

Witness Name:

Statement No.:

Exhibits:

Dated:

UK COVID-19 INQUIRY

WITNESS STATEMENT OF PAUL FREW

I, Paul Frew, will say as follows: -

My Role

1. I have been a member of the DUP since 2000 and was elected to Ballymena Borough Council in 2005 until 2013. I became an MLA representing The North Antrim Constituency in 2010. Since that time, I have been Chairperson of the Agriculture and Rural Affairs Committee; Chairperson of the Justice Committee; Deputy Chairperson of the Finance Committee; and have been a member of several scrutiny committees including Public accounts; OFMDFM; Enterprise Trade & Investment; Communities; Justice; Finance; and Standards & privileges. I was Economy Minister from 14th June 2021 to 6 July 2021. Outside of elected politics my background was in the Construction Industry as an Approved Electrical Installation Engineer and Foreman/Site Supervisor. During the specified period of 11th Jan 2020 -15th Feb 2022, 14th Jan 2020- 11 June 2021 I was Deputy Chairperson of Finance Committee from 14 January 2020 to 11 June 2021, and a member of the Justice Committee from 20 January 2020 to 21 June 2021. From 8 June 2021 to 14 June 2021, I was a member of the concurrent committee of the Committee for the Executive, committee for Finance and committee for the Economy. From 14th June 2021 to 6th July 2021, I was Minister for the Department for the Economy (DfE). I was member of the Ad Hoc Committee on a Bill of Rights from 14 September 2021 to 1 February 2022 and from 20th September 2021 to 28 March 2022, I was a member of the committee for Communities. From 20th September 2021 to 27 March 2022 I was a member of the Assembly and Executive Review Committee.

2. As Minister for DfE, my responsibilities included wider economic policy, including specific areas like Energy, Tourism and Telecoms; the operation of a range of employment and skills programmes; oversight and funding of the further and higher education sectors; various aspects of employment law; and the management and operation of various EU funding programmes. Mr Mike Brennan was the Permanent Secretary of the Department and Mr Alastair Ross was my SPAD (Special Advisor) when I was in post. SPADs add a political dimension to the advice and assistance available to Ministers, while reinforcing the political impartiality of the permanent Civil Service by distinguishing the source of political advice and support.
3. During the pandemic period, the Department for the Economy offered support to local businesses struggling to survive as a result of the NI Executive's social distancing and isolation regulations and wider lockdown measures and philosophy, for e.g. The Small Business Support Grant Scheme, The Sector Specific Business Support Grant Scheme and The Micro Business Hardship Fund.

Chronological consideration of how the Pandemic developed and the response to it

4. Many decisions required for emergency planning are operational decisions that can and should happen without Ministers. Emergency and pandemic planning procedures in Government generally, and the Health Service should be in place for use in an emergency scenario at the moment they are required. Therefore, other than building up relationships within Departments and getting to know one's brief, I do not believe the absence of Ministers from January 2017 to January 2020 had a direct negative impact on Northern Ireland's response to the pandemic. Rather, many of the measures and responses used were novel, strange and not standard practices for governments, and therefore would have been unlikely to have been planned for if Ministers had been in post. Indeed, according to Michelle O'Neill's evidence in June 2023 to the Inquiry, previous Ministers weren't even made aware of pandemic plans and risks, or departmental risk registers.
5. Having said that, Permanent Secretaries and Directors would not want to make large budgetary or strategic decisions around policy direction and reform in place of a Minister and would only do so if forced to by immediate pressures or necessity. When Ministers were eventually selected by their parties, there would undoubtedly have been a list of issues and questions to answer, and decisions to take that would have accumulated during a period of suspension, but the same is true where you had a previous Minister without the political will to make decisions.

6. Ministers should have been able to come to terms with their departments fairly quickly, and should have been able to challenge practices and operational decisions by the time the pandemic took hold. Within the Executive, the procedures are such that Ministers should be able to voice their concerns and vote accordingly on any given topic, although there would be a tendency and hope from top officials that the Executive would come to consensus at all times. The Executive was made up of five different political parties with differing and competing priorities and objectives, trust doesn't come into it nor should you expect cohesion when some parties are clearly uncomfortable with decisions taken.
7. It should be noted that the Emergency Powers meant that decisions could have been taken by the Health Minister alone who could and did bypass the Executive to my knowledge on one occasion. The Health Minister unilaterally removed coffee shops from the specified list of establishments that were forced to use Vaccine Certification in order for patrons to gain entry. This specified list had already been agreed at an earlier Executive Committee meeting. Under the Emergency Legislation the power resided with the Health Department, not the Executive Committee, regarding the drawing up, the laying down and the enacting and enforcing of the regulations.
8. A lack of policy development and reform to Health Services is having a negative impact in all departments and sectors of the Health Service in what could be classed as normal times not just times of peak demand or stress or to respond to the pandemic. There is no doubt that a lack of policy development or positive reform in health services had an impact on how those same health services operated during the pandemic. Interestingly there was no early treatment for COVID-19 as outlined by the Health Minister in a written answer to me AQW2758/22-27

PFR/01 - INQ000412894

Overarching and thematic issues

9. Regarding the specific issue of gathering data in Northern Ireland and elsewhere, it concerns me that to have data on deaths on a daily basis might lead to issues with accuracy considering registration and processing - it seems most data collectors working in this area publish on a weekly basis - although I would understand with a fast moving virus and pandemic conditions why daily data may be more beneficial to health services and governments, however that information would only be of use if the health services and government had the capacity to operate quickly.

10. The major concern for me in the collection of data concerning death in the pandemic was the definition of COVID-19 deaths and how that would be interpreted by Ministers, Policy drivers and advisors, Elected Members of the Assembly and the wider public. That is, where COVID-19 or suspected COVID-19 was mentioned anywhere on the death certificate, including in combination with other health conditions it was included in the data. Influenza and pneumonia are well established and understood causes of death involving respiratory infection that is likely to have somewhat similar risk factors and symptoms. Doctors could certify the involvement of COVID-19 based on symptoms, a positive test not being required, and any deaths of individuals which occurred within a certain period of time of a positive COVID-19 test were also included. This is likely to have led to over-estimation of the figures. In this sense, inaccurate daily death tolls were used every time they were cited in daily press briefings, and the same could be said for reported cases instead of actual cases. Government and media reported the daily death tolls and cases without context, such as comparisons with deaths from other causes or total deaths or indeed recovery figures for people recovering from COVID-19. Daily death tolls included deaths with COVID-19 or suspected COVID-19 on the death certificate or in fact any death which occurred within 28 days of a positive test and that's with a test that has questions around its accuracy or if you had mild symptoms. It was practically impossible for the public to ascertain the proper death toll and actual case numbers on a daily, weekly or monthly basis and the government or media didn't strive to provide the public with this knowledge, in fact, as exposed by the BBC, the Health Minister kept the best-case scenarios secret. In my role as an MLA and also a member of the Ad-hoc Committee, to the best of my knowledge I cannot remember receiving any suitable information about the way data was collected in Northern Ireland and whether those collecting and interpreting the data made allowances for any uncertainty in the data and how that played into modelling.

11. The inaccuracies of collecting COVID-19 death data would have had a massive impact on modelling making it highly inaccurate and unreliable in terms of numbers and also in geographical areas. This would have had a deeply detrimental impact on any strategic Government response to the pandemic both at National level and devolved regions. The data around modelling and the methodology used is challenged and contested space. Please see a paper that was forwarded to me by Dr Gerry Quinn that was published by him and others. Dr Quinn is from (Microbiology and Immunology) Institute of Biomedical Sciences, Ulster University and the paper is entitled A Tale of Two Scientific Paradigms - **PFR/02 - INQ000360610**. I am not aware of any specific issues as to the ability of the Public Health Agency and its role in the response to the pandemic.

12. The receiving of scientific or expert advice, notwithstanding the flawed nature and inaccuracies described above, as part of the decision-making processes of the Executive committee was poor, only receiving information in a large quantity of papers in among other papers, hours before an Executive meeting sometimes late the night before. This is a shocking way to conduct the business of governance in normal times let alone in a pandemic, and led to Ministers not being fully up to speed or properly prepared to make decisions that would have an enormously negative impact on people's lives and both mental and physical health, or to robustly challenge advice they were given. This was my experience when being on the Executive, at the time I complained to my Special advisor and Private Secretary about the late papers and was told that this had been common practice the whole way through the pandemic.
13. I'm not aware of the processes around the passing of information between SAGE and the Northern Ireland Chief Medical Officer and Scientific Advisor or of any criticism of Sage being too 'England-centric' although this may have been a claim made if the R number calculations between the devolved nations and SAGE were different, leading to a wider scepticism and loss of confidence around the R number that would inevitably come with differing figures. The R Number seemed to be very important in justifying actions taken by the Executive regarding lockdown philosophy but the R number became less relevant when it was lower, and yet lockdown measures stayed in place. The R number was used extensively to justify bringing in harmful lockdown measures but didn't seem to be as important or spoke of when R number was lower and when people asked questions as to why harmful lockdown measures were still in place. I'm not sure if all Ministers knew how the R Number was calculated but they should have asked and received an appropriate understanding as opposed to taking information at face value from advisors, where would the challenge function be otherwise? I do not know if at any time any Ministers did not know how R Number was calculated that would be a question for them to answer.
14. I believe the use of Behaviour Science and management was used extensively by the Department of Health in many ways, for example daily or regular press conferences, inaccurate daily death tolls and in the language used to frighten people into compliance for example, '*Biblical proportions of deaths*'; '*Omicron hitting us like a tonne of bricks*'; '*tidal waves*'; '*knife-edge*' etc. This deployment of fear had a devastating effect that has caused massive problems in mental health throughout our nation in all age ranges. On 19 March 2020 at a Press conference in Stormont Castle Robin Swann stated: "*The scale of the surge coming towards us is of biblical proportions*". He talked of a mortality rate of 1% and a death rate of 14,000 to 15,200 lives lost. I refer to the media report by Conor Spackman BBC Spotlight

Programme where he reports that scientists state that the death forecast was not a realistic one. The Health Minister Robin Swann then went on to say on 23rd March 2020:

"The very same virus that is creating untold devastation in Italy and elsewhere is here and spreading in our community right now, it threatens us with an onslaught...in a few short weeks, this onslaught could very rapidly dwarf the impact of the troubles on our society".

On the 1st April 2020, the Health Minister Robin Swann then stated that in the worst case scenario 3,000 people could die over 20 weeks of a coronavirus epidemic. On the same day First Minister Arlene Foster said the potential loss of 3,000 lives during the first wave of the virus was a 'sobering' statistic: *"the death toll would be about 500 people short of the lives lost during the troubles"*, and the Deputy First Minister said the modelling was 'alarming'. By the 20th of April the Health Minister then stated the worst case scenario death toll had been revised down from 15,000 to 1,500. On the 1st April 2020, the Health Minister Robin Swann on the Nolan Show stated *"When we went into this at the start, I said at the time that once we had Northern Ireland modelling available I would make it available so that people could understand what we were actually looking at"*. According to Conor Spackman from the BBC Spotlight Programme aired week commencing 8th June 2020, speaking about a leaked document he obtained, *"when the modelling did become available, the Health Minister decided against showing it to the public like he'd promised"*. The BBC claim Minister Swann wanted to keep secret the scientists' best case scenario- just 250 deaths - because in his words, *"he doesn't want to create a false sense of security"*. Instead, he asked the First and Deputy First Ministers to also keep the best-case scenario a secret. In other words, the Health Minister was selectively using the modelling to shape the public's response to the pandemic and asking other Executive ministers to back his strategy. So, in an executive that repeatedly pledged to 'follow the science', Mr Swann was choosing which bits of science to share. The Leaked Document he was referring to is attached at PFR/03 - INQ000412893 How can people have confidence and believe the government and Health Minister when he is keeping information from the public that the public should know? What people really need is transparent and open government. They needed to see the full range of scenarios for a number of reasons: firstly - honesty. Secondly, to assist people to think logically with the full gambit of information about their environment and risks. Thirdly, this messaging had a catastrophic impact on people's mental and physical health, deploying fear to condition people. On, Sunday 19 December 2021, speaking on the BBC Sunday politics show, Michelle O'Neill states *"in terms of what we know, we know that this is going to hit us like a ton of bricks, modelling presented to Ministers*

suggested that in a worst-case scenario NI could be facing 30,000 omicron cases a day. The headline on the Belfast Telegraph website on Sunday 12 December 2021 said the Northern Ireland Health Service was 'pulling out all the stops' to match England's goal to provide COVID-19 booster for all over 18s amid Omicron 'tidal wave'. On 12 December 2021, Boris Johnson stated in a televised address to the nation, *"No one should be in any doubt, there is a tidal wave of omicron coming"*. On Thursday 30 April 2020, Health Minister Swann published a written statement: *"[A]s the Chief Scientific Advisor warned earlier this month, Northern Ireland remains on a knife-edge"*. The deployment of fear had a devastating effect but so did lockdown philosophy: the isolating of the elderly and vulnerable away from trusted loved ones; the impact of not seeing your elderly parents; not seeing your loved ones as they passed away alone and frightened; not being able to mourn together; not seeing colleagues; not taking part in sports; health activity; not attending school. This is borne out in attendance figures at school; the level of continuing excess deaths, and levels of people applying for PIP and ESA.

15. The Domestic COVID-19 Vaccine Certification Scheme coerced people to take the vaccine and discriminated against them when they didn't, even though there was absolutely no health rationale in its deployment considering someone with a vaccine certificate could enter premises unconditionally, suffering from the virus and spread it throughout the premises or venue whilst someone without a vaccine certificate needed to test every two days to take part in normal activity and would be assured as much as humanly possible that they did not suffer or carry the virus. Minister Long in her public utterance on X, formerly Twitter, stated on 24 September 2021 at 12:16 that: *"The behavioural science and surveying suggests some people will never get vaccinated, but others are more "what's in it for me?". The latter may well be swayed if they want to do activities which are impacted."* PFR/04 -
INQ000360612 This tweet from Minister Long points to the fact that she was swayed greatly by the behavioural science she was hearing or reading to justify the unjustifiable vaccine certification scheme and begs the question how did behavioural science influence decisions ahead of health evidence and other social factors? It also confirms that Vaccine Certification was nothing other than a coercive tool, totally unethical and inappropriate.
16. In a meeting with The Northern Ireland Chief Medical Officer in Autumn 2020, when he addressed DUP MLAs at our Party group meeting, I asked him why he was recommending closing schools when statistically the safest place for children was in school. He answered by stating it was not about the children, more about the parents, as when children remain at home more parents have to stay at home to look after them reinforcing the 'stay at home' aspect to lockdown. I am critical of this policy because the CMO practically confirmed that they

sacrificed Children's education and development to keep at least one parent in that household at home to prevent them going to their workplace. The technical report from the Department of Health and Social Care on the COVID-19 pandemic in the UK published 1 December 2022 stated *"NPIs in educational settings have the potential to have lasting effects on children's education, development and life chances"* it further adds *"NPIs in education can exacerbate problems of inequality and deprivation"*.

Relationship with the United Kingdom and Republic of Ireland

17. I did not attend any meetings between the Northern Ireland Executive and UK Government such as Cabinet Office Briefing Room Meetings or Ministerial Implementation Group Meetings or these matters did not arise in my time as Minister so I would not be in a position to answer questions from the perspective of a Minister. The people best placed to answer questions on these matters would be the First Minister, deputy First Minister, and Health Minister.

18. There is no doubt that UK political parties that were in opposition in Westminster but led devolved Executives, or that had a separatist philosophy in devolved governments, would see political capital in having a different approach from UK Government and it was also clear that republican and nationalist parties in Northern Ireland promoted an alignment with Republic of Ireland, whether it was appropriate or not. This had the effect of creating a race to the bottom when it came to harsher lockdown measures with devolved ministers then critical of inaction by the UK Government and their Executive colleagues irrespective of the measures and the value or evidence justifying them or indeed the enormous harm they caused. Sinn Fein deputy First Minister Michelle O'Neill criticised the Health Minister for formally requesting assistance from the Army in dealing with Coronavirus Crisis, when he asked the military to help distribute lifesaving equipment and to plan for a temporary hospital on 13 April 2020. Michelle O'Neill said schools should close over COVID-19 - see ITV, Friday 13th March 2020 at 12:24pm. The Sinn Fein Vice President said the difference with the Republic of Ireland approach, having already implemented blanket closures, was causing confusion even though the Health Minister said he had no evidence to justify school closures at this time. Even Foreign Policy published an argument in 2020 by Dan Haverty entitled: *'Not even the Coronavirus can overcome Northern Ireland's divisions, even in the face of an existential crisis, the Country's political leaders default to battles over culture and identity'*. Colum Eastwood, SDLP Leader, called for COVID-19 vaccine passports to be introduced into pubs and restaurants in NI on 23 September 2021 claiming that vaccine passports had worked well in Republic of Ireland: *"The South now has the highest vaccination rates anywhere in Europe because they did this very thing"*. On Monday 27 September's Executive meeting, Ms Mallon, SDLP Minister, proposed

COVID-19 Vaccine Certification for pubs and restaurants be introduced by regulation but was blocked in the Executive. Michelle O'Neill tweeted on X on 12 May 2020: *"The approach of the British Government in dealing with COVID-19 has been out of touch. I have been clear from the beginning that the Executive should not slavishly follow the British Government approach."* On the 3 April 2020, the Newsletter published an article headlined *"Michelle O'Neill criticises Robin Swann over 'too slow' coronavirus response"*. Michelle O'Neill told BBC NI The View *"slavishly following the Boris Johnson model, which has been too slow to act, means we are not as prepared as we could be"* in criticising the Health Minister. UUP Leader Steve Aiken accused O'Neill of "playing politics" with health crisis saying that the Deputy First Minister comments were "regrettable but not unexpected". There was no justification or evidence for any of these measures, they caused massive harm and were totally inappropriate.

19. It was very clear to me that many of the decisions taken by the Republic of Ireland Government, as with our Government, would cause considerable harm to their people so I don't believe it would have benefitted the people of Northern Ireland or indeed anyone living on the island of Ireland to simply adopt an aligned position. That policy would have been totally inappropriate and indeed reckless. How could alignment take place if on one side of the border politicians fundamentally disagreed with the other set and also medical advisors disagreed also which was clearly the case at various stages of the pandemic? I believe also that, in making decisions the Republic of Ireland Government would only do so in what they thought would be in the best interests (erroneously as it turned out) of the people of the Republic of Ireland and not the people of Northern Ireland. There wasn't alignment between the response of the Northern Ireland Health Department and the UK Government. It was clear from the beginning that lockdown philosophy would cause great harms if it lasted for more than a couple of weeks, in health both physically and mentally, in society, in education, in economic terms and in terms of poverty and deprivation. We were told it was only for a matter of 2 weeks, to flatten the curve, to save the NHS. Now in practically every measure we see the devastation, for example poverty and health inequalities. In the short term, during the initial lockdown in the UK we know that 26,000 more people died in their private homes than is usually the case between 20 March 2020 and 11 September 2020 and of these deaths, COVID-19 was only mentioned on 2.9% of the death certificates. Alzheimer's deaths in the UK increased overall by a quarter during the first year of the pandemic. By February 2022, AGEUK reported that 33% of older people felt more anxious and 34% felt less motivated. Isolation brought memory loss, low mood and depression, in some cases older people reported feeling suicidal, dementia soared, and one report showed that by October 2020 the number of people dying from dementia in their own homes in the UK had risen by 79%. Samantha Benham-Hermetz,

Director of policy and public affairs at Alzheimer's Research UK stated: *"It's likely that factors such as social isolation and people's fear of coming forward to access the medical care they need has led to such a huge increase"*, Lockdowns had a catastrophic effect on the UK's social fabric with the gap between the mainstream and poorest in society widening. Record numbers of people in the UK died from drinking alcohol in 2021 with Northern Ireland having its second worst year for deaths, 1 fewer than 2020, 350 deaths in 2021, 351 deaths in 2020 according to figures from the charity Drinkaware. They state heaviest drinkers drank more during the pandemic and warning signs were missed as people saw each other less and were less able to access support. Between 2012 and 2019, rates of alcohol specific deaths in the UK remained stable but studies have found that the number of high-risk alcohol deaths in England rose from 10.8% to 19% in the first six months of lockdown. It is also clear that our immune systems especially in vulnerable people including children have weakened with outbreaks of various diseases since lockdown for example, Strep A and Scarlet fever. Dr Philip Veale, a consultant in Health Protection stated *"it may be a product of a change in social mixing patterns as we will all be aware over recent years we have had much less social mixing that ever seen. Another theory is that it may reflect change in children and adults but particularly children's natural immunity coming out of two years of relative isolation. The immune system is stimulated and grows and develops through exposure through a range of viruses and infections and we now have a cohort of children that have been exposed to less infections that would be the norm."* We have had surveys from Catholic Union which had 62% of people reporting that their mental and physical wellbeing were adversely affected directly as a result of not being able to go to church. These are just some of the indicators that make it clear we should have followed Sweden. Sweden imposed only moderate social restrictions, schools were closed for those aged 16 and over, with universities transitioning to remote learning, gatherings of over 50 people were banned and bar and restaurants were opened able to operate a table service. It never imposed a national lockdown, enforced general quarantine rules or introduced a mask mandate. Hospitality and retail continued to operate throughout the pandemic and it never closed it preschools or elementary schools.

20. Northern Ireland and the Republic of Ireland should not have been treated as a single epidemiological unit considering the construct and machinery of governance is different and accountability structures and protections do not expand into the different states and with that the information and data is not shared and there would be no guarantees or confidence that the data would be shared. As a Member of the Assembly I cannot recall receiving any briefing or information as to how this would work or how a single epidemiological unit could be achieved even if it was in our best interests.

21. I consider it a major factor that the Republic of Ireland's Government was reluctant to share information with the Northern Ireland Executive because Sinn Fein was an Opposition Party in the Republic of Ireland Parliament. There was an incident whereby the SF Finance Minister in Northern Ireland tried to claim that a flight carrying PPE landing in Dublin had stock earmarked for Northern Ireland under an agreement with the Republic's government. The Republic's Government was very quick to deny this.

22. I started to ask Questions in late Spring 2020, after it became clear that governments were in no hurry to lift the lockdown measures that were only to be in place for approximately 15 days. I raised concerns within my party and directly with Ministers including the First Minister, and when they produced the road map out of lockdown it made absolutely no sense. My first question to Ministers applying pressure was 12 March 2020 when I asked the Minister for Communities **PFR/05 - INQ000414649** "What measures she plans to put in place for self-employed people who are unable to work because of coronavirus?" On 19 May 2020 **PFR/06 - INQ000414650**

I asked the First Minister and deputy First Minister where within the five-step plan can (i) weddings, (ii) caravan parks and (iii) podiatrists open or take place? This question was only answered on 8 September, 4 months later. On 29 May 2020 **PFR/07 - INQ000414651** I asked the

Minister of Health to provide clarity on the two key worker family limits on childminders and when it will be lifted? On 29 May 2020 **PFR/08 - INQ000414652** I asked the Minister of Health what plans are in place to address the growing backlog of cancer referrals and treatments and what progress has been made to develop safe sites where all types of cancer treatments and diagnostic tests can be performed as safely as possible? On 12 June 2020 **PFR/09 - INQ000414653**

I asked the Minister of Health at what stage and date will family members be able to visit loved ones in hospitals if the illness is not connected with COVID-19? On 15 June 2020

PFR/10 - INQ000414654 I asked the Minister for infrastructure to outline what planning, targets or dates have been agreed and set for the commencement of MOT and PSV tests? These are just some of the questions asked which I continue throughout the lockdown periods. I warned about the damage being done in my speech to the Assembly on 19 October 2020 in Finance Budget debate. I also spoke against coercive and discriminatory domestic vaccine certification in the debate in the Assembly on 13 December 2021, some two weeks after it had been enforced. That was when the Assembly first got to debate the matter. When you analyse excess deaths after the pandemic, the use of lockdown philosophy, and the deployment of fear during it, you can see very clearly the negative impact of these measures on both the Republic of Ireland, Northern Ireland and the wider UK, especially for the period from March 2022 to March 2023. Lockdown of whole states was a novel and surprising approach to pandemics and virus protection, the philosophy or particular system of thought spread across the world causing great harm. A small number of countries rejected lockdown philosophy -

Sweden being the closest to the UK. Indeed, excess deaths continue to be a massive problem for both our Government and the Republic of Ireland Government which they do not want to highlight, raise awareness of, or indeed investigate in a thorough manner, to assist in reducing numbers of excess deaths. Worryingly excessive deaths remain incredibly high and continue to this day. As I warned at the time, I believe more people, of all ages, will die because of the failed policies of lockdown philosophy, the deployment of fear and the COVID-19- centric health service than by the pandemic. This, I believe, has been borne out, unfortunately quicker than I thought, through the increase in excess deaths we have been experiencing. A COVID-19-centric Health Service is when this health condition was prioritised over other conditions like cancer. For example, in the first lockdown many procedures were cancelled in anticipation of waves of COVID-19 cases. This was the wrong decision and will lead to more deaths in the longer term. On 13 November 2020 the Health Minister stated on a BBC interview that the Health service will not turn away a patient with coronavirus but that their care may come at the expense of a cancer patient who may die.

23. Considering the UK Government adopted many policies that caused great harm and which continue to impact on our people through horrendous mental health figures and excess deaths, the fact the Northern Ireland Executive aligned with or copied them, or in some cases went even further for political capital, caused tremendous harm. One example when the NI Executive and Health Department went beyond the UK government for political capital was the introduction of vaccine certification. There was absolutely no evidence that this measure would stop or slow down the spread of the virus. In fact, vaccinated people could walk into venues bunged up with COVID-19 and spread it around, not having to test before entering. The SDLP in particular had been pushing for this so they could align with the Republic of Ireland. Sinn Fein voted for vaccine certification in Northern Ireland for the same reason of alignment but voted against it in the Republic of Ireland. Vaccine certification was anti-health and discriminatory and totally unethical – coercing people to take medicine that could cause them harm or injury. Another glaring example of harm caused, is the increase in children missing out on school for large periods of time. The absence levels for pupils from September 2017 to June 2018 shows that 1,731 pupils had an absence level of 50% or greater with 523 pupils missing over 80%. This changed dramatically with lockdown philosophy. The absence levels for pupils from September 2021 to June 2022 show that 4,145 pupils had an absence level of 50% or greater with 1,280 pupils missing over 80%. These figures are shocking.

PFR/11 - INQ000360613 PFR/12 - INQ000360614 PFR/13 - INQ000360615 Lockdown philosophy gave the sense that school and education wasn't that important - keeping parents at home was more important than education. The figures are stark and speak for themselves. Lockdown has caused massive problems for a large number of children being absent from school. I believe

this is due to a number of factors: anxiety levels in children; school not seen as important now; children being out of the habit of going to school for so long; and children struggling with developmental and social problems. The UK and NI Executive and Health Department should have followed the example set by Sweden.

Legislation and regulations: their proportionality and enforcement

24. I believe criminal sanctions were used to enforce lockdown philosophy simply because it was used in the rest of GB and also in the Republic of Ireland and it was only deemed necessary in these jurisdictions because the US and Italy had commenced down this tragic path. Having deployed fear throughout their people, with the use of worst case scenarios by the Health Minister and keeping secret the best case scenarios, using hyperbole in statements like deaths in biblical proportions, conducting daily press conferences etc, there was a need to do something drastic and lockdown philosophy with criminal sanctions was that drastic measure. The purpose of deploying fear is to frighten people into compliance. This caused massive harms on our people. There was very little original thought process or even the will to look upon longstanding convention around pandemic control, exactly what Sweden did, once that political panic set in. Political panic set in when states around the world started to lock down and pressure was applied to follow suit. Only Sweden, in a European sense, chose a different path from other countries focusing on voluntary measures and personal responsibility, they were right to do so given that criminally sanctioned national lockdown philosophy lacked any support by research or scientific literature, and of course the hugely negative effects on society. As above, the UK and the Northern Ireland Executive should have followed the example of Sweden.

25. I had massive concerns with the criminal enforcement of COVID-19 regulations in Northern Ireland. These were unnatural laws written up and drafted in hours, within hours of them being thought up and invented, and being enforced the very next day or at the end of the week, without having come to the Assembly for any sort of debate or scrutiny. Normal law processes take months to pass regulation and law. The penalties for breaching the draconian regulations or breaking the law were heavy handed and terribly unfair. A number of examples I can cite: (i) a lone sea swimmer who swam daily for exercise and good mental health was threatened with a £200 fine by a police officer standing beside them on an empty beach if they proceeded into the water; (ii) a married couple driving to provide hot food to a vulnerable elderly family member was turned around a mile from the loved one's home by the police - the vulnerable family member didn't receive the hot meal; (ii) three grandparents and a childminder along with the two parents were given £200 fines each for being present at a child's 1st birthday party. These are just some examples of the impact of these draconian regulations.

26. The PSNI or any other police force in UK for that matter, were not designed or built to enforce these draconian and unnatural regulations nor was any other organisation for e.g. Council officials, environmental health departments, health and safety officers. There was no clarity on many occasions and the PSNI did get the regulations wrong at times, for example, when they turned the couple around providing hot food for a loved one. According to the regulations you could always visit family to administer care and attention. Even Marie-Louise Connolly BBC NI Health Correspondent stated that: *"it took many journalists by surprise when we learned that self-isolating, following a positive test, falls under guidance rather than a legal requirement"*. PFR/14 - INQ000412892 There should have been better, clearer guidance, much more than any regulations. If any regulations were required, they should have been brought in in a more normalised democratic fashion. If needed, the Health Department or any Minister for that matter could have used accelerated passage in the Assembly. Sweden is the best exemplar of what should and could have taken place with the correct balance between guidance and regulation. This would have been easier to understand and better to enforce.
27. I have no doubt large sections of the PSNI, including Command, were deeply uncomfortable and concerned with the regulations. This was demonstrated writ large when SF decided to hold a large gathering at the funeral of Bobby Storey bringing thousands out onto the streets and holding a sham funeral oration in a cemetery that wasn't even used for committal. This was at a time when many people were prevented from going to a friend's funeral or visiting the graveside or wake. The fact that there were no fines issued for this breach, which was a well-publicised incident, but so many ordinary individuals were fined and penalised, goes some way to show how shambolic the draconian regulations were and the police handling of same. Another example is the incident on the Ormeau Road regarding the memorial service in which police officers were at the scene who then were subsequently suspended and punished which led to a legal challenge and has ultimately led to the resignation of the Chief Constable.
28. The fact that the Department of Health retain the emergency powers, which were supposed to be temporary, that could once again impose regulations on our people is an affront to democratic principles and good governance and scrutiny. These powers can only be used when dealing with Coronavirus but the CMO and CSA have placed on writing by email as advice to the Department in September 2023 that the powers are required in case of "other emerging pathogens". This advice had to be corrected by Department of Health Staff because it would have been *ultra vires*. When I corresponded with the CMO to ask why he and the CSA choose to insert "other emerging pathogens", he failed to respond. The Permanent Secretary

Mr Peter May responding instead

PFR/15 - INQ000360616

PFR/16 - INQ000360617

PFR/17 - INQ000360618

Scrutiny by the Assembly

29. There was absolutely no appropriate or proper level of scrutiny of the actions and decisions of Ministers by the Northern Ireland Assembly. The Health Minister could think up a COVID-19 restriction in the morning, have it drafted in the afternoon and impose the regulation in the evening without even coming to the Executive for approval. There was absolutely nothing democratic about this process other than the Assembly passed the emergency powers in the first place to allow the Health Minister to operate in such an undemocratic manner. The Health Minister chose to bring measures to the Executive because it provided political cover for him and his department but he did use his power unilaterally when he removed coffee shops from the list of venues that required a vaccine certificate system to gain entry.

30. Waves of regulations were implemented imposing restrictions on people's lives without coming to the Assembly before they were enacted. The Assembly only debated the regulation, already in force, days later and on a number of occasions when the regulations we were debating were already out of date and not then the current state of law. This was shambolic and turned the Assembly into a farce. What was the point in debating regulations that were already out of date and had already been replaced, even though they were doing enormous damage to your people? There are good reasons why there is a lengthy process in delivering and enacting legislation, where there are many stages of scrutiny including a committee stage to ensure the legislation is appropriate and has no unintended consequences that may do more harm. This principle was lost completely.

31. AQWs are an important tool in scrutinising a department but answers soon stopped, the departments citing them as not a priority with resources needed elsewhere regarding the pandemic. There is an acceptable time period for answering AQW and on many occasions this would have been missed, some not being answered at all. As I recall, all departments missed targets for answering questions. Scrutiny and democratic accountability weren't expedient anymore it seemed. During my time as Minister I made it a point of mission to question my own department's answering of all questions having sought clarification and evidence for some answers, and to sign them off as quickly as possible and well within time.

32. The Ad-Hoc Committee where Ministers would come to make oral statements, was totally inadequate in dealing with legislation and regulation around lockdown restrictions and was

used by Ministers and departments to reinforce messaging rather than being of any use as a forum for scrutiny or accountability. This is my personal experience.

Funding the response to the pandemic

33. It was clear very early on that businesses that were suffering a devastating loss of footfall and custom, and would need an unprecedented level of financial support from Government. Once lockdown philosophy became the overriding and dominant Government policy for combating the pandemic, then it was inevitable that Government would have to fund that policy. Many of the nationwide Government policies like furlough were funded directly from UK government, and other measures, that devolved Executives had responsibilities for, then received monies from Treasury to adopt and implement schemes in the different regions.
34. It strikes me, having scrutinised many of these schemes at the time on the finance committee, that it took a substantial period of time to organise and launch schemes. Departments were struggling to use the funding quickly and distribute it on the ground i.e. departments were struggling to spend all the monies allocated to them. Schemes that were implemented at great speed, in Governance terms that is, and under stress positions, were liable to have certain levels of error accompany them, or even fraudulent claims being successful, with recipients receiving funding in error, whilst other businesses or self-employed workers receiving very little support. In many ways this type of funding, whilst essential in the climate of lockdown philosophy, was and is unnatural.
35. It seems to have been in most cases around the world that even with border controls restricting movement of people that the virus made its way to those countries anyway and those that were relatively successful in stopping a strain of virus entering their borders were hit harder when the next strain penetrated their borders, an example of this would be China with omicron. There is always greater scope for nation states to work more collectively together on such things as shared interests and joint border control and of course there should always be an element and requirement for border controls for many reasons, the question should be, on any particular border policy, is it wise or favourable to do so given any harmful consequences that particular policy may bring.

Inequalities

36. I was totally aware of the impact that NPIs would have, not only in economical terms but on public health. Examples being Vaccine Certification, closing of schools, stopping people from playing sports, swimming alone in the sea, stopping grandparents visiting grandchildren on

their birthday, stopping family members visiting dying loved ones, preventing family and friends from attending the grave side at funerals, allowing family to grieve together. It was very obvious that any lockdown lasting more than a couple of weeks, as originally planned, would have a very detrimental impact on health. It was unnatural and unhealthy, completely devoid of any societal requirement or norm. It was inhumane to leave people isolated for long periods of time in an era of crisis. There is no excuse for Ministers not to know that unnatural restrictions on every day life and coercive behaviour by the state would have drastic consequences for public health. I warned at the time that these measures would cause more death and ill health both physically and mentally than the COVID-19 virus. This has been borne out by excess deaths since the pandemic. It is the responsibility of Ministers to challenge the advice and evidence presented to them by advisors like the CMO and CSA. It would be unthinkable that Ministers would have made decisions that would impact our people so perversely yet have massive holes in their understanding relating to the effects and impacts of these measures, as illustrated above, yet that is what happened.

37. I also believe that the advice in general, that was consistently given by the CMO and CSA, was not complete and only centred around the impact and then the containment of the virus. It should have been more holistic in relation to public health, regarding the impacts that NPIs would have on isolation, loneliness, anxiety, depression, loss of self-worth, self-harm, impacts of increased exposure to domestic violence, suicide, child abuse, loss of sport and interaction, loss of access to hospital appointments etc. The number of pupils missing a substantial period of school has now doubled since the pandemic as outlined previously. Most, if not all, waiting lists for health procedures have increased in number and in length of time waiting. The numbers of people claiming or applying for state benefits like PIP, ESA or Universal Credit has increased sharply. Non COVID-19 excess deaths after the pandemic has risen incredibly with 1,024 excess deaths recorded in Northern Ireland between 11 March 2022 and 10 March 2023.

38. It is clear that the Executive decisions and the actions of the Health Department have created many hardships for people and created a 'them and us' community which still exists today, as does the resentment. Many in society who questioned the use of lockdown were identified as dangerous, reckless. The use of the Vaccine certification Scheme to coerce people into taking a vaccine, that could then develop adverse effects on their health, or otherwise they would have to test every two days to enjoy everyday life as if somehow unclean or unhealthy, was discriminatory. Discrimination of this nature had a deep impact on people especially when there was absolutely no scientific or health benefit or justification since someone with a

vaccine certificate could walk into any venue with the virus and spread it throughout the premises. This created a 'them and us society'.

39. There is now a vaccine injured and bereaved community in Northern Ireland who are receiving no assistance or recognition, with many of the decision makers in the Executive, Health Department and the media refusing to acknowledge these people exist and trying to defend their positions by saying that the vaccine has saved many lives. This, of course, is a moot point considering even the safest of medication can cause adverse reactions in some people. These people are being ignored because the state and media pushed and supported vaccine certification and mandates which were designed to coerce people into taking medication, and discriminated and shamed those who refused to take the vaccine, or refused to be identified or labelled by their personal medical history. The State crossed a Rubicon when it imposed Vaccine Certification and mandates.
40. The change in language was also deeply worrying whereby, when the vaccines were first rolled out, we were told by officials and media that this was now the game changer, this would end lockdowns, it didn't. It would stop death and hospitalisations, it didn't. The language became much darker. We were then told that if you came to get your vaccine you would get free ice-cream, then it was free concert tickets, then you could only attend a specific concert if you were vaccinated. We were then told that this was a pandemic of the unvaccinated, it wasn't. We were told that if you didn't receive the vaccine you were putting people like Grandparents and other family members at risk. People were classed as being dangerous, selfish.
41. The Health Minister announced that he was considering an option of holding off payment of the NI High Street scheme, which awarded people with £100 to spend in local businesses, to those who weren't vaccinated. Although this would have been a one-off payment it was the equivalent of taking state benefits off people simply because they didn't do as their government wished even though there was a chance that their health could have been impacted negatively. This had a chilling effect on many. People who didn't wish to avail of the medication felt alone and isolated, marginalised, and worried for the future and other measures that would be used against them. Some media outlets and journalists tried to identify and shame politicians and sports stars who weren't vaccinated trying to tease out personal and private information about one's medical history. Society was getting darker and the marginalised were worried. People were concerned that they would be sacked and lose their income if mandates were introduced in Northern Ireland like they were in GB. Some believe they didn't get a job or lost their jobs because they didn't avail of the vaccine.

Public Health Communication, behaviour management and maintaining public confidence.

42. Disinformation is a significant problem even to this day, not only in Northern Ireland but right across the UK and Europe, with many national broadcasters, both in news and popular day time call in shows on radio and TV, reporting incorrect information as well as ordinary members of the public circulating and reposting misinformation. One example was the BBCNI Good Morning Ulster and The Nolan Show putting out information on the morning of 23rd July 2021 on the Mater Hospital being full of young critically ill, unvaccinated COVID-19 Patients on ventilators who are now regretting their decision. This was untrue. BBC Newline also reported that Excess deaths were a UK only problem when it is clearly affecting many states across the world, and ITV's This Morning reported on the 4 Jan 2021 with Dr Sara Kayat stating that "After 12 days from the first vaccination of the AstraZeneca vaccine you are 100% effective against Hospitalisation and death". This was all in a context where people were getting banned on social media for stating that the vaccines could cause adverse reactions to the heart like myocarditis or cause blood clots which is of course true. According to the Telegraph they were threatened by the MHRA that they would be banned from future briefings and press notices if they did not soften the news. I would also highlight Mr Gareth Shaw's account that several leading broadcasters expressed sympathy with him but then were very nervous, and stated they would have to be careful how they reported the story of the death of his wife Lisa, without breaching broadcasting guidelines by implying there was any problem with the Jab.

43. I am extremely concerned about an NIO report PFR/18 - INQ000083110 from 30 March 2020 that states that there are specialised units operating to tackle misinformation about coronavirus and that five to ten incidents are being identified and tackled each day. How were these specialised units operating? Under whose jurisdiction or authority were they acting? What powers did they have? Who were they answerable to? Who decides what misinformation to tackle and did this include Political representatives even Ministers and journalists? How was misinformation tackled? Who monitored this work? How could one complain about the actions of this specialist team if they felt aggrieved at how they were treated? How were they accountable to the general public? These are questions Ministers should have been asking the NIO. I only became aware of this report when it became available to me through the COVID-19 inquiry. It is absolutely shocking and is consistent with the news that we now know that Government monitored British citizens who were critical of COVID-19 policy like journalists and commentators like Julia Hartley-Brewer, Toby Young and Peter Hitchens, who

were simply doing their jobs in scrutinising and challenging Government policy. Did the NIO mean the Counter-disinformation Unit (CDU) within the Department for Digital, Culture, Media and Sport, or the Rapid Response Unit (RRU) based in the Cabinet Office and or the Army's 77th Brigade? If so, were any Northern Ireland based politicians and journalists monitored and have these individuals been informed?

44. The use of robust messaging and the targeting of young people would have been part of the deployment of fear that has done so much damage to mental health which is borne out in the number of people presenting with mental health problems and also the large number of pupils missing school as reported earlier. Young people were also targeted in the vaccine roll out when they were discriminated against when they couldn't attend a music concert in Ormeau Park if they were unvaccinated. A negative test for COVID-19 wasn't enough to gain entry. There was no good health and safety reason why these young people were excluded considering someone who was vaccinated but had the virus could attend and spread the virus throughout the venue. It was used purely as a coercion tool to get more young people vaccinated, I believe this to be discriminatory and unethical considering all medication can have negative adverse incidents on health.
45. I saw no evidence of the Executive Committee doing any work in improving communications specifically with children and young people other than frightening them and increasing levels of anxiety and stress due to the general deployment of fear and then targeting them within the wider vaccine rollout.
46. A lack of consistent reliable and timely information coming to the NI Executive was a problem in Northern Ireland. Information was only obtained by Ministers hours before an Executive Meeting, something I experienced directly as a Minister. This may have been the case in wider UK and Republic of Ireland also, meaning that there would be absolutely no prospect of having a consistent public health message or at least one that was reliable and true. By this stage there was an effort to shame and coerce people especially younger healthy people into obtaining the vaccine, the language had turned darker as typified in the language in the minutes of the Executive committee meeting of 22 July 21 Agenda item 2 COVID-19 report by the Minister of Health whereby it is the Chief Scientific Adviser who is recorded as saying in his presentation that he noted '*a continued significant rise in positive cases and test positivity, largely driven by the unvaccinated 18-30 cohort*'. He then is reported as admitting, however, that '*there had also been a doubling of cases among the over 60s*'. The very next morning on Good Morning Ulster and then on the Nolan Show they reported on a tweet from the then medical registrar at the Mater Hospital that "*The Mater is full with young (20/30s) critically*

unwell, UNvaccinated COVID patients on ventilators who are now regretting their decision".
The BBC failed to verify this information which turned out to be untrue.

47. I never received any threats. I received an enormous amount of abuse on social media for asking questions of the Executive response and then challenging the Executive when I didn't receive adequate responses from Ministers. I also received attention from some Journalists who, when I highlighted on X, formerly twitter, on the 20th Sept 2021 in a conversation with a constituent, the fact I had been assisting a number of people who had been injured by the vaccine, they attempted to sensationalise my words and take them out of context, one journalist even cropping a screenshot of the conversation that removed part of my contribution that would give my words context and meaning. When I challenged the journalist as to why they cropped the tweet they wouldn't answer the question. Another journalist, when reading my entire thread/conversation on assisting constituents who were injured by the vaccine, stated in a retweet "Dear me. This entire thread is making me nauseous". This had a devastating effect on those people who had been injured by the vaccine and had read the journalist's words. The abuse and alienation that people who have been injured by COVID-19 vaccines feel has been enormous and it continues to this day.

48. As outlined above at paragraph 14, I believe the use of Behavioural Science and management was used extensively by the Department of Health in many ways, for example daily press conferences, inaccurate daily death tolls, In the language used to frighten people into compliance for example 'Biblical proportions of deaths ', 'Omicron hitting us like a tonne of bricks', 'tidal waves', 'knife-edge' etc. This deployment of fear had a devastating affect that has caused massive problems in mental health throughout our nation in all age ranges.

Executive Committee Decision making

49. It should be noted that the Emergency Powers meant that decisions could have been taken by the Health Minister alone who could and did bypass the Executive to my knowledge on one occasion.

50. As outlined above at paragraph 18, there is no doubt that UK political parties that were in opposition in Westminster but led devolved Executives or that had a separatist philosophy in devolved governments would see political capital in having a different approach from UK Government and it was also clear that republican and nationalist parties in Northern Ireland promoted an alignment with Republic of Ireland whether it was appropriate or not. This had the effect of creating a race to the bottom when it came to harsher lockdown measures with devolved ministers then critical of inaction by the UK Government and their Executive

colleagues irrespective of the measures and the value or evidence justifying them or indeed the enormous harm they caused.

51. I don't believe the Department of Health or the Executive made decisions that were in the best interests of the people of Northern Ireland. Decisions were informed by advice from the CMO and CSA on the spread of the virus alone, which left a massive gap in understanding of what those decisions would mean for livelihoods, poverty, mental health, isolation, anxiety, education, health waiting lists, overall health etc. At one stage in November 2020, businesses were anticipating being allowed to open again on the Friday after being locked down. Business would have needed time to prepare for opening, bringing in stock, filling fridges and freezers, having health and safety measures in place etc but yet there was absolutely no certainty on the Tuesday before. The decision by the Health Minister taken unilaterally to remove Coffee Shops from the list of businesses requiring vaccine certification to gain entry, was only made public at 5pm on the Friday before enactment on the Monday morning. All decisions were rushed, panicked, with no scrutiny by The Assembly or Committees before enactment and therefore were not in the best interests of the people of Northern Ireland. This is no way to run business and it is certainly no way to run an Executive.

52. It was clear when Sinn Fein declared that they would be "following the science" and accepting the advice and going with recommendations from the CMO that that default position would be their predetermined position as was the case with the Ulster Unionist Party. What is unclear still is what does "following the science" actually mean? Many of the Questions and the answers to them were contested. Does it mean following one particular scientist given the many dissenting views on how to manage the pandemic? The SDLP seemed to go further, with harsher more extreme measures, as did the Alliance Party at times. DUP were rightly concerned about the impact that measures would have on society. The DUP Elected members, and Ministers when I was on the Executive, asked searching questions around what was being presented. They ran a critical eye over all the information in the limited time they had available to them, whilst many other MLAs and Ministers simply accepted what they were being told, no matter how harmful the measure. To simply say or defend a position or decision, that one was "following the science" was a dereliction of duty in my opinion. Thus, Executive decisions on measures, or the lifting of measures, became a political negotiation until consensus was reached. The officials present at the Executive committee would always encourage and work towards collective responsibility if it could be achieved.

53. I was not part of the Executive when the cross-community votes were held. The cross community voting system is part of the procedures so it is only proper that they can be used

if there are concerns by individual ministers about decisions that the Executive may take. If a Minister thought that a measure was harmful to society or the public, this would be a good way of recording this view of the most serious nature. It's also important to repeat that under the emergency legislation The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 and then from the 23 July The Health Protection (Coronavirus, Regulations) (No2) Regulations (Northern Ireland) 2020 the Health Minister had the power to make these decisions on his own and in one occasion did so outside of the Executive.

54. Department of Health had the power, through the emergency legislation, to make these decisions and implement the measures without the Executive. I believe the reason they brought them to the Executive is to provide them with the political cover they thought they required to implement these unnatural and harmful measures. It is my perception that when Ministers questioned the advice from the CMO or CSA, or sought to expand on it with various other measures like economy, education and even wider health, the Department of Health would have thought in these terms of *"the Executive being a thorn in the side"*. The then First Minister is on record on GB news as saying that on questions around implementing lockdown measures in the Executive, Ministers would have been told that if you didn't implement the measures proposed by the Health Minister then a certain number of people would die because of the failure to implement. At the start of the pandemic, Sinn Fein would have been pushing for greater alignment with Republic of Ireland no matter what that meant for Northern Ireland so they would have been a thorn in the side if the Department of Health presentations didn't recommend this. This changed when Sinn Fein realised that it wasn't popular to play politics in the middle of a pandemic when people were genuinely frightened for their immediate future, and they quickly changed policy to publicly state that they would now "follow the science" and go with what the CMO recommended. This would have been regardless of the consequences or with no thorough scrutiny of what was being proposed.
55. Many Ministers took part in the daily or weekly press conferences held, either alongside the Health Minister, or with other Ministers present.
56. Ministers should have had massive concerns as to the extent of the power that the CMO has, even to this day, due to the extending of emergency powers every six months, as should every Member of the Assembly. I know that my own DUP Ministers had concerns but it seemed that many other Ministers were happy to try to absolve themselves of the responsibility for decisions that caused severe harm, by saying this was recommended by the CMO.

57. The DUP Ministers consistently opposed Vaccine Certification, which had no basis in protecting health, but coerced people to take the vaccine and discriminated against the unvaccinated by making them test every two days to take part in everyday life. This measure meant that vaccinated people didn't have to test for COVID-19 before entering venues, restaurants and bars and could spread the virus. This was totally unethical.
58. Leaks to journalists happened before my time on the Executive so I cannot say how this impacted on the actual decision-making process but it was my perception at the time that it would have been designed to apply pressure on Ministers to comply with the Department of Health recommendations. At times when big decisions were going to be taken on the Thursday at Executive committee, decisions that would cause massive harm, I noticed an uptake on stories in our media both written and tv/radio, leading up to the Executive committee meeting that would have frightened many readers and listeners. The media never really challenged Ministers as to why they were implementing lockdown measures but rather it was always usually why we weren't locking down harder sooner? There could well have been co-ordination between Department of Health press office and many of the Journalists or editors, with one journalist when challenged on X (formerly Twitter) stating on X that they could only report what they were told relating to the Health Department. So, it wasn't so much to test public reaction but to condition and frighten the public and apply pressure on Ministers to react and comply with Dept of Health advice.
59. There is no doubt that the failings in Department of Health advice was that it only concerned the spread of virus and didn't take into consideration other factors that impacted wider health and public health like employment and education, or wider societal pressures and needs which impacted on loneliness, isolation, depression, anxiety ,wider health matters and even domestic violence and sexual abuse. My belief is that because the power rested with the Department of Health, and everyone relates a pandemic as a health issue alone, advice or concerns expressed by other departments would have been treated as lesser than that of health. All Ministers were not equal when the Health Minister had the emergency power to make regulation and enforce them immediately. That was my perception as a Minister when I attended the Executive. All the DUP Ministers had concerns about the extent of the power of the CMO and stated as such in party meetings. Arlene Foster, previous First Minister has since stated this publicly on her show on GB news, that they were told that if they didn't follow the advice from the CMO and others people would die. This approach did not align with good Executive decision making. This concern by DUP Ministers continues to this day and right up to the fall of the Executive when DUP Ministers wrote to the Health Minister about their serious concerns regarding the extension of the emergency powers

PFR/19 - INQ000412891

60. The Emergency Legislation, The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 and then on the 23rd of July 2020, The Health Protection (Coronavirus, Restrictions) (No2) Regulations (Northern Ireland) 2020, did not grant the power or authority on the day to day running of the pandemic to the Executive Committee. It granted the power to the Department of Health through the 'made affirmative' procedure allowing certain regulations, which would otherwise have been subject to the draft affirmative procedure, to be made without a draft of the regulations first having been laid before and approved by the legislature. This was a mistake and eroded the democratic process and accountability structures. It totally side-lined the Assembly as a scrutiny body which only debated the merits of the restrictions weeks later and on many occasions when the debated regulation had already lapsed and was superseded. In that regard the Executive Committee, and indeed the Assembly, was not the most effective structure for the Government to respond to the pandemic. It gave all the power to the Department of Health which in many cases ignored other societal issues arising from the pandemic and also by the lockdown restrictions and mandates. In effect it gave a tremendous amount of power to the unelected CMO who advises the Department of Health and who still wields that power to this day.

61. Whilst the public do not wish to see people playing politics, creating difference for the sake of creating difference or to gain some sort of political advantage, in the midst of a pandemic it is vitally important that scrutiny, accountability and good governance is seen to be done especially in a crisis situation. It would be simply wrong for Ministers or elected representatives to remain silent if they had major concerns about the direction and the impact that decisions taken would have on people and society. Those concerns addressed in the minutes from DUP Minister in PFR/20 - INQ000083161 NIO COVID-19 Situation Report 03, 30th September 2020 have been borne out by the impact on Society; the economy re inflationary pressures and the cost of the lockdown crisis; education and the numbers now absent from school; the number of children who have lost vital time in development; mental health problems now faced in our health system; and the high levels of excess deaths. The DUP Ministers were also echoing the concerns expressed in DUP party group meetings from elected members who were being contacted by members of the public who were expressing concerns around terrible health outcomes of lockdown, confusing regulations, penalties being unfair and harsh, the terrible economic outcomes of lockdown.

62. It was clear that Ministers, elected reps, civil servants or officials who breached the rules around lockdowns simply were not worried about the impact to their health or to their family's health. This is illustrated succinctly by Sinn Fein bringing thousands of people out onto the

streets for a funeral procession and a sham funeral oration in a graveyard where the deceased wasn't even being committed, the deceased was cremated in Roselawn Cemetery, whilst many people who had lost loved ones and had to restrict the funerals turning away many friends and extended family watched on. In some cases, these people decided on the rules, voted for them to be implemented or at least supported the implementation of these restrictions. I think it showed the unnatural and harmful restrictions in a new light, it opened the eyes of many in the public as to what had taken place. How some of these people were above the law but also that these drastic unnatural laws that caused so much harm and isolation wasn't for them, it was for the rest of us to endure.

Communications with Ministers, advisors, political party officials and civil service via electronic devices

63. The Department for Economy provided a business phone and an iPad type device. They were in my possession from 14th June 2021 until 6th July 2021. I did not use these devices for WhatsApp or any other informal means of communication. These devices were used for diary purposes and to read and clear ministerial answers to questions and to receive reports and papers from department officials, all through email. I returned these devices on the 7th July upon leaving my room for the last time leaving the devices with my SPAD. I did not reset devices or erase any data before leaving office. I do not know what would have happened to these devices after my time in office.

64. I was part of a DUP Party WhatsApp group entitled Exec from 17th June 2021 until 7th July 2021 which was on my personal mobile phone which I still retain. This group was set up to coordinate party meetings and to communicate easily and quickly between DUP Minister and SPADS. It would have been populated by all DUP Ministers, junior Ministers and their SPADS at that time. I was included in this group by the fact I was a DUP Minister within the party. It was used for party business and co-ordination, it was not used to conduct Government business nor as an alternative to actual meetings. I have taken screenshots of all the dialogue contained within the group during my time on the group. PFR/21 - INQ000360619

65. I'm not aware of any particular decisions around the pandemic discussed between Ministers and or SPADS on any messaging platforms. I have retained all dialogue, deleting nothing.

66. In relation to Executive meetings conducted remotely, people would at times type up messages onto the chat function, maybe if someone had a question or a comment to make, maybe another person was giving an address or presentation and they wanted their question addressed but didn't want to interrupt the flow of presentation.

Personal Notebooks

67. As Minister for Economy I kept an A4 personal note pad which I used to take notes on various meetings I had during my time in office. I still retain the original

PFR/22 - INQ000360611

Lessons learned

68. I struggle to identify any key area where the Executive and Department of Health performed well and achieved positive outcomes considering the inadequacy of information and flawed advice received, the rushed speed of decision making and the lack of proper scrutiny, which all led to panic. The strategies adopted were extremely hurtful, unnatural, inhumane and disastrous to society and public health. The large number of excess deaths experienced even to this day that the Department of Health or UK Government refuse to investigate or report on is disgraceful. People in care homes or hospitals dying alone without much loved and trusted family members by their side. The regret for those family members left behind that didn't get to say good bye or organise the funeral that their loved one would have wanted. People left alone to mourn in horrific isolation not being able to lean on and comfort other family members in grief. People who didn't receive adequate or appropriate care when contracting COVID-19 who might otherwise still be alive. Elderly vulnerable people who were left isolated and afraid. Young people who lost out on social skills at a fragile age. Children who have lost so much educational opportunity, toddlers and young babies who were deprived contact with grandparents and extended family, who lost out in developmental skills and goals with no contact with others. The loss of sporting and social activities that are much required for a stable balanced and healthy life. The loss of church activities and worship. The enormous number of people now suffering from bad mental health and anxiety. The vaccine injured community who have been horrendously ignored or denied by Government, political parties, health experts and society in general, who have no clear pathways of appropriate care, even to this day. People who were discriminated against because of their medical history or who choose not to share that private information, the people who lost their jobs because of their medical history. The people who lost businesses that never recovered or that didn't receive timely and adequate support. The use of behavioural science, the deployment of fear, the use of coercion in administering medicine, the meting out of £200 fines to people who dared to take daily exercise or who visited family.
69. Out of all the regulations introduced by the Department of Health, the most unethical was the use of Vaccine Certification which was designed to coerce people, and particularly young people, into taking the vaccine which they knew at the time could make people very sick and

even in some cases be life threatening, particularly in young people regarding myocarditis and blood clotting. We know that all medicines can give people adverse incidents and make them extremely ill, the MHRA states this. In many cases, people who were vaccinated refused to enter into the certification scheme because they knew how unethical it was, so these people also would have been disadvantaged and discriminated against by the certification. People were being punished and labelled, branded by their medical history, nothing else, and there was no medical evidence or science to suggest vaccine certification would save people. People with vaccine certification could enter any premises and spread the virus as there was absolutely no obligation to test. All this helped to create a 'them and us' society where one section were deemed dangerous, unclean, not to be socialised with until they tested and proved that they were healthy.

This is the legacy the Executive and more so the Department of Health leaves behind.

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: 13 FEBRUARY 2024