Message

From: Devi Sridhar [dsridhar@exseed.ed.ac.uk]
Sent: 28/05/2020 20:12:01
To: Whitty, Chris [Chris.Whitty@dhsc.gov.uk]
Subject: Re: Introduction

Dear Chris,
I hope this email finds you well amidst a stressful time for the country, and for the world. We were last in touch 2 months back and since then it has been tragic to watch the events unfolding. I have been quite taken aback by how science is being used as a shield for political decisions- and the use of the phrase 'following the science' when it is clear that scientists across the world would not reach that conclusion, nor the WHO Health Emergencies Team which I work closely with (and which is composed of senior experts in outbreak management and coronaviruses). There will be plenty of time in the future to analyse why the UK has one of the highest death tolls/capita in the world and the decisions taken in Feb-April, but right now I write about a different issue.

It is concerning (and not just for me, but for a number of younger scientists) to see respected senior medics used to justify decisions that are clearly not good for public health. Today was a clear example of that- being silenced by the PM and not being able to answer a question that has clear public health implications especially for a TTI scheme that requires voluntary compliance. This will have lasting implications for scientists as a whole, the role of independent advisors, as well as for the reputations of those who stood with a government that is clearly making decisions harmful to the health of its citizens. I understand that you might be willing to compromise your voice and use influence behind-the-scenes but this reminds me of a quote- when you try to influence the powerful, who is actually influencing whom. Looking back at the past 3 months, how much has science actually influenced the decisions being made?

I serve on the Scottish govt advisory group (which feeds into SAGE) and express my opinions openly (both to the media and to the First Minister and others on the group). If academics and scientific advisors can't speak truth to power, then who can?

With kind regards, Devi

On 24. Mar 2020, at 21:04, Whitty, Chris <Chris.Whitty@dhsc.gov.uk> wrote:

Dear Devi

Thanks for writing. I get a lot of advice from colleagues. I am replying because I respect your work.

On the practical supply chain issues I agree. It's a global problem. I share your view we need to be testing more, we all do, for many reason. We need to get PPE right for colleagues and we have spent a lot of time on it. These are complete priorities. There are technical and operational issues, and neither are easy. On the technical side on PPE we make the best judgements we can, using the best science available for a new disease. Our knowledge will improve. I am not a supply chain expert, others are and I follow their judgement on the ops side, but for testing and parts of PPE this is really tricky, and it is not will or laze but kit that is the problem. If every country wants the same thing in a hurry the results are predictable.

I read your Guardian article, as I do all the commentary, to learn from the experience of others I respect. No one has a monopoly of wisdom on this new disease. Much of it was perfectly legitimate opinion, if rather

aggressively written. I remain puzzled by the suggestion that contact tracing is appropriate at this stage of a global pandemic of a disease with minimal symptoms to allow spread. I don't think that's technically right. Otherwise your opinions I either agree with, or disagree with but think are perfectly sensible.

The one plea I would make is that people who legitimately may disagree on the judgements try not to inject any more emotion into what is already a frightening, uncertain and difficult time for lots of people. Science is essential in a crisis, and operational experience and logic and calm help but fear, anger, being judgemental, shouting and blame seldom do. I always assume colleagues are doing their best in any emergency, and in my experience they all are, most going well beyond their usual capacity. I have no doubt that after this crisis has passed endless committees of enquiry will pick over the decisions we made with the data we had at the time, and no doubt you and others who have written angry commentaries will contribute to that to explain where we went wrong, which is fine. I also have no doubt that if we knew now what we will know in 6 months and we would design a better response. But we are operating with partial data, to make the best decisions we can to maintain life and health in our country. And I continue to respect those who disagree with me and who think they would, in the same position, have taken different judgements.

Chris

From: SRIDHAR Devi <Devi.Sridhar@ed.ac.uk>
Sent: Tuesday, March 24, 2020 7:53:41 PM
To: Whitty, Chris <Chris.Whitty@dhsc.gov.uk>
Subject: Introduction

Dear Professor Whitty,

I hope this email finds you well. I emailed you a while back on your LSHTM email address but not sure it came through. We met briefly when you came up to Edinburgh to give a lecture at the Usher Institute on global health. I enjoyed the lecture and was delighted to hear when you were appointed CMO. I have worked since 2003 in the UK on issues of global health governance and financing including closely with the WHO and with Dame Sally Davies.

I know that I have been critical of the last few weeks of UK response but this has been largely focused on three areas: the first has to do with appropriate PPE and priority testing for health workers which was brought to my attention by one of my former med students working on a COVID ward in England. She was exposed, is now ill, and rightfully felt that appropriate PPE should be provided for such a serious virus. I have found it heartbreaking to hear what doctors are facing and care deeply for my students. The second has to do with testing as I did not understand why the UK would stop testing those with minor symptoms (nor have any way of recording spread through clinical diagnosis or even self-diagnosis through an online system) given testing is the backbone of outbreak response. And the third was on implementing physical distancing measures earlier given the need to buy time for health services to build capacity, and for rapid research to take place. All of this reaction has been informed through tracking COVID since early January- and following other countries' responses closely to analyse what has and has not been effective.

I can't imagine the difficult decisions you and your colleagues have had to made, and the pressure you have been under. I am sure you are deluged with advice so do not aim to offer any here or to send you yet more data or another research article, or to send yet another letter pushing for certain policy measures. What I can say is that I want to support the government response as much as I can, as we all want the same thing which is the fewest lives lost due to COVID, and to come out of lockdown in 3 weeks in a stronger and better place. I'm always happy to listen and to work together to find a way to have the most effective COVID response possible right now. I'm on I&S

With respect and best wishes,
Devi

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