

Statement No.:

Exhibits:

Dated:

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF EDWIN POOTS MLA

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I, Edwin Poots will say as follows:

#### **Background, role and qualifications**

1. I have been a member of the DUP since 1982 and was leader of the party from May to June 2021, and Vice Chairman in 2021. I was first elected as a Member of the Legislative Assembly ("MLA") in 1998. Outwith politics, my background is as a farmer having studied at Greenmount Agricultural College.
2. I have held a number of ministerial offices. My first appointment was as Minister of Culture, Arts and Leisure from 2007 to 2008. I then served as Minister for the Environment between 2009 and 2011; Minister of the Department of Health, Social Services and Public Safety from 2001 to 2014; and most recently I was appointed in January 2020 upon the resumption of power-sharing as Minister of Agriculture, Environment and Rural Affairs. I held that position until October 2022. I stood down temporarily from this post between 2 February 2021 to 8 March 2021 for health reasons. Gordon Lyons MLA was appointed as minister for the department in my absence. Upon the recent restoration of the Executive, I was elected as Speaker of the Northern Ireland Assembly.
3. The Department of Agriculture, Environment and Rural Affairs ("DAERA") is responsible for a wide range of matters including ensuring the viability of food production, including providing support for farming of livestock and crops and horticulture and fishing; animal health and welfare; supporting rural communities; overseeing public assets such as forest parks and country parks; and protecting the

environment by managing waste and preventing pollution. During the Specified Period, the most significant and pressing work concerned liaising with primary producers to support farmers to continue production; liaising with processors and the Department for the Economy (“DfE”) to ensure production continued, and food remained on the shelves. Thereafter, there was important work done on supporting rural communities and managing access to public spaces, while the remainder of the Department’s work still required to continue.

4. The DAERA Permanent Secretary was Denis McMahon. I also worked with Norman Fulton; Fiona McCandless, Robert Huey, Tracey Teague, Paul Donnelly & David Reid. My Principal Private Secretary was Jonathan McFerran.
5. Mark Beattie was my Special Adviser throughout. His role involved dealing with senior officials, briefing me as Minister, providing advice on papers brought forward by departmental officials, with a particular emphasis on political considerations.

#### **Chronological consideration of how the pandemic developed and the response to it.**

#### **Impact of absence of power sharing.**

6. The absence of Ministers from 2017 to 2020 led to a lack of policy development and implementation. When Michelle O’Neill walked away from her post as Minister of Health in 2017, the timing could not have been worse for the Health Service. The Bengoa Report on transformation of the Health Service had only been delivered, and there was cross-party support for implementation of its recommendations. Reform was long overdue. It was critical if the Health Service was to meet ever-increasing demand and complexities. Without reforming, and providing the requisite uplift in service provision, the Health Service would not be able to cater for the needs of society in the future. Reform was intended to ensure greater efficiency so there was the ability to meet demand. For many years, public health had not had the focus it deserves, and for too many years, the absence of reform had left healthcare in Northern Ireland behind others parts of the United Kingdom in spite of spending per head of the population being higher.
7. One particular problem is that there tends to be a focus in Northern Ireland on hospitals to the detriment of primary care, care in the community, and public health. The *Transforming Your Care (“TYC”)* review instigated by me in 2011 when I was Minister

for DHSSPS (before the renaming of the department to the Department of Health ("DoH")), created a roadmap, but the Assembly was not ready at that time to agree to the changes proposed. The Bengoa report updated TYC but was not remarkably different in terms of the general direction of travel.

8. In the period between my leaving office as Minister of DHSSPS in September 2014 to assuming office as Minister of DAERA in January 2020, waiting lists rocketed. One of the key issues was that the necessary improvements to care in the community were not implemented. This led to bed blocking and inefficiencies in Emergency Departments with people arriving at hospitals for care because they were not receiving care and support at home. Emergency Departments were therefore operating over capacity because beds were occupied by patients who could have been discharged had a care package been available. Overall, the investment that was required both in financially and in terms of skills did not happen and the end result was that a service that should considerably improve the general health of the public, was greatly undermined. Having said that, funding was less of a problem than the lack of efficiency in spending. The needed efficiency can only be achieved with reform.
9. I consider that the Health Service has been further damaged by the pandemic. The Health Service in Northern Ireland became a 'Covid service' which neglected other health needs within society. This is apparent in the reduction in clinics for Cancer, Cardiology and diabetes to name but a few. This has hugely damaged the health service and the health of the public who need it. This has led to an upsurge in overall deaths, an increase in co-morbidities, and the outcome is that I believe more people have died as a result of the response to Covid, than died from Covid itself.
10. In terms of Executive decision-making, I do not believe that the fact that Ministers were effectively picking up the reins of government as the pandemic was taking hold led to major complications, nor do I consider that it took time for Ministers to work out how they were in practice going to make decisions together; decisions were taken on the basis of papers presented. Although there was a significant backlog of decisions that required to be made, and these took a back seat when the pandemic hit. I would not say there was a lack of trust and cohesion in the early days, but rather there was greater divergence later in the pandemic response when Ministers made their own assessments as to the best way to respond.

### **The outset of the pandemic**

11. In terms of the state of preparedness of the Northern Ireland Civil Service ("NICS"), and the suggestion that Northern Ireland was more than 18 months behind the rest of the UK, I consider that it is possible that this reflects the fact the NICS has a smaller cohort of staff than is available in England and the skill set therefore is more limited. This may have impacted on pandemic planning. However, it is a matter of priorities, and officials made a choice not to carry out on what work to carry out in respect of sector resilience and pandemic planning and therefore, chose not to give emergency planning the attention it required. The absence of an Executive was detrimental to the Health Service on state of preparedness for a pandemic. I am not sure that would have been given much attention with all the other pressures. I didn't see empirical evidence to back up the 18 month claim.
12. I was not briefed in January 2020 as to the likely development of Covid-19, and do not know what steps were being taken to prepare, whether in relation to influenza or coronavirus or otherwise.
13. Similarly, as DAERA Minister, I was not informed about the decisions concerning convening a meeting to inform assessment of sector resilience therefore, I am not in a position to give a considered response.
14. I was also not aware of the WHO report published on 24 February 2020 advising countries to activate the highest level of national response, nor of the steps, if any, taken in Northern Ireland in response to it.
15. On a similar theme, I do not believe the Executive Committee had a role as at 25 February 2020 in overseeing the ability to respond to the predicted global pandemic, and I am unaware of any steps taken to address any perceived structural weaknesses or to prepare the Northern Ireland public.
16. The information received by the Executive on 2 March 2020 during its first substantive discussion about Covid-19 was alarming, I considered we needed to better understand the threat posed and take the appropriate steps on the best available information in a timely manner.
17. In or around 10 March 2020, the Executive Committee's role was to oversee the work of different departments. Each department had a role to play, and the key departments were each to do a course of work and update the Executive Committee

so that Ministers could respond to the papers and evidence provided therein, and use the advice given to make informed decisions.

18. In terms of the comment of the First Minister that *“some trying to use politics to give advice”*, the former First Minister is best placed to explain what she meant but I will say that Sinn Fein continuously look to Dublin for direction even if it is not appropriate.
19. Following the COBR meeting of 11 March 2020 when a decision was taken to move from ‘Contain’ to ‘Delay’, I am unclear at this remove what specific action the Executive took in response. However, key departments continued preparation work including readying hospitals for a surge of Covid patients.
20. The decision by the Republic of Ireland (“ROI”) to introduce measures including school closures on 11 March 2020 was also considered by Ministers at the 16 March 2020 fractious Executive meeting. The ROI proposals were illogical. They included closing schools and children’s facilities while keeping restaurants and a range of other services open. The measures were also quickly superseded by ROI introducing more stringent measures on 15 March 2020. It appeared to me that there was no prospect of the ROI proposal working in the absence of a full lockdown. I advocated for a targeted approach to the elderly and vulnerable to reduce the risk of transmission to them based on the medical advice given over the previous weeks. In any event, the medical advice the Executive received was that there was no sound basis to follow Dublin, and we did not. In any event, Northern Ireland did not have the capacity to move ahead of the UK Government because the finance was not available.
21. By 12 March 2020, the position was that the NICS did not have the capacity to go it alone; it was itself reliant on the UK civil service. The Republic of Ireland (“ROI”) approach was not recommended by the CMO. The ability to close down business was hampered by an inability to provide compensation. Northern Ireland has a large agri-food sector and it was a necessity to maintain food production to provide people with food and to maintain animal welfare by ensuring farms did not become overloaded with livestock.
22. The cessation of community testing and tracing NI on 12 March was due to a lack of testing capacity. Indeed, availability of the tools to face the onset of the Covid pandemic was a major problem. As the pandemic progressed, Northern Ireland was competing with all other governments for testing equipment, PPE, ventilation, oxygen

etc. This was a hugely regrettable position because an effective Test, Trace, Isolate (“TTI”) policy, implemented quickly, could undoubtedly have saved lives. In the event we never achieved a robust TTI system. This would have been required in the early stages as its ability to be effective once the virus was rampant was limited.

23. The strategy outlined at the 16 March 2020 meeting was effectively the same as that being promulgated by UK Government at the time, namely, to wait and delay introducing a full lockdown. This was inappropriate in the absence of an effective TTI system, but was coming from London. London’s eventual strategy implemented on 23 March was a lockdown – effectively too late. Dublin’s strategy in implementing restrictions earlier was half-baked. However, places like New Zealand, who were well placed to isolate from the rest of the world, were able to delay Covid taking hold through testing and tracing, although they could not completely stop it. I consider that, as understanding of Covid 19 was still developing in March 2020, the response should have been quicker, and more precautionary. Delaying the decision for example, facilitating the Cheltenham Races, was a nonsense. The other issue was that Heathrow is an international travel hub and has so many people travelling into it from all over the world, including China. This made it inevitable that a highly transmissible virus would quickly take hold and spread rapidly. The UK should also have intervened more quickly and, for example, offered compensation more quickly to stop skiing holidays, especially to Italy where Covid-19 was already rife. All these issues had spill over to Northern Ireland’s response leaving little tools to reduce the spread. As it happened the early cases entered through Dublin Airport.

24. My understanding of the Finance Minister’s statement that “*people [were] following own science*” was that the public were following their own science, i.e. acting on the basis of information gathered elsewhere, not from the Executive, and making decisions such as taking their children out of school. The Finance Minister was using this as an argument for the Executive Committee to act quickly on closing schools without supporting advice from the CMO and the CSA. I was not receiving advice from outside official sources when discussions of this issue were happening.

25. While the Health Minister stated that preparation had been ongoing for 7 weeks, I do not consider that these preparations were adequate, but this was not different to most other countries. In response to myself, DoH indicated it had the capacity to check 100 tests per day. This was entirely inadequate to arrest the spread of Covid-19. The ability to acquire the necessary equipment was by this stage not only hampered by availability, but also HMG’s reluctance to open up a budget which would allow big

decisions on issues such as these to be made. I agree with the observation that at this time the Executive was reacting rather than leading - it is stating the obvious. Northern Ireland was never going to lead; it never had the resource to give the lead. With the limited availability of empirical scientific evidence, statements like that of the DFI Minister where she stated that the Executive was 'mismanaging', struck me as cheap shots. The Executive Committee should have been standing together at that point. The inevitability of a lockdown was obvious and we needed to give calm reassured leadership - not overreacting and fuelling the sense of panic already present in the public psyche.

26. I do not know why the NICCMA arrangements were not activated prior to 16 March 2020 though I imagine if this had been recommended to the Executive at an earlier stage, there would have been no objection to it. Relevant departments were grappling with fresh issues on an almost daily basis. Northern Ireland did not have the skill base available to Whitehall by virtue of its scale. Being followers therefore should not have been a surprise to anyone. On the other hand, Northern Ireland was behind the rest of the UK of Covid-19 taking hold. There is little doubt that with the benefit of hindsight the resource on much of the modelling did not make much difference when C19 took off. The inability to produce an early testing regime was detrimental to the battle against Covid-19.

27. I understand that an action log, produced as part of the work of the civil contingency structures dated 6 April 2020, outlined that the first actions were generated on 18 March 2020. The first Executive meeting to deal substantively with the Covid-19 issue was the 2 March 2020. The response from that date was rapid, and a comprehensive proposal with all departments leading in key areas, not just to respond to Covid-19, but to keep the rest of the country running was prepared. This ensured that the 50% of food we import was maintained and food production factories could continue to produce and deliver this produce to the rest of the UK. The relatively small NICS worked hard to turn this around and Ministers were in the main trying to free up staff from other duties so more attention could be given to the response.

28. In terms of plans for how the Executive would function in the event of a pandemic, responsibility for the functioning of the Executive Committee rests with the Executive Office ("TEO"). I am not aware of plans being in place prior to 19 March 2020. A decision could only be taken on proposals for the functioning of the Executive when a paper was brought by TEO.

29. The information provided on 19 March 2020 was the first time we had received Northern Ireland specific estimates for spread and death. However, most of us had been following news from other countries where it was evident that the outbreak was serious and therefore I believe Ministers were already operating on a worst-case scenario.
30. I commented at the 19 March 2020 Executive meeting that we were '*behind the curve*' because I was concerned that not enough was being done quickly enough to prepare given what was going on in other countries. It was clear that availability of equipment to respond was likely to become an issue, as we began to understand the scale of what was coming at us. My contacts within the health service indicated that the push for additional staff was not what it could be, and the acquisition of equipment was sluggish.
31. I agree that all four nations had the same policy to take a gradual and incremental approach to introducing non-pharmaceutical interventions ("NPIs"). While I believe an earlier lockdown would have held back Covid-19, its eventual spread was inevitable. However, if measures had been taken earlier, it might have allowed for more rational and careful decision-making, rather than the knee-jerk, panicked response that resulted. This was most apparent in the response of health departments to move older people out of hospital into care homes without testing, which caused carnage in nursing and care homes and led to avoidable loss of life. This was entirely unnecessary as the hospital capacity was not stretched for a further period. If time and care had been taken, discharge of the elderly should have been managed in a structured way and only taken place after appropriate testing had taken place.

#### **Herd immunity**

32. I do not believe that herd immunity was ever considered by the Executive or the First and/or deputy First Minister as a strategy. The reality was that Northern Ireland was never going to radically depart from the rest of the UK, so herd immunity was never discussed.

#### **The first lockdown in Northern Ireland**

33. Whilst I knew lockdown was coming, I did not know that the UK Government were going to announce the lockdown until 23 March 2020. The advice we had received



prior to this in Northern Ireland did not indicate that we should enter full lockdown. This changed with the announcement by the Prime Minister that a full lockdown should take place, UK-wide- from 23 March 2020.

34. I believed that in the absence of a viable TTI system, lockdown was inevitable. I consider that lockdown could have been avoided if earlier interventions had been adopted. At this stage, Sinn Fein pressed to follow ROI but the Northern Ireland Executive majority wanted to stay with UK response. At this point, given the dire situation we feared finding ourselves if the virus was allowed to spread uncontrolled, the sole focus was on stopping the spread of Covid-19. No account was therefore given to any other factor, including the effect on communities at risk, and vulnerable and minority groups at that stage. The capacity did not exist in GB or Northern Ireland at the time to take the steps to avoid lockdown because the scientific community had not developed a widely available testing regime by that point.
35. I played no role in the enactment of the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 of 28 March 2020.
36. I considered that the use of the urgent decision mechanism was necessary at this point. As explained above at paragraph 34, the entire focus was on stopping / reducing the spread of Covid, all else was set to the side in that pursuit.
37. In the weeks leading up to the first lockdown, more was not done to avoid the possibility of lockdown or prepare for it because it was already too late at the point – the emergency planning tools available were not ready or suitable for the Covid-19 pandemic. DoH were the lead department and my impression is that they did not take a firm enough grip early enough – they appeared to want to leave room for interpretation. Indeed, in the event, many of the measures that were introduced did not assist in reducing the spread of Covid-19 e.g. stopping people attending relatives' graves was just cruel and detrimental to the mental wellbeing of the bereaved; not allowing people to engage in pastimes such as fishing was utter nonsense, isolated outdoor occupations/hobbies were entirely harmless but it was a major battle to get these sorts of pointless restrictions lifted. The advice from Health became rigid and uncompromising and was often illogical. The public wellbeing was not assisted by this response.

#### **Amendment of regulations**

38. The approach to amendment of regulations during the first wave was *ad hoc*, as members of the public raised their concerns. Once the regulations were imposed, Health resisted any attempt, irrespective of how reasonable it was, to relax in any way.
39. Indeed, during this period, the Executive was struck by paralysis like rabbits in the headlights. What was causing me most concern was the Health Service was not performing many of the functions it had been before the pandemic. It was as if people did not have diabetes, cardiology issues or even cancer anymore, the only thing that mattered was reducing the numbers of Covid-19 cases. There were cancelled clinics, reduced screening, and public health was pushed further down the food chain. Mental health was ignored, our health service was sacrificed on the altar of Covid-19 never to recover again. We are now seeing the consequences of this played out in front of us but (quite remarkably) ignored by the media. The media have gone from telling us nightly of the numbers of Covid deaths (even when many died with Covid not of it), to entirely ignoring the excess deaths that have happened over a protracted period. This was entirely predictable, and I warned at numerous Executive Committee meetings that we would have more deaths due to our response to Covid-19 than we would have from it. We had many traumatised people who still couldn't make simple act of attending a loved one's grave, and the Justice Minister and deputy First Minister were pushing back on people attending an outdoor graveyard within their bubble. This was frankly a bizarre overreaction which didn't save one life but traumatised many people and damaged their mental wellbeing.
40. The 'Point in Time Review' of the Executive's Covid-19 Strategy comprised a detailed response from departments in relation to issues for which they each had responsibility. At the time, within DAERA, for example, significant streams of work were being carried out to ensure the public had access to a wide range of services from waste management to clear water, and information about the state of play for these workstreams was fed into the review. Given the competing pressures at the time, the review was adequate.

#### **Civil contingency arrangements in the first part of the pandemic**

41. The NI Hub played a supporting role to the Executive, albeit an important one. Whilst I personally had little engagement with it, it did appear to carry out its role satisfactorily.

42. The Civil Contingencies Group ("CCG") brought together key senior civil servants to coordinate emergency response and preparedness. The CCG was likely not an effective decision-making body as it probably was comprised of too many different civil servants from different areas. In any event, the main decisions were taken at the Executive Committee which CCG fed into. I had limited engagement with CCG therefore am not best placed to give analysis as to sharing of situational awareness by CCG.
43. I understood there were changes made to the NI Hub after the publication of the Lessons Learned Review, but, as it was not an area of responsibility for DAERA, I did not get involved.
44. I can only assume that the CCG was stood down and the NI Hub scaled down around 21 May 2020 because senior civil servants believed it had served its purpose and did not require the CCG or the HUB going forward.
45. I believe the work of CCG and the NI Hub was replaced with work by TEO and the departments.
46. I was not a participant in the type of meetings Baroness Foster is referring to in her statement to module 1, when she says that senior officials may have felt they could speak more freely if Ministers were not present, and therefore I cannot give an opinion.

### **Overarching view**

47. In terms of whether the Executive adopted, in a sufficiently timely way, a comprehensive and coherent strategy for how to respond to Wave 1 of the pandemic, regrettably, I believe it did not. I think the DoH could have alerted the Executive Committee earlier, and been more proactive in efforts to develop track and trace at a much earlier stage. Moreover, the inevitable lockdown should have kicked in earlier. As we learnt more about the virus, we should have made sensible relaxations which would not have contributed greatly to spread but helped people's mental health. In preparing for future pandemics, we need to ensure we can fight such without lockdown which had so many negative outcomes.
48. Overall, I would characterise the Executive's response as initially slow, then once restrictions had been introduced, slavish to the point that common sense was

disposed of. Clearly, activities like visiting family graves, or solitary pastimes such as angling, posed no risk to the fight against Covid-19 but sensible relaxations to allow such activities were strenuously opposed by the deputy First Minister and the Justice Minister in particular. Mental health was ignored in this intractably slavish approach, to the detriment of the public. The early DoH response, which was not brought to the Executive Committee, saw hospital beds emptied without testing, and nursing homes having to accept infected patients and thereby introducing Covid-19 to elderly vulnerable people. The result was many hundreds of unnecessary deaths. In addition, the reduction in key health services has led to many early deaths as what might have been treatable conditions if caught early, were neglected.

49. The approach throughout was one of continuous learning. For me the lesson to be learnt from Wave 1 was how do we mitigate excessive restrictions without aiding spread of the virus? For example, it was evident by the end of Wave 1, that children and young people were not dying from Covid-19, and symptoms, when shown, were mild in this cohort. I therefore viewed it as a mistake to take children and young people out of the school environment. Education is necessary and school closure was a very blunt instrument if what we were aiming to achieve was to stop the spread to the elderly and vulnerable, who were more likely to suffer serious consequences from infection. I believed a more targeted strategic approach should have been identified, rather than simply repeatedly going back to the same blunt instruments used in the first wave time after time.

50. Staff pressures across the NICS were significant during this period, and were primarily devoted to responding in live time. Therefore, I am not sure there would have been sufficient resource to commit to any analysis of value. As DAERA Minister, I reopened country and forest parks; pressed heavily local authorities to open recycling centres; fought for anglers to engage in their sport; fought for the bereaved to visit graves; and for people to have the right for individual worship in a church setting; and took steps throughout to ensure the food chain was maintained. With the benefit of hindsight, I would not have changed my approach.

#### **Decision-making after March 2020**

51. In line with the rest of the UK a second wave was predicted from early on. As such Northern Ireland officials and relevant departmental ministers engaged with counterparts throughout the first wave to prepare for a second wave.

52. In terms of the approach of the Executive to relaxing restrictions and the decision (as recorded by Ms Clark of the NIO), of the Executive **not** to remove any restrictions or allocate provisional dates, in or around 11 May 2020, I believe there was a mindset of paralysis amongst a number of ministers who were opposed to indicative dates. Clearly lockdown is and should be a position of last resort, and therefore there ought to have been an incremental reduction of restrictions as soon as case numbers started to drop off. Instead, the Executive was very slow to lift restrictions and offer indicative dates.
53. My recollection of the discussion around the move to less than 2m for social distancing was that an opinion was offered by the CMO. Science is normally based on testing to bring forward facts. If there was science to support the statement, it wasn't offered. It is important that civil servants are tested on their recommendations. When only offered an opinion, I often challenged the civil servants to back that up with some evidence base. Often that did not happen. The implications of the 2m rule for small business, and especially hospitality, was potentially devastating, and therefore it was necessary to challenge the advice being presented. Therefore, while it would be foolish to await certainty on every issue prior to making a decision, expecting some evidence base to back up a position is entirely reasonable.
54. A number of issues contributed to the rise in rates of Covid-19 in Northern Ireland in August 2020. The Eat Out to Help Out scheme led to large numbers of people queuing to eat out again. GAA is played from spring through to the autumn and is a very popular sport. A lot of feedback was coming through of revelry in post-match celebrations. There was also evidence on coverage of matches of a lot of hugging etc during celebrations of scores and winning matches. If one looked at where Covid-19 was peaking in that period, it was the areas where the sport was most popular. The Bobby Storey funeral attended by leading SF politicians clearly broke the rules. The impact reverberated across the country with many people angry that the rule makers were the rule breakers. This give individuals a green light to break rules with inevitable consequences.
55. There was also resistance to and non-compliance with protective measures around this period, particularly amongst younger people who didn't believe they were at risk. There were many gatherings in back gardens, a lot of bars with optics etc were set up in domestic settings and clandestine gatherings were not uncommon. The evidence

leading to the requirement to wear facemasks was not something that everyone was convinced by. For example, many were not worn right and masks were re-worn repeatedly. Some people even seemed to believe that wearing made them invincible. In short, after a certain point, the more people were told what to do, the more resistance there was to it, especially when the public believed the requirements lacked logic, or were inconsistent.

56. During August 2020, there was considerable fatigue in the public after being locked down for many months. There was an inevitability that people would take liberties. The reality is you cannot successfully stop the spread of a virus by locking people away. At some point they are going to come out and, unless there has been total eradication of the virus (which with Covid was impossible), the process of spread kicks off again, and over the week and months will take you back to square one. Therefore, solutions which do not destroy the ability of the health service to treat other conditions, destroy people's mental health, and devastate the economy have to be found. Further, the public assessed their own individual risk, and many individuals became weary of the restrictions and regulations, preferring to take their chances. Moreover, the Executive didn't have the ability to police the regulations, so it didn't have control in reality. The lesson to be learned is that it is impossible to stop the spread of a virus by lockdown. Even New Zealand which isolated from the rest of the world and had stringent restrictions eventually succumbed to Covid-19.
57. The role of the NI Hub after October 2020 was a matter for TEO and the FM and dFM and I am unable to comment on how its operation might have differed from in the first wave.
58. The rationale for a 'reset' in or around 1 October 2020 was an uplift in cases, rising R-number and an evident upsurge happening again. The reset saw specific advice to residents of Strabane and Londonderry and the re-introduction of restrictions in certain areas.
59. The reset did take place but it was not effective and case numbers continued to grow.
60. I do not consider that the modelling work had underestimated the development of the pandemic in Northern Ireland in October 2020. The reality of the virus was evident by that stage. Any notion you could stop the virus by lockdown, was deluded. It was only possible to delay it, and reduce transmission for a period. This might have

assisted the NHS in providing care without being overwhelmed, but any such intervention must be weighed against the damage to normal healthcare services, the public's mental health and the economy. As it happened, HMG spent £400bn it didn't have; borrowing is now at its highest since WW2; taxation is higher; and funding to invest in the NHS is consequently severely limited. This is the price of lockdown and will inevitably lead to missed opportunities when it comes to new drugs and procedures, employing needed staff, and which will inevitably lead to many premature deaths.

61. The CMO's focus was Covid-19. His response was to give advice on Covid-19 - not the situation in wider healthcare, mental health and suicide, relationship breakdown, education and the economy. It was for the Executive to balance the battle with Covid-19, versus its impact on everything else. The spread came about as the virus had not burnt out but had only become diluted. The reality was we had all the necessary retail food industry, essential manufacturing, emergency services, council waste services all working and leading to inevitable mixing. Lockdown was only isolating a fraction of the population, thus there was no possibility of stopping the virus by isolation or lockdown. The virus continued to spread and take lives until the Omicron strain took hold. This substantially diluted the virulence of Covid-19 and became the solution which allowed normality to resume. The gravity of the situation could not be underestimated. Closing down education did not assist in stopping the spread of Covid-19 but caused long-term damage to children and young people. The situation was serious, however, a more focussed response would have delivered a similar response while mitigating the harms caused by lockdown.

62. The fact that lockdown was the only viable option when the R-number was rising in October 2020, was devastating for the health service, mental wellbeing and the economy. There were considerable numbers of people who had switched off from any advice, mainly a young cohort, therefore house parties were widespread, enforcement was limited. Some areas which had seen high spread in the late summer had not been able to get spread under control and case numbers remained high. People who felt that Covid-19 was a real risk to their life were taking considerable precautions while others, who didn't believe there were at risk, didn't care. Reports were coming in of young workers in shops, with no masks, essentially taking no precautions. If there was no enforcement of those who were partying, it was hard to justify denying people an education. Looking at what happened elsewhere, the state of New York had similar stringent lockdown even after Omicron while the state of

Florida had relaxed regulations after the first lockdown - the death rate ended up similar in spite of Florida having an older, more vulnerable, population. Lockdowns did not stop Covid -19, that was obvious to me at that point and has proven to be the case with the benefit of hindsight. I believed it necessary and appropriate to challenge the perceived wisdom as I thought imposing lockdown was going down the wrong path.

63. As such, I did not consider that the decision of the Executive to implement a so-called 'circuit-breaker' was correct. As it transpired, it became another protracted period of lockdown. At that stage there was considerable testing facility available which should have considerably obviated the need for lockdown. From personal experience, the number of deaths attributed to Covid-19 was inaccurate, the devastation caused by lockdown was becoming more evident, including the isolation, loneliness and fear; children being denied an education and friendship; and was wreaking havoc on individuals' mental health. The inability to see medical personnel was leading to missed or wrong diagnoses, it was patently obvious that it was harmful to so many other areas of healthcare but these negative effects were largely ignored.

64. My comments at the Executive Committee meeting of 13 October about being, in summary, *"sick of assumptions from experts"*, was in relation to my frustration and incredulity at the proposed limit of 25 people at a funeral. The Executive had no authority on this subject after the debacle of the Bobby Storey Funeral in June 2020. The deputy First Minister, Ministerial and Assembly colleagues had clearly broken the rules in broad daylight without being punished. They partook in a funeral that had a cortege of 1000s of people. The notion that the Executive Committee could after that consider restricting funerals to 25 people when four of its Ministers had broken the previous rules, lacked credibility. In addition, and this is where my comments are relevant, the 25 figure was arbitrary. A church capable of holding many 100's, or indeed 1000's of people had an entirely unscientific limit of 25 imposed. There was a total absence of any science to back the limit of 25. Had there been no harmful impact, this might have been tolerable, but there was a harmful impact. Close family relatives were being denied the right to mourn. It was therefore arbitrary, cruel, unnecessary and harmful. The measure meant in practice that the closest relatives, at the height of their grief, had to tell other close friends and relatives, that they couldn't attend. This put people in an awful predicament amid the agony of the death of a loved one, and the Executive should not have put them in that position.



## Executive meeting of 9 November 2020

65. At the meeting prior to 9 November 2020, DoH sold the Executive the idea of a circuit breaker - a short sharp lockdown to include half-term school holidays - after which it would be possible for society to open up and carry on. Thereafter its continuation became a lockdown by stealth. The R rate was by then below 1, small businesses were suffering, and low paid workers were left in limbo. The financial stress on so many people, on top of all the other issues caused by lockdown, was causing real hardship and mental trauma. The drip-feed lockdown had little credibility - what had been announced as a circuit breaker of 2 weeks was now headed towards 6 weeks of restrictions with no confidence that it wouldn't lead to a further extension.
66. A figure of 150 additional deaths was raised but CSA did not try and support that figure with any evidence. Throwing out figures without backing it up damaged confidence. We had previously been warned of 15,000 deaths and the reality was far removed, the number of deaths claimed to be Covid was inaccurate and the single biggest contributor to c19 deaths was putting infected patients into nursing homes, a decision taken solely by DOH.
67. The point made by the Minister for Communities at the 9 November 2020 meeting about flaws in the modelling was reasonable. Modelling was patchy, wasn't presented when it was supposed to be, and did not give the assistance it should have done to make decisions.
68. During the Covid-19 pandemic, Sinn Fein said at an early point there were going to take the advice of the CMO and CSA. Clearly, the Health Minister was presenting that advice and was therefore brought in. The Ministers for Infrastructure and Justice wanted to go further than the recommendations leaving the DUP alone, with the role of providing a challenge function. The advice given by DoH was purely about Covid-19, but the outworking of that advice had serious ramifications for other areas of health; on individuals' wellbeing, and the economy. The drip feed of lockdown was especially damaging for the small business economy. The lack of preparedness of DOH for the predicted second wave was also a source of frustration and annoyance, and the repeated throwing out of figures but giving no evidence to back them, led to a very fractious meeting. For example, the closing down of hairdressers when the suggested impact on R was 0.05 demonstrated a lack of interest in anything other than Covid-19.

69. I sent the tweets after the 9 November meeting out of frustration at the damaging proposals being put to the Executive Committee and the slavish approach of the other parties to imposing restrictions to prevent Covid -19 to the detriment of everything else. For many in the public, confidence in the Executive Committee was already shot - they were seeing their lives' work being destroyed by Executive Committee decisions, and the absence of proper primary healthcare was doing real harm. For example, GPs were not actually seeing people and this was leading to more A&E visits, and missed or wrong diagnoses. Over the course of the pandemic, cancer was a far bigger killer in our population yet people were being diagnosed down the phone. There was an article in the Belfast Telegraph in which cardiologists had warned publicly that outcomes would be worse if they were not allowed to do more clinics. They weren't ignored, they were warned to be quiet. The impact on low paid workers of decisions taken with little evidence to demonstrate tangible benefit, was harming them financially and mentally. Mental health which had been a priority in January was not taken into consideration when it came to lockdown. The notion of a circuit breaker going on for 6 weeks had already damaged the public confidence in the Executive Committee. By contrast, I do not consider the tweets impacted the public's confidence in the Executive, rather the tweets reflected the views of many in the public.

70. Protecting Christmas was a key consideration in November and December 2020. It was evident that the public were getting more and more frustrated with the lockdown. This was apparent to me through phone conversations I was having with people, and social media. I believe that denying families Christmas together would not have been tolerated by the public, and if strict restrictions were imposed, they would have been ignored by many. The DoH knew that some sort of Christmas had to happen and it did facilitate this, as they should have.

71. In truth, generally, the decisions of the DoH were de facto the decisions of the Executive as outlined at paragraph 68. On 19 November 2020 when DoH did not give a recommendation, it is likely that DoH wanted the Executive Committee to do the heavy lifting as the public would not necessarily receive the news of more restrictions well. This view is reinforced by the fact that the regulations passed by the Assembly empowered the Health Minister to make these decisions alone. Getting Executive buy-in was not necessary but gave the Health Minister political cover. Therefore, very often it was FM / dFM who broke the bad news to the public of more restrictions. When there was more positive news, DoH put it out themselves. It was for the Department of Health to make the necessary recommendations.

72. I do believe that the wrong decision was taken in October to impose a so-called 'circuit- breaker'. Covid-19 was a complete unknown at the beginning of the pandemic, but as the virus spread from country to country, it became evident quickly that most healthy people would survive. It was the elderly and vulnerable who were at greatest risk. That being the case, the blanket approach of restricting the lives of every citizen was not in my view the correct response. The best lockdown could manage was to reduce pressures on the NHS, however, the decisions taken were also increasing pressure on the NHS. The lack of direct contact with GPs led to people going directly to Emergency Departments. Missed or wrong diagnoses added further pressures as people's conditions presented later and led to longer stays in hospital and more significant illness. My view was that a more targeted approach should have been adopted, and it was a failure of DOH and its advisors that they were recommending lockdown again. We now know through the Inquiry that the scientists were driven by Mr Hancock's demands. What was driving him we may never know, but it makes a lie of "the science dictates" as it was altered to suit the whims of a particularly egotistical rule-breaking politician, who appeared to enjoy controlling other people's lives.

73. The rationale adopted by the Executive in relation to Christmas was a result of the fact that the public would do their own thing at Christmas if the Executive Committee sought to impose heavy-handed restrictions and prevent families from spending time together. The science as given was essentially set aside for a few days. The reality was the enforcement of restrictions was impossible, closing hospitality facilities drove socialising underground, the off licences were queued down the street for house parties where there was no supervision, and no social distancing and people were therefore much closer to each other. In short, lockdown was not working, but in spite of being almost a year into the pandemic, we were stuck with this single ineffective solution. This was a wrecking ball to the Health Service. As a result of 400bn spent on Covid-19, much of it associated with lockdown, we don't have money to invest in health because UK Government is paying interest on loans. Inflation has run out of control; taxation is the highest in recent decades; and the wider public has less disposable income. The outcome of lockdown policy, aside from during the first wave when it was the only viable option because we didn't know what were dealing with, has been utterly disastrous. Had it not been for Omicron strain, the country would by now be bankrupt.

74. The joint approach to Christmas proposed for the four nations was blocked by Sinn Fein because of them following a republican agenda. This is not surprising. For Sinn Fein saying one thing and doing the opposite comes easily. This was evident at the IRA funeral of Bobby Storey where they didn't just stretch the rules, they drove a coach and horses through them. Driving a republican agenda will always be a priority to them. I can only assume that differing from GB to demonstrate a difference must have been important to them at that juncture.
75. Similarly, the reason that the deputy First Minister refused to sign off on the joint four nations statement was because she was following a republican agenda.
76. By 20 and 21 December 2020, the genie was out of the bottle. It was almost a year too late to be talking about travel restrictions. Covid-19 was rife in Northern Ireland at this stage with a R rate of 1.7. We didn't need to bring it in from elsewhere, it was here, and travel restrictions would have had little bearing on the outcome.
77. 77. I believe the Executive Covid Taskforce ("ECT") was established in part to look at the decisions in a wider sense beyond the prism of DOH. It would assist DOH by sharing the burden. I am not aware of whether this reflected changed at UK Government level.
78. I believe some departments were less enthusiastic about the establishment of the ECT. They appeared to be concerned it would undermine the independence of their own department.
79. I believe the ECT was an improvement on what had gone before.

## **2021 and beyond**

80. Some of the Executive Committee was generally blind to the impact on vulnerable groups when it came to Covid-19. The Infrastructure Minister especially, and to a lesser extent the Justice Minister, regularly wanted to go further than recommendations. Whilst these views were sincerely held, and the minister's motives were good, nonetheless I, and other colleagues, fundamentally disagreed. That was evident prior to Christmas 2020 when many businesses were closed unnecessarily even though they would have virtually no impact on driving up the R number. This lack of appreciation of the impact on vulnerable groups continued during the lockdown

post-Christmas 2020 and into 2021, and to the best of my knowledge, I don't believe any work was done to properly assess the impact restrictions were having.

81. The emergence of Omicron was the single biggest factor that led to the reduction of the risks posed by Covid-19. All other efforts had limited impact and as restrictions lifted so did the number of cases. The approach proposed in the Moving Forward document was appropriate but was implemented too slowly. The development of man-made solutions such as vaccines and treatments was also too slow. At this point I had had personal experience of the healthcare system during the pandemic. My father spent his last two weeks of life as an elderly confused vulnerable man with the company only of strangers. In the last two days we were allowed to visit him, but we had lost the opportunity to have conversations with him. It was only if you were in that position personally could you fully comprehend the hurt and the pain that caused. To have this compounded by not having a wake or the funeral he deserved, leaves a feeling of guilt that can never be removed. At a personal level, I was also admitted to hospital with a burst appendix. 24 hours after surgery I was in horrendous pain, and nursing care was infrequent. I had been informed of a growth identified in a CT scan which was likely cancerous, and I had to face that alone. I begged for my wife to come and visit because I felt so low, but she was not permitted. Others had to go through much worse than I did, including people with a diagnosis of just weeks to live. The response to Covid-19 within the health system led to responses that were often cruel, unsympathetic, uncaring and harsh. Which staff were forced to implement. When the opportunity arose to remove some of the restrictions that hurt human beings unnecessarily with little or no benefit to reducing its harm, yes, I wanted to remove unnecessary restrictions more .

82. I was not on the Executive Committee for the meeting of 4 March 2021 and therefore cannot answer what the Justice Minister meant about the pathway being undermined.

83. I was utterly appalled at how people were being treated. Having had business experience and knowing the pressure of cash flow, I got the distinct feeling that many Executive Committee colleagues either didn't know or understand the pressure being applied to small business. When the same science was allowing much faster progress in England, we were dragging our feet. This led to tensions within the Executive. For example, I fought hard over the next period to allow garden centres to open. These were large open spaces, much of them outdoors, with large quantities of stock which had a limited shelf life providing a service which encouraged people outdoors to

exercise in their own space. These plans were obstructed. Meanwhile, major retailers that could open were packed - such decisions had no logic. The Sinn Fein, Alliance and SDLP Ministers on the Executive Committee did not seem to care in the least that they were driving small businesses out of business and shattering the mental health of the owners in the process. We were 6 weeks behind Wales for opening hairdressers. While the multi nationals were open and raking in receipts, the small businesses unreasonably remained closed.

84. TEO had oversight of everything within the *Building Forward* plan, but economic development responsibility lay with DfE, while green growth was my initiative, and was being delivered by DAERA. A wide range of departments had a role in green growth and a green growth departmental group was established to ensure its delivery both at official and ministerial level. Departments made representations of the challenges and proposed solutions, cost timescales etc. This could be challenged by other ministers and in general decent progress was made on this issue. The Green Growth officials assessed interventions and made the working group aware of outcomes for further comment from Ministers.

#### **Retirement of David Sterling**

85. I do not believe the retirement of David Sterling as Head of the Civil Service ("HOCS") impacted upon the response to the pandemic by the Executive. DoH took the lead on the pandemic response, and therefore the contribution of HOCS was in practice subservient to that of the CMO and the CSA. I do not know why it took so long to find an interim replacement or why there was a delay in Jenny Pyper taking up the role, these were issues for TEO. DAERA had no role.

#### **Scientific and medical advice to Ministers**

86. In March 2020, when "following the science" was discussed, there was limited knowledge of Covid-19, so the advice of the CMO and CSA, who were working closely with UK colleagues, was essential. As matters developed and trends began to appear, all of us understood Covid-19 better and as a result there was more questioning of the advice, and individual analysis. In terms of whether Northern Ireland was responsive or proactive, Northern Ireland's approach reflected the fact we were on a learning curve in March 2020 and were therefore more aligned to HMG,

and less concerned with adopting a Northern Ireland-specific strategy. Financially we had no other choice.

87. The gathering of data in Northern Ireland falls within the remit of DoH, and I was not privy to the issues. The reality was that reliable figures were not ever available. If someone had Covid-19 in the weeks before their death, but then died from something else entirely, this was still counted in the Covid death figures. This significantly ramped the numbers up and increased fear. I understand around 30% of the deaths recorded with Covid-19 mentioned in the death certificate were not actually Covid-19 deaths. For example, while I was in hospital, I tested positive for Covid-19 but exhibited no symptoms. If I had then died from the burst appendix for which I was admitted, it would have been recorded as a Covid death. I believe accurate reporting is essential. Inaccurate figures were being published daily which embellished deaths from Covid-19. The population did not need to be coerced by fear, they need convinced by science - qualitative factual science. However, in any event, for myself it didn't make a difference if it was 5 deaths per day or 25, it was too many and was an issue we had to get on top of. Unreliable figures propelled the drive for greater restrictions even when missed diagnosis for cancer was the outcome.

88. While I was on the Executive Committee, the way scientific and expert advice was provided was usually by the CMO and the CSA presenting the most up to date information on the spread of the virus and its impact, taking questions and giving opinions on how best to respond.

89. Information from SAGE was fed through to the Executive Committee entirely by DoH Minister and CMO / CSA. I believe they sought to faithfully relay the SAGE advice.

90. I did not have a concern that SAGE was too 'England-centric'. If that has been suggested it is likely because Sinn Fein did not like us following England's lead.

91. The R figure was used extensively by the Executive Committee in all its decisions on the management of Covid-19. As time went on, and the methodology for calculating the R number was explained, it became apparent that the methodology was changing which did cause me concern. In terms of the publication of two R-numbers, it was really only the local R-number which was presented for use by the Executive Committee, and therefore the existence of two R-numbers did not cause any difficulty.

92. The CSA explained the method of calculating the R-number at that time i.e. 11 June 2020. However, at later meetings different weightiness were given, this caused me concern as the R figure had a lot of flexibility, the methodology was not constant and that therefore it could be subject to some manipulation.
93. The reason given, as I recall, for suspending use of the R-number was that there were better means of identifying the direction Covid-19 was taking at the time, and the R-number had therefore been superseded. The means of calculating R did change, the CSA updated the Executive Committee to that effect.
94. The Executive Committee did not receive much information about the work of the Strategic Intelligence Group ("SIG") but there was a wide range of information coming through to Ministers. The SIG was one of a series of bodies that provided information which was received by the Executive Committee and given due consideration.
95. The modelling was central to Executive decision making. Much time was given to the modelling report from DoH officials, and thus due consideration was given to the modelling in decision making.
96. If there was an independent model tuned to specific Northern Ireland circumstances developed, the Executive Committee was not made aware of it. The methodology of the modelling was explained in detail, I am unaware of it changing. It was reliable to a point but had a lot of variables.
97. Behavioural science was presented in particular by the CSA. It caused consternation but often no significant response as in reality little could be done.
98. Briefing papers regularly arrived shortly before the Executive Committee met. Indeed, on occasions the paper didn't arrive until the commencement of the meeting. This was entirely counterproductive to good decision making.
99. I did not consider that the expert advice we received was sufficiently timely, detailed and reliable. Executive papers were usually circulated at the last minute therefore were not received in a timely fashion. In addition, too often when questions were asked of the CMO or CSA, the answers were not backed up with robust evidence. For example, in the early days of Covid-19, the advice we were given on face masks



was that they wouldn't help, but a number of months later, we were asking the public to wear masks. The evidential basis for such a change was not apparent.

100. All medical and scientific evidence and data came to the Executive Committee through DoH and TEO. I expect the Executive Committee received most, if not all, the relevant data, but as we didn't see what came directly, I cannot say definitively.

101. For me, having been Health Minister for over 3 years, I had a good understanding of what was being presented, and I consider a sufficiently 'scientific mindset'. That probably led to me pressing for more convincing evidence than was being presented. At the outset of the pandemic, the public were genuinely frightened, firstly by the unknown nature of the virus' effects, secondly the media coverage from Italy, thirdly by the health minister's comments about "death by biblical proportions" and up to 15, 000 deaths. Within a few months, it was evident that this had been over-egged. It was apparent that it was the vulnerable, elderly and those with chronic conditions in the main that were dying; young healthy people were not dying. The broad-brush approach that was acceptable (and necessary) in the learning period at the start of the first wave was retained for almost 2 years when many people believed a more targeted approach should be adopted.

### **Relationship with the United Kingdom**

102. The fact that Northern Ireland was behind London at the outset of the pandemic did give us time to ascertain what was coming. However, unfortunately, it wasn't enough to stop us following GB in emptying hospital beds and irresponsibly moving infected patients to nursing homes. If anything is learnt from Covid-19, it should be that the panicked reaction from hospitals that they would need all the bed space quickly was wrong. It transpired the greatest super spreader of Covid-19 was in fact the DoH with devastating consequences. DOH did not consult the Executive Committee at any point on this and bear full responsibility for many of the deaths in the first wave.

103. The MIGs and COBR meetings, as I seen and understood, were pretty much mechanisms for Westminster to tell the devolved regions what they were about to do just before they did it. No-one should confuse these meetings as opinion-forming and decision-making. They were very much for decisions to be made at Westminster conveyed to the devolved administrations during the course of these meetings. It was

for the devolved nations to go with the HMG decision or make their bespoke arrangement. There was not a cohesive approach. Scotland, in particular, wanted to do something different from HMG, Wales to a lesser extent. Within Northern Ireland, Sinn Fein, SDLP and Alliance often wanted to take a different route for political reasons. Confidence in the decision making of HMG was often brought up, and as time progressed it was diminishing. Great reliance was then placed on the Executive Committee and on the recommendations of the CMO and CSA who, by default, were essentially running the country.

104. I was not directly involved in most of the meetings with UK Government, however it was clear that there was no real decision forming on a UK-wide basis. As previously stated, it was almost impossible to co-ordinate because of the politics of it. Nicola Sturgeon, in particular, liked to do solo runs and appeared to want to outdo HMG when the opportunity was available.
105. As outlined above, the UK Government did not adequately involve Northern Ireland Ministers or civil servants in decision-making that impacted Northern Ireland.
106. I do not agree with the deputy First Minister's assertion that actions by the UK hindered the Executive's ability to reach consensus. The deputy First Minister does not accept the constitutional reality that Northern Ireland is an integral part of the UK and we were therefore in many ways bound by HMG policy. Devolution gives Northern Ireland an opportunity to do things differently, but not radically differently. The statement made on 16 October 2020 was factual as in each council under nationalist control, there were higher incidents of Covid-19. The lack of leadership in that community, and disregard for rules, was shown by the attendance of dFM and colleagues at the IRA funeral of Bobby Storey. This was followed over the summer by multiple breaches at GAA matches of regulations, again something the dFM and colleagues refused to call out.
107. There was no shortage of meetings with the Secretary of State for Northern Ireland and the Minister for Intergovernmental Relations but in my view they were largely decision conveying. The SOS for Northern Ireland and NIO were largely anonymous beyond that; in truth they didn't have a role in local decision making.

108. I had no role in providing information to the UK Government, it would be disappointing if it was the case that representatives from devolved administrations were not truthful, or provided inaccurate information to UK Government.

109. The NSMC construct was not created for dealing with a pandemic. It was not a suitable vehicle for the delivery sought by DOF Minister. Over my period as a Minister I found it much more convenient to make direct contact with ministers in RoI. This was a much more effective means for getting business done as required.

### **Relationship with Republic of Ireland**

110. Having as much commonality across the border was certainly a desirable outcome but it is easier in theory than it is in reality. The bond between GB and NI goes well beyond a constitutional reality. The numbers of Northern Ireland people and goods travelling to and from GB is huge. For example, Northern Irish chicken supplies account for close to 20% of what is on the UK's food shelves and pork, dairy products and beef each also have significant footprints. Many major building and engineering projects in GB are carried out by Northern Ireland companies, and numerous other businesses are inextricably linked to mainland GB. Over 50% of Northern Ireland exports are to GB and an even greater volume of imports. Separation from GB and harmonisation with RoI would not have made sense and could not have been effectively implemented. In any event, it would have been for DOH to make such a recommendation and it never came.

111. The outbreak of foot and mouth disease saw the introduction of a fortress Ireland approach. This would not work for human beings and is not an appropriate comparator. Livestock movements from GB to Northern Ireland would amount to a few truckloads per day. The human movement is a massive multiple of that. Much of the human interaction is necessary therefore unavoidable. Testing animals for epizootic diseases such as tuberculosis, maedi vision etc. is a much more simple exercise on a relatively small number of animals, than it was to identify the 1000's who by necessity travel between Great Britain and Northern Ireland every day.

112. As both UK and RoI took a lead from WHO and the actions of other countries who were affected by the pandemic earlier, there was considerable similarity to how the different jurisdictions responded. The logical thing would have been for as much alignment as possible between the UK and ROI, and it is likely the All-Ireland MoU

was likely intended to recognise that. However, given the politics within the UK, and within Northern Ireland, RoI alignment was always going to be problematic to some extent. I am therefore not sure that the affirmation within the MoU changed or improved the coordination and cooperation between the countries over what would have happened if it had not been entered into.

113. There were, however, already the means and structures in place to achieve greater collaboration. I believe that direct contact between the appropriate ministers would have been the most appropriate way to achieve effective co-operation and co-ordination. The bottom line is that when you are dealing with a problem of the scale of Covid-19, politics shouldn't come into it. What is important is to do your best for the public you serve. This was certainly the view I took during my tenure as Health Minister when implementing cross-border health policies.

114. I don't recall a review of the MoU taking place. The workload of the civil servants dealing with the Covid-19 response was massive and would have taken priority at that time.

115. In terms of the impact of Covid-19 along the Irish border, there were regular discussions between key players in the DoH and their RoI counterparts. Attention was given to the trends in RoI, their response to the pandemic and this information was given due consideration in the decision-making processes of the Executive. My understanding was that Northern Ireland case numbers and deaths from Covid-19 were similar to that seen in RoI, and a little better than in GB. However, I am not aware of any formal research into the impact along the border.

116. There are many examples of public policy alignment as between RoI and Northern Ireland. As Health Minister, I gave the go-ahead for a cancer unit at Altnagelvin Hospital, which received financial support from the RoI. This means treatment is provided for people from both jurisdictions in this Northern Ireland facility, reducing the travel time for cancer patients requiring around 15 minutes radiotherapy by 4 hours. In addition, Northern Ireland did not have enough patients to support the continuation of its own paediatric congenital cardiac surgery service. We agreed to close the service in Belfast and use the Beaumont Children's Hospital in Dublin. I also saw that there would be advantages to increasing collaboration around services in hospitals near the border. However, despite a lot of discussion with RoI around these strategies, RoI was less keen to move forward as it was likely that more that

more services would have centralised in the Daisy Hill, South West and Altnagelvin Hospitals within Northern Ireland, and pulled patients away from ROI hospitals. Whilst this would provide better outcomes, the politics are difficult. ROI Ministers were not prepared to make those difficult decisions. These examples demonstrate that even prior to the pandemic, there was alignment and cooperation with ROI in relation to health matters, and, with the continued dialogue between the health departments and CMOs during the pandemic, this cooperation continued during the pandemic.

117. Having said that, there were some difficulties in terms of cooperation. In particular, there was a lack of information coming through from ROI on key issues such as travel in spite of repeated requests. This was discussed at Executive meetings but did not lead to a greater level of co-operation coming from ROI. Moreover, there was a difference in the way in which data was collected in ROI which likely led to difficulties in making comparisons about the position on each jurisdiction.

118. In addition, there were difficulties with the timing of ROI announcements, and not giving Northern Ireland Ministers sufficient notice to be able to respond. Thus there were times when, although ROI talked about co-operation, in reality when it came to actual cooperation, they fell short. There could be different reasons for this but I believe that some part of it was due to Sinn Fein being the main party of opposition. It is understandable that there may be some reticence to give a lot of prior information about key decisions to the First and deputy First Minister knowing that information was likely to be fed straight to the leader of the opposition.

119. I do not believe there were any other major barriers to obtaining cooperation. Certainly, there was no good reason for withholding information. In my view, the more sharing of information the better for all.

120. I am not aware of any barriers aside from that stated above to obtaining cooperation with Republic of Ireland.

121. Overall, I believe the outcomes in ROI were broadly similar to Northern Ireland. I believe Northern Ireland did have better results than England but this may be explained in part to a more dispersed community in Northern Ireland with fewer people living in big cities.

122. However, alignment with the UK was the only option. We were plugged into the UK science, and wholly dependent on UK funding. There is also significant movement of people between Great Britain and Northern Ireland i.e. it is not only ROI to Northern Ireland cross-border travel that needs to be factored in, alignment with UK was relevant to GB to Northern Ireland movement.

### **Legislation and regulations: their proportionality and enforcement**

123. The initial tactic for making people comply was that of fear. Prior to the first lockdown most people thought they could potentially die from Covid-19. However, as trends developed it became evident that healthy people under 60 were at considerably less risk, and healthy people under 40 at virtually no risk. With that people quickly pulled away from doing much of what they were told. If they didn't fear the condition, then a different fear factor was needed and therefore criminal sanctions were attached to the regulations. However, I believe that making criminals of people was never going to work either. What the public should have got was unembellished facts that allowed them to understand the risks or otherwise both to themselves, and the risk they posed to older vulnerable people if they acted irresponsibly. In footballing terms, with many people "they lost the changing room".

124. Most of what the Executive Committee discussed on enforcement was meaningless because the PSNI did not swing into action to enforce nor indeed did local authorities, therefore it was never going to be effective. Some wanted to go further, in reality it wouldn't have worked and more likely been counterproductive. Without the support of the PSNI and local authorities, Executive ability to establish an enforcement section was unrealistic.

125. My view is that criminal sanctions should never have been in place. The sanctions criminalised good citizens who were unconvinced of the measures imposed by the Executive Committee. This put the PSNI and the local authorities in a very difficult position. The best discipline is self-discipline. The best means of achieving self-discipline is respect for the rules. The best means of earning that respect is measured, sensible rules, well-explained. Therein lies the failure.

126. The response from the Chief Constable in his letter of 17 April 2020 was unsurprising. What was being sought was undeliverable and the potential damage to the PSNI was a significant factor. Nationalists have often accused Northern Ireland

of being a police state but during the pandemic, we had SF leading the charge to create one. SF demands for police intervention was heavy handed and rightly rejected by the Chief Constable. I believe it was politically motivated to look like more was being done than in England. Where would such sanctions end? Anybody within 2 metres of another person or incorrectly wearing a facemask getting a criminal record? Criminal records are for thieves, rapists and murderers not someone who did not adhere to Covid-19 rules especially when for many these rules illogical.

### **Scrutiny by the Assembly**

127. While the Assembly did vote through the regulations, beyond that there was little evidence of democracy as most of the regulations were passed retrospectively. The power vested in the DoH Minister, CMO and CSA was quite incredible. They needed neither the Executive nor the Assembly to introduce punitive regulations without recourse to others. The DoH Minister did bring these matters to the Executive for political cover, not because he needed that approval, but acting singularly would have left him exposed. In terms of my department, we did engage with the Assembly, and had no problems dealing with AQW's. The ad-hoc committee was not particularly effective at scrutinising as, in some senses, it was emasculated by having to respond to decisions already taken rather than recommending policy.

### **Funding the response to the pandemic**

128. The funding was such that, in general, the Executive was able to take the steps it wanted to, however, at times, there were delays in taking steps because the Executive had to wait on clarification coming from Treasury about the resource that would be available.

129. Debate in the Executive around taking steps in March 2020, before the UK Government imposed a lockdown, certainly took place, but moving ahead without funding in place was unrealistic.

130. In December 2020, the Executive was in the position outlined above whereby the Executive had to take decisions in advance of finance being available. The First Minister rightly pointed out that this put businesses, mainly small businesses, in a terrible predicament.

## Controlling Northern Ireland's borders

131. The Executive Committee had significant powers in terms of imposing restrictions on those arriving into Northern Ireland either from the Common Travel Area or internationally. However, the main problem was that there was a lot of travel that was necessary for the economy and to keep food chains moving, and so imposing a wide-ranging restrictions would have been difficult.
132. In terms of the UK Government's approach to issues of border control into Northern Ireland and/or travel restrictions, the focus was clearly on England. UK Government the led the way on science and finance, and it was for the devolved administrations to do something different if they desired. As such, I believe more could have been done to enable a co-ordinated approach to travel.
133. I believe that movement of people into Northern Ireland post March 2020 didn't make much difference. Once the disease had taken hold locally, the numbers travelling to Northern Ireland would not have significantly altered the course of the pandemic.
134. I do think that there was greater scope for the UK and ROI to cooperate in relation to border control. I believe an islands approach would have been the best route for both jurisdictions. Neither ROI nor the UK benefitted from independently doing their own thing.
135. Nursing homes were the lightning rod for Covid-19 in the early days. The disgraceful decision to clear hospital beds without testing, and place those patients in nursing homes was a super-spreader decision. Having independently made the decision, DoH subsequently brought a lot of information to the Executive Committee. It was the epitome of *"closing the door after the horse had bolted"*. Hundreds of older people lost their lives prematurely as a result of that decision. Trying to mitigate the damage thereafter made little impact as the infection was already in the homes.
136. In addition, there were concerns fed through to us quite early on about access to PPE within care homes. Hospitals had PPE but weren't keen on sharing it. There was therefore considerable discussion by the Executive Committee as to how nursing homes could get the appropriate PPE. This included how best to source and share PPE supplies.



## Inequalities

137. The Executive Committee had extensive and detailed discussions about the impact of Non Pharmaceutical Interventions (“NPIs”). DoH had clear positions on the requirement from a health perspective for NPIs, and, in the first lockdown, we were heavily reliant on that advice. However, as time went on, and trends were established, that advice and the negative impacts that would flow from DoH recommendations around imposing NPIs was more thoroughly tested and questioned by Ministers.
138. The rules relating to section 75 are about non-discrimination. As many of the Ministers were set on being discriminatory against all citizens, section 75 probably did not make any difference. I can see that in certain respects a national health emergency would override equality laws, however, as the initial emergency passed, I regularly expressed concern about the harmful effects of many Covid-19 rules.
139. I don't believe that there was proper assessment of the impact that NPIs were having on specific groups of vulnerable people. For example, stopping children being educated was grossly unfair, and the closure of small businesses likely had a disproportionate impact on those already in relative poverty. Overall, my view is that what was justifiable in terms of NPIs in the first wave of the pandemic, was unjustifiable thereafter. The impact has now (belatedly) been identified with issues such as worse mental health outcomes and higher levels of truancy.
140. I don't believe the Executive was properly informed or sufficiently took into account the impact that NPIs were having on vulnerable groups within Northern Ireland. I raised my concerns regularly.
141. There were, however, features of Northern Irish society that made the identification of people in particular hardship, and the alleviation, easier to achieve. For example, DAERA worked with DFI to use rural transport to support vulnerable people in relatively isolated rural communities. This helped ensure they were able to get necessary food and prescribed drugs and were able to keep medical appointments.

**Public health communications, behavioural management and maintaining public confidence**

142. DOH regularly updated the Executive Committee with proposed public messages which was discussed at the Executive thereafter. There was therefore fairly good oversight of the public health messaging.
143. Social media carries all sorts of information including disinformation. That said, statements made by the NI Government in the early stages of the pandemic including that there would be “deaths of biblical proportions” was regarded by many in the public as disinformation coming from the Government, and therefore there needs to be a balance achieved in allowing people to discuss and question the Government’s standpoints.
144. As previously stated, young people in particular were unconvinced of the personal risk from Covid-19 when they saw the trends developing. Therefore, convincing them to basically put their lives on hold was extremely challenging. This was especially so given that the leadership of SF had flagrantly breached the rules in such a public manner at the IRA funeral for Bobby Storey. This hypocrisy led to a real resistance to the rules.
145. I do not believe that the need for press conferences specific to children identified by the Children’s Commissioner, was discussed by the Executive Committee. On a regular basis I raised the harms to children and young people. The Education Minister and others also raised the issue, however the majority of the Executive Committee did not appear interested in the inequalities suffered by the young.
146. I do not believe that a lack of consistency in public health messaging with other parts of the UK was problematic in Northern Ireland,. The FM, dFM, Minister of Health and the CMO were regularly briefing the public. I don’t believe the Northern Ireland messages were consistent with UK messaging, rather it was tailored to what had been decided in Northern Ireland. Whilst I may not always have agreed with the message, it was certainly put out there.
147. In terms of threats or abuse on social media, there was nothing that I don’t normally receive.

148. In terms of what worked well, the daily press conferences were an effective means of communicating with the public. However, the messages were often wrong. The public were asked to make sacrifices to save the NHS. Now GPs have a phone first which doesn't work, ED's are overloaded with work, there are 4000 domiciliary care packages outstanding, hospital beds are unavailable, and there are excess deaths. The response did not save the NHS, Covid-19 practice became normal practice which has been disastrous. On the flip side, children's education was damaged along with their mental health. Cancer diagnoses were missed, key clinics for chronic illness were suspended and have worsened outcomes. Focussing almost singularly on Covid-19 was disastrous for the NHS, far from saving it, it has been seriously damaged.

### **Executive Committee decision-making**

149. In many instances of national emergency, coalitions are established so that decisions taken have the support of the people from across the political spectrum. Necessarily those coalitions are comprised of political rivals. That is not too dissimilar from the system of mandatory coalition in Northern Ireland. Political differences did arise with Sinn Fein in particular pushing an all-island agenda, in circumstances where this was not practical or desirable. However, there was a lot of majority rule within the Executive Committee. The DUP had a less rigid approach than others on many occasions, so while decisions were made they didn't always have consensus. However, in the main, differences in the response to Covid-19 were not politically based.

150. Within the DUP, some had a more libertarian approach, the gut instinct was different rather than it being imposed by a party hierarchy. Some in the party wanted rules enforced rigidly, a greater number wanted to ease restrictions, which had little benefits.

151. Ministers did come to Executive meetings with pre-determined lines to take or positions, but these positions changed if evidence was presented that was convincing.

152. The cross-community vote is a mechanism in the Belfast Agreement to ensure community views are not overridden by a majority. On the Executive Committee both Sinn Fein and the Ulster Unionist Party accepted the DoH advice slavishly. SDLP and

Alliance often wanted to go further. The DUP alone questioned the wisdom of some of the recommendations. Given the benefit of hindsight, the damage done to education, child development, mental health, domestic violence and suicide, I believe we were entirely right to question the use of NPIs. Challenging the direction of destroying an economy was entirely justifiable. If lockdowns were about saving the NHS, how could we expect to fund the NHS if the economy has been destroyed? The UK accumulated additional £400bn of debt, to be paid off with interest. Every penny repaid is one less penny to invest in health. Therefore, far from saving the NHS, the measures imposed fundamentally damaged the economy and thus the health system for years to come. On many occasions, I raised the point that the response to Covid-19 would cost more lives than the pandemic. We have witnessed a protracted period of excess deaths because people's healthcare was delayed or unavailable because of the government's decisions. The financial constraints arising because of the debt will lead to less ability to support sick people with modern drugs and treatment. Using the cross community vote as a check to bring the reality home that things cannot be driven through whilst consistently ignoring minority opinions in a mandatory coalition, is entirely appropriate and a necessary safeguard.

153. As such, the cross-community vote should be available in its current form for use during any future pandemic, or indeed any other emergency situation.

154. A mandatory coalition is different from a one party or voluntary coalition government. That said there was agreement on many occasions. Ministers have the right to challenge and disagree with advice given.

155. I can't answer for DOH as to whether it felt, as suggested by the deputy First Minister, that the Executive was a thorn in its side. As stated previously, the Health Minister didn't need Executive Committee approval - the regulations gave DOH the power to take decisions alone but yet most decisions were brought to the Executive for decision. If civil servants don't like being asked questions, have their position challenged or pressed to provide evidence to back up their statements then they are in the wrong job. If the public have legitimate concerns about issues, it is for the public representatives to raise it.

156. The Health Minister was adequately supported by the Executive Committee during the specified period.

157. The two most powerful people in the country were the CMO and the CSA. Draconian measures were introduced which in any other circumstance would have been unacceptable. Looking at how Florida responded after the initial lockdown, and the results, it appears NI took a lead from others without question.
158. As time went on, there were consistent areas of tension within the Executive Committee with some Ministers consistently resisting relaxation of restrictions regardless of the impact that they were having.
159. Papers were regularly leaked from the Executive Committee. The fact that the papers were not received on time played a part in this as some thought they could use leaks to get their own way. Some members were observed sending messages during meetings and minutes later journalists were publishing what was taking place in the Executive Committee, it was evident who was doing it. This had a detrimental impact on the Executive Committee.
160. Northern Ireland is a small business economy. DoH proposals allowed supermarkets, large off licences and franchises to carry on. Small businesses with little clout were treated shabbily. DfE were rightly fighting the corner of these businesses against illogical closures.
161. On a regular basis media ran proposals in advance of the Executive Committee which built a momentum for that proposal. This could only have come from DoH - likely their press office. The Nolan Show was a popular outlet to spin things.
162. As someone more important than me stated *"democracy is the worst form of government – except for all the others that have been tried"*. The Executive Committee was the only show in town and was representative of public opinion. As it happened Covid-19 deaths in NI were lower than the rest of the UK.
163. Ministers were not Stepford Wives who robotically all did and said the same thing in unison. The awfulness of the condition was compounded by draconian and punitive impositions which took little or no account of the harm being imposed on healthcare, children, business. The public know the Executive Committee is made up of people with diverse opinions, in my view they would welcome the fact ministers were challenging some of the proposals.

164. The circuit breaker was a misnomer, it went on for months, anyone looking at the proposal would have known there was no chance of it only lasting 2 weeks. If the Inquiry checks the figures, the reference to the pandemic and the number contracting Covid-19, rates of transmission were higher in nationalist areas as compared to unionist areas.

165. Without doubt, it was a low point for politics when the leaders of Sinn Fein flagrantly broke the rules, and this was compounded when there was no punishment. This gave the green light for others frustrated by the rules to break them. The denials of wrongdoing when the whole episode was filmed in broad daylight was incredible. Holding a fake funeral in a graveyard when the body was cremated 6 miles away took the public for fools. The credibility of the Executive Committee thereafter was diminished when it sought to impose restrictions for others. It was one rule for the powerful and another for the wider public.

**Communications with ministers, advisers, political party officials and civil servants via electronic devices.**

166. During my period in office as Minister, I was issued with a NICS mobile phone, ipad and laptop. I used Whatsapp, and less frequently text messages/imesages to communicate in my capacity as Minister. I did not use Slack or Signal. I have provided a transcript of each message chain in which I was involved to the Inquiry.

167. While I did have NICS devices, I generally preferred to use my personal device as it was better than the one provided by the department. I did not consider it inappropriate to use my personal device and in any event, Whatsapp is encrypted.

168. The messages discussing Executive matters are recorded in the Whatsapp groups of which I was a part. These include the groups entitled "Executive" and "Exec" that contained ministers and advisers, as well as some party officials. I retained the communications and have made these available to the Inquiry. I did not take any other steps to record such communications as there were processes in place to formally record decisions taken by the Executive Committee.

169. Informal messaging platforms were not used by DUP Ministers as an alternative to formal meetings. All Executive Committee decisions were taken by the Executive and therefore formally recorded.
170. I did not delete any messages. In terms of the NICS-issued devices, I handed these back to DAERA at the end of my period in office. I did not delete any material before I handed them back. I have asked DAERA about the material but I understand the phone has been destroyed. However, I seldom used this phone. Any emails sent by me ought to have been recorded by NICS.
171. I do not still hold the personal device I used at the time as I have replaced it with a newer device. The data including the messages transferred over to the new device hence I was able to retrieve the messages and supply these to the Inquiry. Any comments in zoom meetings were on the iPad returned to DAERA. Most comments were requests to speak. I have no access to the iPad.
172. Whatsapp chat was used during meetings to communicate with colleagues, particularly during zoom meetings.
173. I did not keep any diaries or notebooks from the Specified Period.

### **Lessons Learned**

174. Overall, I consider that communication with the public was good. However, advice was largely drip fed from the WHO to Westminster and then to NI and at times there was little evidence to support restrictions imposed. There was some good co-operation between departments to support people particularly vulnerable people but I believe that the strategy was based on fear and was less effective after first lockdown. Public confidence was severely damaged by the IRA funeral of Bobby Storey.

**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: 6-3-2024