – INQ000340400]

<sup>4</sup> *Independent*, 23 January 2022, *Attacks against Covid modellers undermine future pandemic response, say Sage scientists* [PV3/5 – INQ000340398]

10. Some scientists, including participants from SAGE and its sub-groups, sought to provide personal views on policy or other matters, including by writing articles. This had the potential to cause difficulties if a participant gave a very personal view whilst being viewed or described as a member of SAGE or a sub-group. It could lead to confusion in the press, sometimes fostered mistrust within the other advisers and occasionally led to problems with politicians being wary of asking SAGE for advice.
11. There is no doubt that scientists (whether SAGE participants or others) came under a great deal of public scrutiny and pressure from the media. My experience was that whilst science journalists usually provided a sensible summary of evidence, the same was not always true of political reporters, some of whom allowed political views to colour their interpretation or presentation of evidence. I believe that the regular weekly or bi-weekly background briefings for the science journalists that I gave assisted and encouraged accurate reporting of science. The Science Media Centre also played an important part in linking journalists to scientists (discussed in further detail in my first witness statement at paragraph 82 and in my second statement at paragraph 720).

#### **The Chief Medical Officer**

12. I am asked to provide further details about my relationship with the Chief Medical Officer, Professor Sir Chris Whitty. Prior to taking up the position of Government Chief Scientific Adviser, I had worked with Sir Chris briefly many years before, in a clinical role, and I was of course aware of his work as CMO, as CSA for DHSC and as interim GCSA for a few months.
13. Sir Chris and I worked very closely throughout the pandemic, especially from the end of January 2020 onwards. We spoke several times each day and were in many meetings together every week. While we are both trained doctors, we have different scientific and medical backgrounds and expertise and I believe that these differences were important for the way in which we worked as a team in providing science advice. We were responsible for delivering and explaining science advice to decision-makers, and responding to their science questions. We did so in the context of an unprecedented health emergency. I have worked in many teams in the academic, private and public sectors and feel that I was extremely fortunate to work with a colleague like Sir Chris with whom I was able to discuss everything.

14. Not only did we have different backgrounds and expertise, our relative advisory remits also differed. The Chief Medical Officer has a specific remit to provide medical advice and overall public health advice. My role was to provide science advice, although naturally in a health emergency such as a pandemic, there will be overlap in terms of the areas on which we advise.
15. I am asked about respects in which our views on specific points under consideration differed at times. It is important, as a starting point, to recognise that debate and difference of opinion between scientists is not only normal, it is necessary. Through a process of robust challenge, testing, and (formal or informal) peer review, the most reliable and useful analysis emerges. This is true not just of my work with Sir Chris, but reflects how SAGE, its sub-groups, other science advisory groups, and scientists generally work.
16. Due to differences in our backgrounds and expertise, the incomplete information we had, and the rapidly changing situation, we would sometimes have different views on specific points. We dealt with this by discussion, seeking more information and evidence where we could, and challenging each other.
17. Sir Chris and I were able to disagree, consider the other's point of view, and reach a position. Naturally like in any work relationship there were occasions when we were frustrated with each other, but we always had the right discussion and never shied away from discussing problems with each other. I believe this helped us at many times during the pandemic.
18. Given our intensely close working relationship during the pandemic, there are many instances I can recall where Sir Chris and I discussed issues, challenged each other, sought each other's views and advice and decided on the best approach. We often did so face to face or by telephone and had an open, free and useful dialogue. One written example held by the Inquiry can be seen in an SMS exchange throughout the course of 27 July 2020 [PV3/6 – INQ000229439]. In this exchange, Sir Chris and I discuss our plan to carry out a SAGE 'look back' exercise, discussed below and in greater detail in my statement for Module 1. We later move on to discuss an issue relating to the evidence we had on the value of repeated testing in an individual. As can be seen from the exchange, I was content with the retesting data we had, whereas Sir Chris wanted more information, and challenged me on this. He asked for a phone call to discuss,

which took place, and I followed up by sending him supportive evidence. This is typical of the open and professional exchanges we had frequently throughout the response.

19. Sometimes, Sir Chris was more cautious in his approach to things; sometimes – with the benefit of hindsight – he was right to be, and sometimes I believe I was right to push for speed. As I have set out in my Second Witness Statement (para 167), I consider that we were very closely aligned in January 2020. During February and through to March we remained broadly aligned, but I think I became more strongly of the view that wide-ranging NPIs were going to be needed. He was rightly concerned about the many potential adverse impacts of NPIs. As described above, all of these matters were discussed openly and repeatedly.
  
20. I am asked about any impact occasional differences between Sir Chris and me had on decision-making. This is a matter better addressed by those receiving the advice and making decisions. However, from my perspective, I do not consider that this ever caused problems or confusion. On the very infrequent occasion that we had different perspectives and had not mutually reached a common approach, we explained our views and the reasons for them to decision-makers. I cannot recall ever being told that this led to confusion or caused difficulty in making a decision. On the rare occasions where differences were expressed, it may have assisted decision-makers in understanding the various factors which scientists approaching the same issue might place more or less weight on. As always, the decision remained one for policy-makers, and science advice remained only a part of many different sources of input into each decision. Much more commonly, Sir Chris and I were in agreement, and would have taken steps to understand the other's position before providing joint advice. Whilst we primarily had discussions by phone or in person, there are also numerous written examples held by the Inquiry of us taking steps to provide aligned and clear advice [PV3/7 – INQ000229247, PV3/8 – INQ000229347, PV3/9 – INQ000229387, PV3/10 – INQ000228702, PV3/11 – INQ000228750]. We also held a series of small group brainstorming meetings with groups of scientists where contentious issues could be discussed and explored in more detail, and these are described in my second witness statement.
  
21. I am asked to address other specific points during the pandemic response and the extent to which Sir Chris and I had different approaches. The above points, regarding our backgrounds and the remit of our advisory roles, applied equally throughout the pandemic and to the issues below.

22. I am asked about Sir Chris's role in the "*contain, delay, research, mitigate*" strategy developed early in the pandemic by the Department of Health and Social Care (DHSC). I understand and would expect that as CMO he was a key figure in developing this strategy, which is discussed in my second witness statement at paragraphs 146-156 and 179-183. At the time of SAGE 9, 20 February 2020, this was being discussed as the DHSC approach. My understanding was that the UK Government's policy was initially to try to contain any infections and avoid sustainable spread. This would initially be through testing, contact tracing and isolation. However, if that became overwhelmed and the infection was spreading and uncontained, the desired aim was to seek to reduce the infection rate and decrease the size of any peaks of infection. One of the things which undermined the initial contain strategy was the fact of mass seeding throughout the UK during February and March 2020, the extent of which was not known at the time. Another factor of course was the lack of operationally effective and scaled testing, contact tracing and isolation. Public Health England (PHE) senior leadership from that time should be able to provide more information on this as the body with scientific and medical expertise accountable for public health responses throughout England. Equivalent bodies in the devolved administrations may also comment.
23. As I say in my second witness statement, I think that "*contain, delay, research, mitigate*" was a reasonable strategy, but a more effective and high-capacity test and trace system (which we did not already have, and which was not established in February or March 2020) would have greatly increased the likelihood of maintaining and managing the "contain" stage. Sir Chris reflects on this topic in his witness statement too and I defer to his explanation of his role in the strategy.
24. I am asked about the issue of asymptomatic transmission. This was discussed at SAGE from an early stage in the pandemic:
- a. The minutes of 'SAGE 1', the precautionary SAGE meeting held on 22 January 2020, record that participants considered whether individuals were infectious prior to showing symptoms; at that time there was no evidence of whether that was the case or not [PV3/12 – INQ000061509].
  - b. The minutes of SAGE 2, a meeting on 28 January 2020, note "*limited evidence of asymptomatic transmission, but early indications imply some is occurring.*" PHE were tasked to produce a paper on the issue [PV3/13 – INQ000061510].

- c. The minutes of SAGE 4, on 4 February 2020, note that SAGE considered that asymptomatic transmission could not be ruled out, and that transmission from mildly symptomatic individuals was likely [PV3/14 – INQ000061512].
25. Sir Chris and I jointly chaired each of these SAGE meetings, as we did throughout the pandemic response. I have no doubt, both from contemporaneous documents such as the above, and from my own recollection, that he was aware of the potential for asymptomatic transmission at an early stage. As is recorded in the SAGE minutes however, there was little evidence to assess the extent of this at the start of the pandemic. During these earlier stages, Sir Chris was concerned to distinguish between 'true' asymptomatic transmission (where an individual is infectious, but displays no symptoms at any point); pauci-symptomatic transmission (infectiousness with only mild symptoms); and pre-symptomatic transmission (where an individual is infectious before they subsequently exhibit symptoms). Sir Chris was questioning to what extent there was true asymptomatic spread. The Inquiry has heard evidence from many epidemiologists explaining why it was so important to ascertain what, if any, percentage of spread was asymptomatic. Sir Chris covers this in detail his first statement from paragraph 6.55, and in his fourth statement from paragraph 5.19.
26. I am asked about events at the end of September 2021, which I believe is a reference to plans around vaccine delivery during that time. My understanding is that this will be covered in more detail in Module 4. However, as an overview, at this time I was very keen to see vaccines being delivered as quickly and safely as possible, and there had been limited delivery of vaccinations to children of school age over the summer holidays. I was aware that other countries had vaccinated children more quickly, Portugal for example dedicated two weekends in August 2021 to vaccinating a significant proportion of children aged 12-17. I appreciate, however, that vaccine rollout is a public health issue, and a number of practical and clinical factors need to be taken into account when designing a delivery programme. Other matters relating to vaccine delivery, such as the logistical challenge of post-vaccination observation (the '15 minute wait' issue for the Pfizer vaccine which was being discussed in late 2021), were equally within the remit of public health and the medicines regulator.
27. I am asked about Sir Chris's views and advice during December 2021 on Omicron. The science advice jointly communicated by Sir Chris and me at that time is contained in the SAGE minutes, other contemporaneous records from that time (such as an email to



Simon Ridley, head of the Covid-19 Taskforce, dated 30 December 2021 [PV3/15 – INQ000340401] and discussed in detail in my second witness statement. As discussed above in relation to February and March 2020, Sir Chris approached the issue from a clinical and public health perspective, and he rightly considered the drawbacks as well as the benefits of action to implement or encourage behavioural change. However, any difference in our approaches was minor, we both believed, and advised, that a change in behaviours would be needed if the Government's aim was to reduce the spread of Omicron.

28. In light of the potential risk posed by Omicron, Sir Chris believed that individuals should take great care in their contact pattern and behaviours, and he gave clear public advice to this effect in a No 10 press conference on 15 December 2021. Professor Dame Jenny Harries (by that time head of the UK Health Security Agency) had made the same point a few days earlier, and had been vilified by some sections of the media for it. The combined effort of the two of them was important to trigger behavioural change that helped reduce the scale of the wave of infections that swept the country, as I have outlined in my second witness statement. I think initially there was a hope from some that the very transmissible nature of Omicron may have led to a rapid rise and fast drop in infection rates, but that was not to be the case, and was not what the models suggested.
29. I am asked for my views on Sir Chris's relationships with politicians. In my opinion, he was excellent in his interactions with politicians. He had been a science or medical adviser in Whitehall for many years and was very good at getting his points across effectively and calmly. I came to admire his grip and understanding of the "political game" and how to ensure that science and medical advice was heard, understood and taken into account for decision-making. I was a comparative newcomer to the civil service, with a background in science in academia and business, both arenas with very different styles of communication. There were many occasions when Sir Chris assisted me with public messaging, and where he displayed a nuanced understanding of politically effective communication.
30. As has been noted in the witness statement of colleagues in the PM's private office, the PM was very impressed with Sir Chris and rightly called on him individually from time to time to provide advice on medical matters or issues relating to the healthcare system. The PM would also, on the odd occasion, call me individually to discuss scientific matters. Usually, after one or the other of us had a private call with the PM, we would

discuss it together within 24 hours or so. This was important to avoid any inadvertent back channels opening. As noted above, strictly clinical and public health matters fell within the CMO's remit rather than that of the GCSA.

31. Finally, I am asked about self-reflection throughout the pandemic. I believe that both Sir Chris and I made significant efforts to evaluate and try to improve our advice and performance. We did so by conducting regular reviews of SAGE's performance and ways of working from as early as March 2020. These evaluations continued throughout the pandemic and evolved into a formal development programme for the future of SAGE as I described in Module 1 evidence. This is covered in detail in Dr Wainwright's fourth witness statement, prepared for Module 1 (at paragraphs 10-36), and in his oral evidence to the Inquiry during Module 2 hearings.
32. On a more personal level, Sir Chris and I privately discussed things we had learned or might do differently if faced with a similar problem in the future. We both reflected on the first lockdown, on whether our communication of the evidence and discussions at SAGE were as effective as they could have been and what we could have done better. We also both reflected on episodes when we spoke publicly and did not get the messaging right. As I have made clear in my second witness statement, I regret trying to explain the scientific concept of herd immunity in a short interview. Similarly, I know that Sir Chris regrets having used wording that was interpreted as implying a scientific concept of "behavioural fatigue", which he addresses in his fourth statement to the Inquiry. These sessions of private reflection were a useful part of trying to improve our performance, to be clear with each other where we thought we had made mistakes and to catch and correct each other when we thought one or other might have made a mistake. Like many scientists, our thinking evolved as evidence emerged. This is reflected in our advice which also changed and evolved. I reiterate that I was fortunate to have a colleague of his calibre, wisdom and expertise as a partner adviser.

### **Sir Jonathan Van Tam**

33. I am also asked to comment on my colleague Sir Jonathan Van Tam, deputy CMO during the Covid-19 pandemic. Sir Jonathan has a wide experience in public health. He was particularly important for supporting the work on therapeutics and vaccines and was influential as an adviser within DHSC. His military background brought a style of decision-making and advice that was, again, different from my own and that of Sir Chris. This may have sometimes appeared dogmatic, and it differed from the approach of many

other medics and scientists, but he consulted widely and listened carefully to scientific input at all stages. His advice was evidence-based. Those receiving the advice will be better placed to comment on how it was delivered and understood, but of course it was very much appreciated by the public.

### **Mathematical Modelling**

34. Finally, I am asked about my mathematical modelling colleagues and their advice. Mathematical modelling was of course an important part of the science advice during the pandemic, reflected in the fact that there was a specific modelling sub-group, SPI-M-O, which was a source of input into SAGE.
35. SPI-M-O, in my opinion, did an excellent job of bringing together the different modelling groups, probing the reasons for different modelled outputs and delivering a summary of the range of model findings. The UK was fortunate to be able to access excellent scientists of internationally competitive calibre who worked tirelessly to provide information. It could sometimes be frustrating when individual modellers subsequently promoted their own model or views rather than explaining the range and the limitations as agreed by SPI-M-O. As I note in my second witness statement, it was most helpful when a range of models was considered, and differences in their results were identified and discussed with the intention of improving understanding. As I also mention in my second statement, I think it would have been preferable for all the codes underlying mathematical models used to have been made publicly available.
36. The way in which modelling was requested and produced changed throughout the response. Modellers were sometimes acting in response to a commission, and sometimes exploring areas that they considered important but that which had not been commissioned. The nature of the changing data and assumptions made meant that different models gave different outputs and even a single model would change over time. It was sometimes difficult and frustrating when results changed rapidly while policy development was already well underway, but that is inevitable in a fast moving situation. I think it would be helpful going forward to have a better way of mapping what changes in results are occurring over time and what the drivers of those changes are. This process got better during the pandemic but could be improved further. I am confident that the core decision-makers to whom I provided advice understood that models were not predictions, and that they are by their nature changeable; being shaped by the

assumptions that underly them and the data that are fed into them. Indeed many ministers rightly challenged aspects of model assumptions throughout the pandemic.

**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.

**Signed:**

Personal Data

**Dated:** 14/11/2023