Thursday, 19 January 2012

(9.30 am)

THE CHAIRMAN: Can you hear me?

A. Yes.

THE CHAIRMAN: You are here as a witness. Are you willing to take the oath?

A. I am.

MR DAVID WATTERS (sworn)

Questions by MS DUNLOP

THE CHAIRMAN: Ms Dunlop?

MS DUNLOP: Thank you, sir.

I see the camera panning round, Mr Watters. We have used this contraption before but not so often that I'm totally familiar with it and I don't imagine you are either.

A. I have never used it before.

Q. There is a first time for everything. I'm in a room full of people but I'm not going to take up time going round the room introducing everybody. My name is Laura Dunlop and I'm one of the team of counsel to the Inquiry. So I'm appointed by Lord Penrose and we are a team who are neutral and are simply trying to elicit relevant evidence.

It may be that when I finish asking my questions, some of those who represent particular interests might

want to ask you questions as well.

We have legal teams representing the patients, relatives and the Haemophilia Society. The second team representing National Health Service interests and the third team representing the Scottish Government. I would simply ask that when we get to that stage, if any of them is going to ask you questions, that they introduce themselves and explain to you who they are.

We have our evidence taken down by stenographers and as you have already heard mentioned, that means we have a break mid-morning, so we will stop for a spell and it means you will get a break too.

I gather that when we look at a document, you will be looking at the hard copy. Is that right?

A. That's correct.

Q. You have a bundle of paperwork with you?

A. If I can find it, yes.

Q. We will give you time. No one wants to rush you.

A. Can I say that I have got a disturbing time lag after I --

Q. We have a time lag too. There are technical reasons for it which I don't totally understand, but I fear the bottom line is we are stuck with it. Is that correct?

A. Very good.

Q. Thank you. We will just have to do our best.

Mr Watters, I thought I would start with a little bit of biography. I noticed from the web that you only retired last year. Am I right about that?

A. I retired from full-time work actually in 2005, when I left my last full-time employment with the Primary Immunodeficiency Association. But I was quickly gobbled up and I worked for another six years. I retired in June last year finally.

Q. Right. You are speaking to us today from Plymouth, I understand.

A. Indeed.

Q. Right.

A. Very near the Hoe.

Q. Thank you. I would like to go what I suspect is quite a long way back and ask you about your background. Did you grow up in Scotland?

A. I grew up in the Orkney Islands, on the Island of Hoy.

Q. What did you do after you left Hoy?

A. After I left Hoy, I worked for the Church of Scotland for a number of years in Crieff and Edinburgh and Glasgow.

Q. And after that, when did you make the move?

A. I moved to London in 1968, when I went to work as a social worker at St Martin in the Fields, working with dropouts, alcoholics, drug addicts, street dwellers.

Q. We know that you joined the Haemophilia Society as coordinator in 1981. Did your job at St Martin in the Fields then last from 1968 to 1981 or was there something in between?

A. No, I worked for another homelessness charity in between.

Q. I see. Do you personally have a connection with haemophilia?

A. Absolutely none.

Q. Right.

A. When I applied for the job, I could not spell the word.

Q. You will understand that I'm asking you that because we notice that some of the people who have been very much involved in the Haemophilia Society do themselves have haemophilia or are from families where haemophilia is a feature.

A. Absolutely. And rightly so.

Q. Right. You joined the Haemophilia Society, as I have said, as coordinator in 1981 and the experience you gained in that position is what we are going to ask you about this morning.

I think it's convenient for us -- and I hope for you too -- to conduct that enquiry by looking at a letter which the Haemophilia Society sent to us on 1 November 2011 and that letter is [PEN0181251]. So

I'll give you a moment to find it and we will get it on our screens. (Pause)

Could we go, please, to page 10?

A. The letter I have doesn't go as far as page 10 but I'm very familiar with the contents.

Q. Right. That's disappointing. I'm sorry about that. But we can see from our page 10 that you are referred to under a heading "Procedural Matters". It says:

"We would suggest that the Inquiry should hear oral evidence from Mr David Watters. He commenced his work with the Society as its coordinator in 1981. His title was changed to 'general secretary' in 1986 and [he] was employed by the Society in that role until October 1994."

That's correct, is it?

A. That is absolutely correct, yes.

Q. Good. Was the job of coordinator a new post in 1981?

A. It was indeed. Until then the Society relied on two part-time secretaries, who supplemented the work of the executive committee.

Q. Right.

A. Perhaps I could add that the Society was a very small organisation, with eventually me and one full-time secretary, and that was the position all the way through the HIV and Hepatitis C crisis.

Q. But you are describing a working life in which, to some extent, working autonomously must have been familiar to you, I guess?
A. Oh, absolutely, absolutely.
Q. Yes.
A. I took my direction, of course, from the board of trustees, as you have pointed out, most of whom -- I think all but one -- actually had haemophilia.
Q. Right. The mention that is made in that letter of October 1994, does that mean that at that point you left the Haemophilia Society?
A. At that point, perhaps on account of what I'll call a boardroom tussle, I was made redundant.
Q. I see. Where did you go next?
A. I was almost immediately engaged by the Primary Immunodeficiency Association.
Q. I see. Then you worked full-time with them until 2005. Is that correct?
A. Correct.
Q. Right.
A. Which was my projected retirement dream date.
Q. Some of us can identify with that. Can you tell us a little bit more about that organisation, please?
A. That organisation dealt with people who had inherited disorders of their immune systems and the main treatment

was plasma products. So I was very familiar with plasma products, their history, the people involved, and so it was a very smooth transition for me, although I had a very steep learning curve about chest infections, gut infections and so on and so forth.

Q. Right. My understanding is that even today you are still involved with voluntary organisations. Is that correct?

A. I am indeed, I am indeed. I still work on a consultancy basis for up to four hours a week for the International Patient Organisation, which I went on to work for after I retired.

Q. And is that an international primary immunodeficiency organisation?

A. Indeed.

Q. Right.

A. Indeed, yes.

Q. So I think we now have your biography if not in detail, in reasonably comprehensive terms, so that we can understand how you spent your working life.

A. Yes. Thank heavens you don't have it in detail.

Q. For most people we have actually had a CV but for reasons of time, we don't actually have a CV.

A. I could provide a CV if you wanted.

Q. I don't think we would say no to that. So if you were

able to send a CV that would be most useful, thank you.

Returning to the letter, could we go to page 2, please?

A. I'm having difficulty locating the letter actually. But, as I say, I'm familiar with it. If you could read it to me, I will follow along.

Q. Well, take another minute, because I think you would find it easier to have the letter in front of you.

(Pause)

A. I can find multiple copies of a Thompson letter. No, I can't find it.

Q. Maybe it will turn up. The first heading on page 2 is "The role of the Society in providing information to members of the haemophilia community".

A. Yes.

Q. If I can perhaps paraphrase what I think is being said here, two elements seemed to me to be being raised: one, the role of the Society as a source of information for patients; and secondly, what effect that might have, if any, on the duty of a doctor to communicate information to patients.

A. You will be pleased to hear I have found the letter.

Q. I am pleased to hear that. Right, page 2.

A. Yes.

Q. So what I'm --

A. I'm with you.
Q. -- I think, going to try and do is break down this section into two parts. So the role of the Society in providing information to patients and what effect that might have, if any, on the duty which a doctor would have to communicate to patients. I wanted to ask you whether you think doctors could have used the Haemophilia Society material to assist them in discharging their duty to provide information?
A. The information we provided was only ever and could only ever be provided by doctors and, as such, we were taking a middle of the road course on the advice of various members of the our medical advisory panel, and any doctor who used that in order to give complete advice to their patients would be misguided because the Haemophilia Society had no idea of the individual clinical circumstances of patients, and doctors should have been well familiar with anything that the Haemophilia Society wrote in their publications.
Q. Right.
A. The primary purpose of the publication was to communicate with patients.
Q. Yes. I think there may be a number of different points in your answer, that perhaps it's difficult to generalise and it might well depend on the issue. So,

for example, to take an uncontroversial issue, patients might want to know about social security benefits and there might be a good recent Haemophilia Society leaflet which had a big section in it on benefits. In that sort of situation --

A. I was talking purely in relation to their health issues.

Q. Right.

A. On social security benefits, we had a number one ace service that we provided.

Q. But there could be other issues shading perhaps more into medical matters, maybe a family who have a child diagnosed with haemophilia and the family has no experience of haemophilia. I think we will come on to see that some of the Haemophilia Society publications look as though they would be very useful to patients in that situation.

A. They would indeed be useful to patients but the doctors would already have knowledge of everything that was in it.

Q. Yes.

A. As part of their basic training --

Q. But it might well be that a doctor, a busy doctor in a clinic, would want to be able to say, "Here is a booklet from the Haemophilia Society; take it away and read it", and that might represent, for a number of

reasons, better quality information than the doctor trying to paraphrase what was in the booklet in five minutes or something like that?

A. In the right set of circumstances, that would be entirely appropriate.

Q. And the other thing to point out is that I was suggesting to you that publications would assist a doctor in discharging duty, not replace the doctor's duty to give information.

A. Oh, yes, yes.

Q. Right. So we will certainly come on to look at some of the publications and the chairman will be able to form a better view of the nature of the publications we are talking about.

Would you accept that in at least some situations the publications would be complementary to information a doctor might provide?

A. They really should only ever be complementary to information a doctor would provide.

Q. Right.

A. They are very, very generalist.

Q. Yes. Did you know --

A. -- in relation to health issues.

Q. Right. Did you know that Haemophilia Society material was on display in haemophilia centres?

A. Oh, yes, we encouraged that.
Q. Right.
A. And were really disappointed if centres did not do that.
Q. Well, indeed, and I imagine that must have been at least part of your purpose in producing the material?
A. Indeed, but they were produced for patients.
Q. Yes.
A. They weren't produced for doctors.
Q. Right. It also seems reasonable to assume that doctors wouldn't have displayed your material, if they didn't think it was reliable and of good quality. Would you accept that?
A. Absolutely.
Q. Right.
A. Absolutely.
Q. Two documents have been referred to by the Society in its letter at this point. Can we go a little bit further down the page, please, and we will see that. We see that paragraph beginning, "The role and operation of the Society ..."
A. Yes.
Q. "The role and operation of the Society at the material time is, we think, accurately described in two publications."
And I'm happy to look at those with you. I'm hoping

that you have them too. The first is a talk given by Mr KE Milne, who was a member of the Society's executive committee at the time, on 15 March 1981. So could we go to [PEN0181300], please?

In general terms, Mr Watters, there seem to have been publications of different types.

A. Yes.

Q. I'll let you find it actually. You find it before I ask you about it.

A. I am quite confident that I don't have it but I recall the publication.

Q. Right. It says "December 1981" on the top. Right, okay?

A. I don't have it.

Q. Well, we were told that the Haemophilia Society had provided you with copies of everything that's mentioned in the letter.

A. If they did, I don't have it in my bundle today. I cleared my desk last night to make sure that I did have everything.

Q. Okay, let's proceed anyway. We will have a look at it. You are probably familiar with it?

A. I am indeed.

Q. Yes. Group seminar proceedings. We have seen also an A4-sized bulletin which we will come to look at some

examples of. Also various leaflets and so on. Just tell us a little bit about publishing group seminar proceedings. Did you always bring out literature after there had been some kind of seminar or did it depend on what the seminar had been about?

A. It would really depend on the significance of the seminar whether we did that or not.

Q. Right. So we should assume that this must have been a seminar of some significance?

A. Yes.

Q. Okay. Let's have a look at page 12, which is the reference given in the Haemophilia Society letter. If we look at page 12, we can see there is a picture of Mr Ken Milne. Can you tell us a little bit about Mr Milne? Did he have haemophilia, Ken Milne?

A. I think I have found the publication you are referring to.

Q. Good.

A. Yes.

Q. Right. Page 12.

A. I have got it.

Q. Right.

A. Yes, I knew Mr Ken Milne very well.

Q. Can you tell us a little bit about him?

A. Ken Milne was a civil servant. He had haemophilia and

he tragically died of HIV.

Q. Right. Did he have a scientific background?

A. He did indeed.

Q. And what was that?

A. He worked -- I know that he worked in the UK Patents Office, and I guess in order to work there, you required a degree in one of the sciences.

Q. I think I have seen him somewhere shown as having a BSc.

A. Yes.

Q. But we don't know what science that might have been?

A. No.

Q. Right. And this is a talk by Mr Milne at the Society's seminar held on 15 March 1981. He has set out the aims and objects of the Society, he says:

"They are as set out in the Society's constitution."

And the one that we are asked to look at in the Haemophilia Society letter is paragraph (e), which we need to find in the middle column:

"To cooperate with the medical and allied professions for the furtherance of the objects of the Society."

And we can read that for ourselves. It seemed to me, Mr Watters, that the paragraph immediately above it was relevant too:

"To gather and publish information useful to

sufferers and the general public."

A. Yes.

Q. "This is an aspect of the Society's work on which we place great emphasis. We regard our publications as of great importance, particularly the bulletin. But also the pamphlets we produce, such as notes for teachers."

Of course, having this copy of the bulletin meant that I read it all, or most of it, and I think it might be interesting for Lord Penrose to look at some of the other pages here. Can we look at page 3, please?

A. Could I say, I'm losing your volume slightly.

Q. Sorry. I think it may be if I move away from the microphone. Is that better?

A. That's much better.

Q. I'm usually good and loud so I'll stay close to the microphone. If we look at page 3.

A. 3?

Q. Yes. I noticed here quite a lengthy article actually. It goes on to page 5. It's entitled "The dose of Factor VIII in the treatment of Haemophilia A."

And this is by a Dr Aronstam, director of the Treloar Haemophilia Centre at the Lord Mayor Treloar Hospital. Obviously this is someone you are remembering, is it?

A. Yes, inside.

Q. Right. Actually some interesting material in it, including the fact that they had done a study and had found -- and I'm looking here at the right-hand column towards the top:

"... a high incidence of elbow bleeds."

They say in this section that until the age of 14, the knee was the commonest site of bleeding but the incidence of knee bleeding declined and they found a surprisingly high incidence of elbow bleeds. Which was interesting to me because we have had a lot of mention of knees and knee bleeds but really not very much mention of elbow bleeds.

If we go on to page 5 in this, we can see that there is mention of another body, the Haemophilia Nurses Association and indeed also the bulletin goes on to discuss an Association of Social Workers with special interest in haemophilia.

So it seemed to me that this bulletin perhaps exemplified the dissemination of information, in that it has got medical input, it has got something from a haemophilia nurse and something about haemophilia social workers. Would that be right?

A. Indeed, indeed. And it's interesting that the Haemophilia Society itself was involved in encouraging the development of the Haemophilia Nurses Association

and the Association of Social Workers. So that we were united as a family, if you like, and it enabled us to meet together, think together and each address each other's particular areas of concern.

Q. I see. We will come to this later on this morning, but I did notice that the haemophilia nurses conference had been supported financially by drug companies. We can see that there on the right-hand side, a paragraph beginning:

"In 1976, 1978 and 1980 ..."

A. Yes.

Q. Mr Watters, I do want to record that we are conscious of the dangers of what has been described as a "Tarzanoid" approach, which would be seeing things in very cut and dried terms, so that you would say, "drug companies' support, always bad". It must have been the case that some of the drug company money enabled you or affiliated organisations to do things you wouldn't otherwise have been able to do?

A. Absolutely. And we were hardly the top of the pops when it came to organisations to fund. We weren't hearts, we weren't cancers, we were haemophilia, a niche organisation affecting a very small proportion of the population really.

Q. Right. And that financial support must have been

negotiated by somebody other than you because it had happened in the late 1970s and 1980, before you arrived?

A. Oh, absolutely, absolutely.

Q. Right. I think we can --

A. You are coming back to that question, are you?

Q. I'm coming back to the question of funding. I want to look at that at the end, if we might. We see also in the bulletin a photo of you taken around 1981. But let's put that to one side and look at the other document which is mentioned here, and this is on to page 3 of the letter, if we can go back to the letter, please.

The other document is an article entitled "The Functions of the Haemophilia Society", by Mr John Prothero, then a member of the Society's executive committee. Mr Watters, we have heard of Mr Prothero before and indeed he is conspicuous in a number of publications and I understand he too died of HIV. Is that right?

A. He too died of HIV. He was a delightful civil servant and a very valued member of the Haemophilia Society.

Q. This publication, the functions of the Haemophilia Society, is [PEN0181278] and if we have a look at that. Interesting to note from page 1 that there is a report of an AGM. This is the second

bulletin of 1982, so we see that the AGM is being held at St Thomas' Hospital in London on 24 April 1982 and there are listed seven vice-presidents. Can you see that? We recognise --

A. Again I cannot find the bulletin.

Q. All right. (Pause)

A. But do continue.

Q. Right.

A. I wrote most of the material so I'm familiar with it.

Q. Yes. It's as much for our benefit, Mr Watters, to notice some of the things that are of interest to us in these bulletins.

This list of vice-presidents includes some names we recognise, including Dr Howard Davies, who was then the director of the haemophilia centre in Edinburgh -- or who had been the director of the haemophilia centre in Edinburgh. And we also see listed the medical advisory panel, and I think we know all of these names, apart from, perhaps, one; a medical advisory panel, consisting of Professor Bloom, Dr Colvin, Dr Forbes, Professor Hardisty, Dr Jones, Dr Mayne, Dr Rizza and Dr Tuddenham. Where was Professor Hardisty to be found?

A. Professor Hardisty was a retired director of the haemophilia centre at Great Ormond Street Hospital in London.

Q. I see, right. Again, if we look through the bulletin we can find a similar sort of structure. There is a report of an award to Dr Peter Jones on the second page, a picture of Dr Jones and his family. On the third page there is an account of a residential seminar and then the fourth page has a review of matters worldwide, then on page 6 the article we are asked to look at, entitled "The functions of the Haemophilia Society", by Mr J Prothero:

"The Haemophilia Society in the UK is a unique combination of lay and medical skills. The lay side mainly comprises our headquarters organisation and the 26 local groups around the country. The medical side basically comprises our medical advisory panel and our links with other medical and paramedical staff."

Then there is some information about the administrative set-up, the full-time professional coordinator -- that is you -- and two part-time paid staff "who man our Southwark office five days a week" and so on.

Then perhaps to note in passing, because there is a section of the main letter concerning the medical advisory panel, that there is a paragraph about it, if we go a little higher up the page, please. In the middle column we can see:

"The medical advisory panel has no executive role in the Society but we would ignore their advice at our peril. There is a fairly continual exchange of information and advice between the officers and the panel, although the formal meetings with them as a panel are few. Their support has enabled us to open many doors that would otherwise have been closed to us."

What do you think was meant by opening many doors?

A. Could you repeat the sentence?

Q. Yes. It's a paragraph talking about the medical advisory panel.

A. Yes.

Q. And saying:

"There is a fairly continual exchange of information and advice between the officers of the Society and the panel. Their support has enabled us to open many doors that would otherwise have been closed to us."

It doesn't matter. You didn't write it.

A. I didn't write it but I think it simply refers to the fact that through their knowledge, we were able to access other specialist information as well. For example, when we came on to the HIV crisis, we were able to access appropriate professionals in other fields of medicine.

Q. I see. There is another reference in this article to

the role in disseminating information. Can we look at page 7, please? The final paragraph on this page reads:

"Gathering and publishing information useful to sufferers and others is another important part of our work."

Then further down that paragraph:

"We commission articles especially for ..."

And this is the bulletin:

"... or reprint items of particular interest from other publications not normally seen by haemophiliacs. In addition, we have produced a collection ..."

And this is on to the next page:

"... of pamphlets, papers, et cetera, specifically for particular groups of people concerned with haemophilia, from parents to social workers, from teachers to health visitors. We feel that we have an obligation to assist in raising knowledge and standards of haemophilia care but do not see this function as being restricted to this country. Although we work at this here, we also do provide a lot of information and help to haemophilia societies, doctors and individual haemophiliacs throughout the world."

So if you commissioned an article, then obviously, you would publish the article as you received it. Is that correct?

A. That would be correct.
Q. Right.
A. Yes.
Q. But if you were trying to write a shorter account of a particular topic, there must have been a degree of editorial selection?
A. Editorial control was, of course, with the editor, Clive Knight, whose name you may have come across --
Q. I have seen that, yes.
A. Yes.
Q. Was he one of the trustees?
A. He was one of the trustees and a person with haemophilia, who also died tragically from HIV -- or through HIV-related disorders.
Q. Right. Okay. Could we go back to the letter, please, and move to the next heading, which is "The Formulation of Policy within the Haemophilia Society". One of the triggers, I think, for this section of the letter has been what was said to us by Professor Hann, and it would be useful, I think, to remind ourselves of what Professor Hann said.

Before doing so, if we go on to page 4 of the letter, we can see that the last paragraph of this section focuses on the evidence of Professor Hann. Perhaps we should have that in front of us.

The comment in the letter is:

"It is not the case that the Haemophilia Society was not dependent on medical input as seemed to be suggested by Professor Ian Hann. We would further refute Professor Hann's apparent suggestion that the Haemophilia Society would or could have had any role in providing information to patients about the nature of testing ..."

So can we look, please, at the transcript of the Inquiry for 6 May 2011, and go to the top of page 20:

"Question: You mention in paragraph 4 ..."

This is the question. Do you have this transcript?

A. No.

Q. No?

A. I have read it online but I don't have access to Internet here this morning.

Q. Right:

"Question: You mention in paragraph 4 the Haemophilia Society. You say 'the main contact then ... and for many years afterwards was Philip Dolan.'
I suppose parents might themselves be members of the Haemophilia Society?

"Answer: I was involved with the Haemophilia Society as a medical adviser for a long time, starting around about 1987."

We actually know that that's the point at which he moved from Glasgow to Great Ormond Street. Then the question asks:

"But even in your time in Glasgow from 1983, the Haemophilia Society would be very active and very involved, I take it?

"Answer: Yes, and that came as a surprise to me because they were nowhere near as involved in England, and I thought that Philip Dolan provided excellent liaison and we had a very good relationship with him to my memory."

Then he went on to say:

"It wasn't a paternalistic one by the way. I notice in some of the evidence people saying that they think the Haemophilia Society were just almost ruled by us or were like taxis..."

Actually it's "patsies". I think we're looking at an uncorrected version of the transcript here. There is a corrected version in which this has been corrected to "patsies". He said that the Haemophilia Society weren't like patsies:

"When I was asked to become a medical adviser, it was made very clear to me that I was supposed to be their advocate, not some sort of person ..."

And this is reading on to page 21:

"... who dictated events to them. They were a very well informed group."

So how is it so far? Do you agree with it so far?

A. I must, yes.

Q. So you weren't a patsy?

A. I wasn't a patsy, no. I wasn't a pasty, either.

Q. I'm conscious that it's easier to comment on something if you have a hard copy in front of you than if I'm reading it out, but just to look again at that part at the top of the page, or a little bit further up page 20, he is saying:

"The Haemophilia Society were not ruled by ..."

Doctors. Oh, we have got the other transcript. Sorry, I find it hard to keep up here.

It wasn't like that. So you didn't want to be dictated to by the doctors. You agree with that?

A. We consulted the doctors on subjects on which we required advice. We did not want the doctors telling us how to run a patient organisation.

Q. Right. Can we go on a little bit further into the transcript, please, further on to page 21. The next question is.

"Question: You don't really think they were entirely dependent on medical input?

"Answer: No, not at all, and I'm talking about

Scotland, of course, at the time. No, they were certainly not."

Then:

"Question: When it came to perhaps discussing issues about use of concentrates and so on, would it be correct to say they were partly dependent on medical input?

"Answer: Oh, definitely, yes.

"Question: But not totally?

"Answer: Not totally, no. They had their own views ..."

And I think the next bit is something along the lines of that they also -- it's unfortunate that this has been inaudible but they had views passed on to them perhaps by the membership.

So he is saying that the Society were partly dependent on medical input when it came to issues about use of concentrates and so on, but he says the Society had their own views and then there would also be the views of the members of the Society. Would you agree with that?

A. I would take you back to the words of John Prothero, when he said that the Society ignored the advice of its medical advisers at its peril.

Q. Right. Do you think that the Society ever accepted

medical advice from a medical adviser and presented it with its own additional information or its own additional view?

A. When we consulted the medical advisory panel in those dim dark days of technology, they tended to feed back individually, so the only people who had the complete picture were the trustees, when they met to consider the feedback from the medical advisory panel. We couldn't do instant communication by email in those days.

Q. Right. I suppose I'm trying to get an impression of whether you are disagreeing with what Professor Hann said.

A. To some extent I do disagree with it because to the best of my knowledge, we listened very carefully to what everybody on the medical advisory panel said and we took the line of the majority.

Q. Right.

A. We couldn't take the line that everyone, as an individual, might take. That would be impossible but we had to find the middle course.

Q. So are you saying that on issues about use of concentrates and so on, the Society was entirely dependent on medical input, rather than partly dependent on medical input?

A. We were entirely dependent on medical input.

THE CHAIRMAN: I wonder if I could be sure about what you are saying. You are indicating that at any one time on an issue you may have had a number of sources of individual advice from individual medical advisers?

A. Indeed.

THE CHAIRMAN: And then you would take a line that represented a sort of middle of the road view. Does that not indicate clearly that you were exercising a degree of selection over the medical advice you passed on?

A. The final advice would always be based on the advice of the chair of the medical advisory panel.

THE CHAIRMAN: That's rather a different point, you see. That is suggesting a mechanism by which you would resolve possible differences by reference to someone like Professor Bloom.

A. Yes, indeed.

THE CHAIRMAN: But on the way to that were you not exercising a degree of editorial control, as it were, of selection of the material?

A. Not really. We were looking for the complete picture. The picture wasn't always a picture of unanimity.

THE CHAIRMAN: That I understand and I think you would understand that part of my job will be to arrive at a judgment on the basis of sometimes conflicting

evidence.

A. Yes.

THE CHAIRMAN: I would, of course, assert that my views were based on evidence. I would never dream of denying that I had an input in the exercise of discretion and arriving at judgment. At the moment my concern is that you seem to be trying to exclude the senior executives of the Society from participation in the exercise of judgment, which would surprise me.

A. Oh, not at all. I would never have dreamt of taking any course of action on my own, and feedback from medical advisory panel members, as I said, would always have been referred to and through the board of trustees, as slow and ponderous as that had to be in those days.

THE CHAIRMAN: Yes.

MS DUNLOP: You referred a moment ago, Mr Watters, to getting a complete medical picture but all of those on the medical advisory panel, at least on the list we just looked at, were haemophilia clinicians. Is that right?

A. Absolutely. There were very rarely disagreements in the medical advisory panel.

Q. Okay. I think I'm just trying to get a feel for this divergence of view, if that's an accurate way to describe it, between you and Professor Hann. I don't think Professor Hann was trying to say that doctors had

no input; he was accepting that the Society did rely on information from doctors but I think the point he was trying to make was that, as the chairman has put it, in selecting from among perhaps differing views from doctors, and in distilling what doctors said into a line, the Society necessarily had an independent role?

A. Yes.

Q. Is that reasonable?

A. That is reasonable.

Q. Right.

A. I just want to make sure that the reasonable role would be in the hands of the trustees.

Q. Yes. The other comment that was made in the letter from the Haemophilia Society about Professor Hann's evidence relates to a later passage. Can we look at page 72, please?

This is a section of Professor Hann's evidence dealing with the testing of blood samples from children at Yorkhill in Glasgow, and we were trying to get to the bottom of how that testing was carried out, who did it and what was said to the parents and was there a consent process and so on.

Professor Hann was asked:

"Question: Now that you have remembered about Dr Follett ..."

And he was a virologist in Glasgow:

"... can you remember receiving the results?

"Answer: I can't remember specific incidents."

He is asked again:

"You have no recollection of a letter from Dr Follett?

"Answer: I know that we got the results. I can't remember how.

"Question: If it's correct that Dr Follett carried out tests on stored samples, do you think that permission was obtained from the parents before these tests were carried out?

"Answer: The simple answer is that I can't remember. The more detailed answer is that I would hope that we were in regular contact with parents and were telling them this, and that the Haemophilia Society was doing the same."

If we can go further down, we note and understand the response of the Society in the letter. If we go back to that, when it is said:

"The Society would refute Professor Hann's apparent suggestion that the Haemophilia Society would or could have had any role in providing information to patients about the nature of testing which would be carried out on stored blood samples. The provision of information

to patients about the fact of and reasons for this practice would have been a matter entirely falling within the clinical responsibilities of the treating haemophilia doctor."

You didn't write the letter but I take it you agree with that?

A. I support that wholeheartedly.

Q. Right. Yes, I think we understand the point that's made, Mr Watters.

A. Yes.

Q. Fine. Can we go to the next section of the letter which is headed "The Membership of the Haemophilia Society":

"In any event, the ability of the Society to communicate information to the haemophilia community has always been limited by the fact that the society does not include amongst its membership all of the people with haemophilia in the United Kingdom. Dr Mark Winter was correct in his evidence when he said that only a percentage of the United Kingdom haemophilia community were members of the Society in 1983."

Then it's said:

"It had been the objective of Mr Watters, since joining the Society in 1981, to increase the Society's membership."

So that was one of your goals. Was it set for you

or did you decide on it yourself?

A. Oh, it was set for me.

Q. Right. And then it's said:

"By 1983 that was still an ongoing process ... the Society estimates that even now about half of severe haemophilia sufferers are members or registered supporters. At the commencement of his tenure ... Mr Watters was solely responsible for the day-to-day running ..."

Of the organisation. There is some material showing membership numbers. Can we look firstly at an article entitled "The History of Haemophilia". Unfortunately we have two different court book references for this. It's [PEN0181326]. It's an article by Professor Ingram, which we actually also have in the preliminary report at [LIT0011348] and we may need to reconcile these references later.

This article appeared in the Journal of Clinical Pathology in 1976 and it has a lot of fascinating information about not just the history of haemophilia but actually the pre-history almost. If we look at the first page, we can see that there is information about actually haemophilia in animals and some early Jewish writings on the topic and then a fascinating section on the following pages about the royal haemophilia.

We can see some pictures of the royal family, not the current royal family, obviously. And Prince Alexis pictured there.

In terms of the page numbers, it's actually page 11 of the article but I think for us it will be page 7 of our photocopy. There we can see on the right-hand side -- do you have this in front of you, Mr Watters?

A. I don't.

Q. No. I don't think it matters --

A. I am well familiar. No, I don't.

Q. Right. These are just chronological references really to membership numbers and this one, from obviously 1976, says:

"The Society now includes about 1500 haemophiliacs among its members and it has a mailing list of about 2,000 in this country and a further 250 overseas."

So that's actually 1500 people with haemophilia among its members. I suppose that some people will have become members not necessarily because they themselves had haemophilia but possibly because a child had haemophilia. Would that be right?

A. Yes, yes.

Q. And possibly --

A. And of course there may be more than one child in a family as well with haemophilia.

Q. Yes, indeed. And I suppose some professionals became members of the Society too. Would that be right?
A. Yes.
Q. Right. If we can put that away and look at the next reference, which is going to a bulletin from 1977, that is [PEN0181262]. This is 1977 number 3. Did you publish the same number of bulletins every year or did it vary?
A. It varied greatly.
Q. Right.
A. The gold standard was four a year.
Q. I see. Were there ever fewer than four?
A. From time to time, yes.
Q. And presumably more than four some years?
A. With two staff it was very difficult.
Q. I intend absolutely no criticism; I'm just trying to get a feel for the frequency of publication. In some years will there have been more than four, do you think?
A. There may have been but the general rule would have been a maximum of four. In those days postage costs were high.
Q. You were trying to do it roughly quarterly?
A. Yes.
Q. Is that right?
A. Correct.

Q. Right. So we should understand this one as being late summer or autumn, perhaps, if it's number 3 of 1977?
A. This pre-dates my time, of course.
Q. Yes; right. Okay, we can come back to that if it matters.

The reference that we are directed to in this one is on page 2 but I think perhaps we should note from page 1 a picture of Dr Rosemary Biggs, who has been the guest speaker at the AGM of the Haemophilia Society in Nottingham, a big name in haemophilia care. Did you know Dr Biggs?

A. I think I met her once.
Q. Right.
A. But she was no longer in active practice when I was appointed.
Q. Yes. So if we look at page 2, we see the passage that's extracted and included in the letter at the top of the middle column:

"We had a rather wrong idea then ..."

This is in the 1950s, I think:

"... about the number of haemophiliacs there probably were in the country. We thought there were only about 500 and we now know there are well over 3,000."

Also some interesting matters in Dr Biggs' address,

firstly about the discovery of cryoprecipitate by Judith Pool. We see that at the foot of the middle column. And then, secondly, on the right-hand side, she is talking about the arrival of commercial concentrates in the early 1970s. And I did notice in that passage -- and we can see this ourselves on the screen -- a reference to hepatitis, that the commercial material is more liable to cause hepatitis than material which is made within the National Health Service, and we have seen that view elsewhere expressed around about that time in the 1970s.

Another reference which deals with the question of numbers is a report from 1978, and if we could go to that next, please, it's a Haemophilia Society seminar report entitled "Haemophilia Today". It relates to a seminar in Manchester and the number is [PEN0181336]. Do you have that? It has a nice front sheet with the logo of the Society. It says:

"Haemophilia Today, seminar report. Manchester 1978."

A. I don't have that. I have seen it.

Q. Right. Okay. The reference there is on our third page and this is page 3 of the actual document:

"Haemophilia is a rare disorder ..."

And I'm reading at the top of the right-hand side:

"... occurring in about three or four per 100,000 and at present there are about 3,500 known cases in this country."

Just in passing, I think, if we notice from this seminar report also what is said on page 6, which I think should be our page 5. There is a paragraph there about hepatitis. So this is as at 1978:

"Hepatitis is carried in blood products and Dr Delamore noted that a very high percentage of patients being treated for haemophilia and Christmas Disease are proving after all to be infected by one type of hepatitis or another. A great deal more work in assessing the severity of hepatitis needs to be undertaken ..."

THE CHAIRMAN: Could you go back to the bottom of the page before, please?

MS DUNLOP: Yes.

THE CHAIRMAN: Just for my benefit. A paragraph there, second from the bottom, that summarises the functions of the Society and centres and so on together. Is that right? Or have I ...

MS DUNLOP: Is it the paragraph beginning:

"Dr Delamore ..."

THE CHAIRMAN: "Dr Delamore describes ..."

Yes.

MS DUNLOP: I have the impression that might purely be different kinds of centres.

THE CHAIRMAN: Different kinds of centres? Right.

MS DUNLOP: Yes. Associate, diagnostic and reference centres.

THE CHAIRMAN: Yes. This is quite early, isn't it?

MS DUNLOP: Yes. There is a lot of material in the UKHCDO minutes, their annual meetings, about nomenclature, designation of centres, which centres were higher up the tree than others. Do you remember that being a recurrent theme?

A. I remember it being a very important theme. The classification of haemophilia centres based on the number of patients they treated and the facilities they were able to provide, and in order to be a reference centre, you had to provide an excellence of service and I can't remember the level of patients. We are talking about things 30 years ago.

Q. Yes, indeed. It just struck me that you will have lived through all of that and it certainly seems to us to have been a topic that occupied a lot of time at the meetings.

A. Yes.

Q. More heat than light or was it a useful, ongoing discussion?

A. It was a very useful exercise that led to vast improvements in the quality of care --
Q. Right.
A. -- available to people with haemophilia.
Q. So you think that kind of stratification was useful having the reference centres at the top, now the comprehensive care centres and then lesser designations?
A. Yes.
Q. You think that was the right kind of --
A. When it worked well, it was very, very good because people were referred once every year to the reference centre for their area and so on and so forth, and that was excellent because people were being seen by professional staff who had access to a critical mass of patients.
Q. Yes.
A. And that was very important.
Q. Right.
THE CHAIRMAN: So that gives the impression of an education function based on reference centres with a particular reputation passing information down the line? Is that right?
A. Indeed.
THE CHAIRMAN: On the whole were your medical advisory panel reference centre directors?

A. Yes, they did tend to be reference centre directors. Again, people who had access to a critical mass of patients and a wide experience.

MS DUNLOP: Yes. As far as numbers are concerned, Mr Watters, we also have a reference to a bulletin from 1979. This is number 1 of 1979 and it's [PEN0181270]. I don't know if you have that. But it says -- and this is obviously again before your time:

"It is as important now as it has ever been that all haemophiliacs should support the Society. It is a matter of some concern to us that there are many haemophiliacs and parents of young haemophiliacs, who are not members and who do not feel that the society is necessary or that it holds any advantages for them."

In fact, later on in the main letter there is a comment about the membership tending to be tilted in favour of those who are severely affected with haemophilia. Would you agree with that?

A. I would tend to agree with that, and of course it was very important that people who were less severely affected be in touch with the Society so that they were aware of what might go wrong at any time with less severe strains of the condition.

Q. Yes. I suppose there is something almost of the nature of a paradox in there, isn't there, that for somebody

who is only very mildly affected, they may be much less familiar with the experience of having a bleed and how to deal with it and recognising it and so on, than someone who is severely affected and accustomed to dealing with the effects and the need for treatment. Have I got that right, do you think?

A. You have got that exactly right.

Q. Yes.

A. And of course, if they are not in touch with a patient organisation, patients aren't aware of actual problems, pending problems, potential problems.

Q. Right. Just to note before we leave this bulletin that there is another reference to hepatitis and I'm going to come back and ask you a bit about that. If we can look at page 4, please, there is a piece entitled "Freeze-dried Factor VIII Concentrates and the NHS."

And particularly that middle column, the paragraph beginning:

"Besides the problem of cost, there is also growing concern about the increased risk of transmitting hepatitis with commercial Factor VIII concentrates prepared from large pools of plasma. Blood collected from paid donors is ten times more likely to contain Hepatitis B virus than is blood collected from unpaid donors by National Blood Transfusion Services."

So at this point this same perception that NHS material is superior as far as hepatitis is concerned, but the picture probably slightly confused by the reference to Hepatitis B because we know from our other reading that the idea of non-A non-B Hepatitis was really just emerging from the mid 1970s onwards?

A. Yes.

Q. Yes. Finally in this section we have been referred to group seminar proceedings from 1983 and these are [PEN0181316]. This has been a group seminar in 1982 in fact, 12 to 14 March, in London. We can see on the front page a very youthful looking Dr Colvin?

THE CHAIRMAN: That was my reaction also.

MS DUNLOP: We have been struck, Mr Watters, by how many of the photographs from this era feature people with big glasses, and certainly Dr Colvin has been one of them. I think you yourself had big glasses in those days.

A. I did.

THE CHAIRMAN: Worry not, I could produce photographs with similar big glasses.

MS DUNLOP: The day of the big glasses.

If we go to your reference, which is page 6 of this, we can see the reference to which we are directed on the right-hand side and this is a workshop, I think, within the seminar, yes. There has been a workshop discussing

Society services and the leader was Clive Knight. Do you see this on page 6?

A. Yes.

Q. Problems identified:

"5,000 haemophiliacs, only 1500 belong to the Society."

Then the next comment:

"Good treatment diminishes interest in the Society."

I think that may be would make us all pause for thought because I suppose in a perfect world people would be having such good treatment that they wouldn't need the support and advice of the Society. Maybe.

But that would certainly be a problem for the Society?

A. Indeed.

Q. Yes.

A. Indeed, it was.

Q. I don't imagine that that detracted in any way from the Society's motivation to argue for the very best treatment, though?

A. Absolutely, absolutely.

Q. Right.

A. But you know, as is stated further down, membership was seen as a disability label by many people.

Q. Yes.

A. And that they wanted to avoid. We are not all clubbable people.

Q. Yes. So perhaps just a fact of life, that the better the treatment, perhaps, the less people feel inclined to join the Society?

A. Yes, and of course, in those days counting membership was difficult. We didn't have computers. I remember the Addressograph system when I went there was the most precarious system of cards with waxed windows in them that you had to soak to make them soft enough to go through a typewriter that was designed so that getting rusty didn't really matter and things like that, and occasionally if the machine got overexcited, whoosh, you had 100 of your preciously prepared slides in a heap in the corner, and we had to go and sort them all again in alphabetical order. It was terrible.

Q. Right. I'm happy to take your word for that. It doesn't sound very easy at all.

A. I'm considerably older.

Q. Thank you. I don't want to leave this bulletin without looking at Dr Colvin's article, which starts on page 2. We have got another big glasses photograph and he has covered a range of topics, and again we can see, if we look on to the next page, that one of the topics he has covered has been hepatitis and he is actually also

differentiating between Hepatitis B and non-A non-B Hepatitis. And saying:

"The problem is commoner following the use of large-pool concentrates, particularly in the treatment of mild haemophiliacs, who have had few injections in the past."

He says:

"There is growing evidence ..."

And this is the end of that paragraph in the middle:

"There is growing evidence that mild inflammation of the liver can continue after clinical recovery and the long-term consequences of this are not yet clear."

So we note the points made about membership numbers and about the possible weighting of the membership towards those who were severely affected. You have already told us -- and this is still as far as dissemination of information is concerned -- about reaching all the people with haemophilia in the United Kingdom and we understand the point, it's a pretty basic one, that only a certain number of people with haemophilia in the UK were members. And you made the point also that it might be that you would have one family and, I suppose, there you might have one person a member, so that might cover several children, but also among the membership might be people who didn't have

haemophilia. So it's difficult to get an exact idea of how many people you were reaching.

A. It's difficult to separate out different categories in the pre-computer age.

Q. Yes. And you have told us already about the difficulties, the practical difficulties in doing a mailing. So we can assume, can we, that the bulletin was mailed to members of the Society. At least that was the intention --

A. Correct, that was the intention.

Q. -- barring typewriter accidents.

A. I think they were also made available at the request of centres. We would send a pack of copies to haemophilia centres who requested them, so that they were in fact there for non-members.

Q. Did many centres take you up on that?

A. Certainly not all.

Q. Right. What should we understand -- a minority or a majority?

A. A minority.

Q. A minority of centres?

A. A minority. Possibly reference centres were keen to do that.

Q. I see. And leaflets as well? Would that go hand in hand with centres that took the bulletin. Would the

centres that took the bulletin tend to take your leaflets as well, or did some centres take leaflets and not the bulletins?

A. Some centres took leaflets but not the bulletins. I don't think there was anything sinister in that.

Q. No, I'm just trying to get an impression of the availability of the material.

A. Yes.

Q. I think you said a moment ago, obviously anyone in a haemophilia centre could pick up a leaflet; he wouldn't have to be a member of the Society and also people, one assumes, would discuss the contents of some of the leaflets and the bulletins.

I have noticed also in some of the material a category of registered supporters. Was that different from a member?

A. My recall doesn't tell me anything about that category of membership at all.

Q. Right. I noticed that as at today you don't have to pay to join. It seems from the website --

A. That's something new.

Q. Right. It seems from the website that if you register, you will then be a member and you do not have to pay, although obviously, as with any voluntary organisation, they would be hoping that you would make a donation.

A. Yes.
Q. And I think you have really anticipated what I was going to ask, which was that hasn't always been the case. There will in the past have been a subscription. Is that right?
A. There was a subscription of £1 initially. When it came to the point where it cost more than £1 to process the £1, I think it went up to £5.
Q. I see. We did actually have some separate information in the main letter about Scottish members. Can we go back to the letter, please? This is obviously slightly towards the end of the period in which we are interested but it is interesting information:

"In relation to numbers of Scottish members, bulletin number 4 of 1989 states ..."

And I think just to get this in context, we will look at it. It's [PEN0181286]. Can we look at page 13 of this bulletin, please?
A. Sorry, I missed the date of the bulletin.
Q. Right. It's the 1989 number 4. It has an obituary for John Prothero on the front cover, Mr Watters, and a rather nice photograph.
A. I don't have it but I'm very familiar with it.
Q. Right. Well, there is a whole article in it about the Edinburgh Haemophilia Centre written by Dr Ludlam. You

will have known Dr Ludlam, I guess?

A. Indeed. Yes.

Q. Right.

A. I knew him well.

Q. Right. Sorry, that one is slightly further on, on that page. Actually, while we are there, that is an interesting piece as well about an adventure holiday in Newtonmore. So we will just have a look at that.

THE CHAIRMAN: Thank you. I had noticed that and was interested in some of the activities.

MS DUNLOP: A number of things are interesting about it, that it was the first adventure holiday arranged by the Grampian group, although they obviously have an inclusive definition of "Grampian" because boys from Glasgow, Inverness, Peterhead and the Edinburgh area were pioneers of the venture. And this lady who is writing about the people, Ishbel Cruickshank, she was there along with Sister Billie Reynolds from the haemophilia centre at Edinburgh Royal Infirmary. I note without comment that husbands are described as having provided "moral support".

THE CHAIRMAN: That takes on strength when you go down and find that only one adult had a wee shot at abseiling and rock climbing, I think.

MS DUNLOP: Touche. It has been a very active week. The

abseiling and rock climbing is particularly striking, sir. I think, there is also canoeing, a visit to Landmark, pony trekking and the comment at the end, under the passage about Saturday:

"None of the boys required any more Factor VIII than they usually needed. In fact most required less."

But having digressed to look at that, can we go back then --

A. Could I just comment that Dr Elizabeth Mayne, who was a member of the medical advisory panel, used to say that "happiness equals haemostasis", and that may well be why the boys on the holidays didn't require more Factor VIII because they were happy, they were engaged, they were in the company of their peers.

Q. Yes. I don't think it takes much, Mr Watters, for us to imagine that this must have been an almost uniquely fulfilling aspect of the work of the Society, organising these kind of holidays for the boys?

A. Yes, and deeply avoided by people of my stature.

Q. Oh, right. Have we got the piece about the Edinburgh centre, which is, if I can work it out, seven, yes, thank you. It's on the screen:

"Our new haemophilia centre was opened on August 25th ..."

I think it is:

"... by Dr Calman, chief medical officer for Scotland."

And a bit of information about the new centre. And some pictures.

Can we go on to the next page, please, to see the reference to numbers. This has come from the Southeast Scotland group, from Bob Beechey. Do you remember him?

A. Yes.

Q. Yes.

A. I remember him, yes.

Q. Right. And the actual passage that was included in the letter is in that paragraph on the right-hand side, beginning:

"One of the first functions of the group ..."

I think to understand what's being said, we have to go to the foot of the left-hand column to see that there has originally been -- actually, if we go slightly higher up to the second paragraph, there has originally been a Scottish group, started in 1954, the means being a letter from Dr Girdwood to the Edinburgh Evening Dispatch. The letter was addressed to haemophiliacs and their families and resulted in a meeting at which several families turned up. And then the names of some of the people who'd gone to the meeting and then that Dr Davies also went and the

Scottish group was set up.

Then in the next paragraph, the short paragraph:

"As the years passed, small enclaves of members sought permission to set up their own groups. This resulted in the Tayside, Perth and Grampian groups being established. These groups could serve their members' interests better but the rest of the Scottish group were left with the geographic problem."

So what has happened by this point is that it has been decided to have two groups, one based on each of the reference centres. So there is going to be, I deduce, in addition to the Tayside, Perth and Grampian groups -- Tayside and Perth were separate groups, were they?

A. No, they were one group. I think they were one group.

Q. Well, anyway --

A. No, I'm sorry, I correct myself. They were two separate groups.

Q. Right. Is that some kind of Dundee/Perth issue?

A. Quite possibly, yes.

Q. Right. But we can see that the next stage has been to have a Glasgow-based group and an Edinburgh-based group, and the Edinburgh-based group is being called "the Southeast Scotland Group". The inaugural meeting was held in the reference centre at Edinburgh Royal

Infirmary on 2 March 1989. The passage that's referred to in the letter:

"One of the first functions of the group was to split the membership list of the old group. This resulted in a list of 89 names ..."

So that looks to have been the names of the people who could be in some way allocated to the southeast group:

"... of whom 31 were either committee members, medical staff or members who lived in other areas but wished to retain links with the Scottish group."

So I suppose, if you discount committee members, which maybe you don't need to because they may have haemophilia and be users of the centre, but you would want, I suppose, for these purposes, to discount the medical staff and members living in other areas. There might have been somewhere between, I don't know, 50 and 60 people with haemophilia living in the Edinburgh area and using the Edinburgh centre, who were members, and then the article goes on to say:

"In fact the Edinburgh reference centre was used by approximately 240 patients, so that it seemed obvious that there were a lot of members and possible members that we couldn't reach."

So I think we get the point, which is that actually

quite what you do with the figures doesn't matter because it looks as though only a minority of people with haemophilia who use the reference centre at Edinburgh were members of the Society at this point.

A. Correct.

Q. Yes. Would that be typical of other centres, do you think?

A. That would be typical across the country.

Q. Right. Okay.

THE CHAIRMAN: It is about 11 o'clock.

MS DUNLOP: I think that would be a very good point.

THE CHAIRMAN: Do you have any feeling about how many groups resulted from this organisation? Because I see some emerging but I'm not sure that I can pin down at the moment whether any groups were disbanded. Did one continue to have Tayside, Perth and Grampian? Was there a rest of Scotland somewhere around or did it all coalesce into two groups based on the reference centres? Do you know?

A. Memory does not help me with that at all. I have a feeling that a number of the groups folded. I know that Perth closed and I think that Tayside was a struggling group for many years, and I know that many of the pioneers there have since gone to another place. So we possibly now have two groups in Scotland. But, of

course, the Haemophilia Society is very active in Scotland now and has its own Scottish Office.

MS DUNLOP: I suppose, the missing link, sir, is the Glasgow group. I mean, pretty clearly and long before 1989 there has been a Glasgow group, whether formally constituted as a Glasgow group may not be clear but there obviously has been a Glasgow branch of the Haemophilia Society.

THE CHAIRMAN: It sounds as if it might have been Mr Dolan's branch.

A. Indeed.

MS DUNLOP: I'm not sure about that. We are going to have our break, Mr Watters, and we will probably be about 15 minutes.

A. Can I say that I must move my car because in the centre of Plymouth you can only park for three hours at a time. So I must now walk about five minutes, take my car to another car park and park it.

MS DUNLOP: We can't start without you so that has to be in order, for you to do that.

A. If you come back and find an empty chair, you will know that I'm having difficulties.

(11.07 am)

(Short break)

(11.34 am)

THE CHAIRMAN: Yes, Ms Dunlop?
MS DUNLOP: You found another parking space?
A. Yes, on the seventh floor of another car park.
I apologise for taking so long.
Q. No, don't worry in the slightest. Do you need another minute to cool down?
A. No, I'm fine.
Q. Right. Okay. I'm sorry if you have been rushing on our behalf. We appreciate that.
A. It's a damp morning in Plymouth.
Q. It's actually quite nice here.
A. I should have come to Edinburgh, you see.
Q. I'm glad you said that.
Could we look again at the letter, please? That's the letter we are working our way through, [PEN0181251] it's the 1 November letter from the Society, Mr Watters.
A. Yes.
Q. I would like to look at page 6 because we're going to come to consider a particular letter from the Haemophilia Society dated 4 May 1983. I want to ask you some questions about it because I feel sure that you can give us some direct evidence.
Just to recreate the immediate background to the letter, the letter itself refers to reports in the media and we have in our database some examples of those. You

don't have them and I'm not going to bother bringing them up but for the record, there is a piece from, I think it must have been the Mail On Sunday?

A. Written by Susan Douglas.

Q. Right. It's [DHF0014323]. For our purposes we can see that the opinions section refers to people who need blood in hospital can be vulnerable -- this is to AIDS:

"Two cases of this kind occurring in the UK ... patients treated with plasma imported from America."

I thought actually that it's also worth noting that on the same Sunday, which would have been 1 May 1983, there was a big piece in the Observer. We have looked at it before. It's [DHF0014322] and it refers to people with haemophilia. There is further material, which we don't need to go to, from Monday, 2 May, from both the Daily Express and the Daily Mail, [DHF0014328]. So that's the atmosphere over that particular weekend at the beginning of May 1983.

We know that a letter went out from the Society dated 4 May 1983, and we should have that before us. It's [DHF0014474].

Mr Watters, do you have a memory of the sending of this letter?

A. I have a total memory of that entire weekend --

Q. Please tell us about it.

A. -- and its implications. What you didn't mention, of course, from the Mail On Sunday letter was it alleged that the entire UK could have been supplied with Factor VIII from Switzerland, I think.

Q. Yes, it does say that.

A. Which was a pretty damning piece of falsehood to introduce because Switzerland could not have met the demand for Factor VIII for the entire United Kingdom.

The first thing -- I think I had been to church and I came home and there was the Mail On Sunday. The first thing I did was talk to the chairman of the Haemophilia Society and then I think we had a conference call with Professor Bloom to decide on the best course of action -- the best immediate course of action, and that was to write a letter to all the members of the Haemophilia Society. And again, we weren't in the age of the computer and email, so the drafting process was by fax and my recollection is that that letter, draft letter, would have been shown to all the members of the medical advisory panel before it was sent to our members. The letter was drafted in its entirety by Professor Bloom and we took it in its entirety.

Q. Right. When you say "the letter was drafted in its entirety", do you have the letter in front of you?

A. I don't.

Q. Right. I'll let you look through your sheaf of papers because it should have been one of the ones that was included?
A. I know it's not because I haven't seen it.
Q. Right. That's unfortunate because the actual terms of the letter are quite important and --
A. Yes.
Q. And --
A. I think it's couched in phrases like, "We have consulted our medical advisory panel and this is the advice ..."
Et cetera, et cetera.
Q. Right. If we proceed on the basis that it's really -- what we would now call "fonts" -- it's in two different fonts. There is a sort of italic font or typeface.
A. Yes.
Q. Then there is a chunk in the middle, which is in a different typeface, which looks to be the material from Professor Bloom, and then there is a section at the bottom in the kind of italic typeface again.
The first piece in italics --
A. It was --
Q. I will orientate you if I can, if you can imagine it. The first piece, which I would call a "preamble", reads:
"In view of the unduly alarmist reports on AIDS, which appeared in the press over the weekend, we are

writing to reassure members of the Society about the true position. We have been in touch with Professor Arthur Bloom, chairman of the haemophilia centre directors, senior member of our own medical advisory panel and a member of the Central Blood Laboratories Authority, who has kindly written to us all as follows."

Then there is the long section.

Would it be easier for you to answer questions if we faxed or emailed a copy of the letter to you?

A. It possibly would be, provided you have got a fax number here.

Q. We don't have that. I think we can find that out. The only other thing to say is it is just a single page, so you might want to have just one last look and check that it's not in the bundle.

A. It's not in my bundle.

Q. I think, sir, it will be better --

THE CHAIRMAN: It can be emailed, I gather.

MS DUNLOP: I think it's coming by email, Mr Watters.

A. Who is it being sent to here?

Q. It's one of the staff of the CPS, which is the venue you are in.

A. It is pretty sparsely populated this office.

THE CHAIRMAN: If that reflects on a low level of offending,

I'm sure we are all delighted.

MS DUNLOP: I think our witness liaison manager is very much on top of the arrangements. So I think if you bear with us --

A. Would you allow me to pop down the corridor?

Q. Yes, I think allow a few minutes for it to be sent and then maybe you could pop down the corridor.

You must, of course, have been living through -- this being a big issue before that Sunday? I mean, it didn't just come out of the blue on Sunday, 1 May.

A. We had been living with it for quite some time and it had been discussed within the board of trustees of the Haemophilia Society and, of course, in those days we didn't know what we know now. There was a great deal of discussion and debate about what should be said and what shouldn't be said. The late Clive Knight and I were firmly of the opinion that we should be telling the members absolutely everything as it developed, while others were slightly more leery about worrying people unnecessarily.

Q. Right. What was it about the press coverage on 1 May that represented some kind of step change or some sort of specific issue that made you want to react immediately?

A. The principal thing that made us want to react

immediately was the big lie contained in the Mail On Sunday, which was that the UK's needs for Factor VIII needn't have been coming from the United States; there was an alternative source in, I think it was Switzerland.

Q. It was Switzerland.

A. It may have been Austria.

Q. No, it was Switzerland.

A. Switzerland, yes. And that simply was not true and it made it appear as if we had been allowing people to be treated with suspicious product, whereas there was a known safer source. And of course, the media on its high horse knows better than everyone else what is correct and good for society; in this case they got it quite horribly wrong.

Q. In light of what you are saying, it is perhaps surprising that the possibility of supplying the United Kingdom from Switzerland is not actually covered in the letter.

A. I think it just refers in general terms to the unduly alarmist information.

Q. Right. It does, yes. The section written by Professor Bloom also records:

"We are no strangers to infective diseases such as hepatitis, which can be transmitted by factor

concentrates."

And it points out that there is recent evidence that concentrates prepared from British blood are not necessarily safer than those prepared in the United States, and we are familiar with publications in medical journals around this time which showed that there was a very high rate of infectivity for hepatitis, even with NHS concentrates. So we understand that background.

But it doesn't really cover the topic of whether a safer source for products could be found, still less that that could be found within Europe.

I wonder if it might be --

A. Of course --

Q. Please carry on?

A. Of course, since my appointment in 1981, self-sufficiency in the United Kingdom was very much a prime mover in the eye of the Haemophilia Society. The first meeting I went to at the Department of Health following my appointment was on that very subject.

Q. Right.

A. And assurances had been given for a very long time that self-sufficiency would be achieved in the United Kingdom. But it was a goal that kept slipping backwards as the costs escalated and escalated.

Q. Yes.
A. And that would have been the ideal safer supply of factor concentrates.
Q. Of course, we very much bear in mind, Mr Watters, that the picture for Scotland alone was better. It was very much better in terms of self-sufficiency.
A. Very much better.
Q. Yes, and that will have been generally known, I expect?
A. Absolutely, absolutely.
Q. Yes. I'm not sure --
A. And that's one of the things we had to bear in mind when we were writing, that things were different in Scotland and so one was never targeting Scotland particularly; it wasn't possible to do so in those far off days and it tended to go everywhere.
The system works. (Document handed)
Q. We see the news as it happens.
A. Yes.
Q. So you have the letter in front of you. It does look, Mr Watters, as though the bit that has been written by Professor Bloom is the chunk in the middle and you have topped and tailed it.
A. Indeed.
Q. Would you agree with that?
A. Which we took in its entirety.

Q. Yes, but you have topped and tailed it?
A. Yes.
Q. Yes.
A. I don't know who signed the letter. Was it me or was it the chairman?
Q. I think all the versions we have have been redacted in some way, so I can't answer that question, I am afraid. We may be able to answer that in due course.

If we look at the section provided by Professor Bloom, about half way through he is saying:

"It's important to consider the facts concerning AIDS and haemophilia. The cause of AIDS is quite unknown and it has not been proven to result from transmission of a specific infective agent in blood products."

Then he says:

"The number of cases reported in American haemophiliacs is small and in spite of inaccurate statements in the press, we are unaware of any proven case in our own haemophilic population."

Then he goes on to talk about the situation in Germany and the final sentence of his text is:

"We should avoid precipitate action and give those experts who are responsible a chance continually to assess the situation."

Then the bit at the bottom, I think, has said:

"We are most grateful to Professor Bloom for this statement. If you have any further questions about AIDS and your own treatment programme, then of course your centre director will be able to help you."

I think we are interested in a number of things about this letter but one is the second line of the preamble, which says:

"We are writing to reassure members of the Society about the true position ..."

I'm just wondering, do you remember composing this?

A. I remember working on it, yes.

Q. Yes. I'm just wondering where the notion that the slant was a reassuring one came from?

A. I would say the first line of reassurance was that there were no known cases in the UK haemophilia population, whereas the Mail On Sunday quite clearly had diagnosed two entirely on its own.

Q. So you felt that the Society had better information than the media?

A. This was information -- absolutely.

Q. Yes.

A. Yes.

Q. So the idea --

A. We weren't trying to sell anything.

Q. No. So the idea that the point of the letter is to reassure members of the Society, that is something that has been put in by you or whoever else within the Society composed this section?
A. Yes.
Q. Is that right?
A. Yes.
Q. Right.
A. Yes. Because the other reassurance was that there was no alternative supply for Factor VIII.
Q. Yes. So you really felt that reassurance was what was called for?
A. At that time most certainly, yes.
Q. Yes.
A. If you had been at my desk on the Monday morning, you would have known why. At that time I was arriving at my desk at 7 in the morning and not leaving until 7 at night and my telephone rang constantly.
Q. And almost every --
A. If I went out, I came back to a desk covered in Post-It notes with messages.
Q. And almost every one was someone who was worried?
A. Absolutely.
Q. Right. And indeed, we have seen another reference actually from the minutes of a meeting in Edinburgh

in March 1983, where Professor Ludlam says that the Haemophilia Society are attempting to reassure their members. So it looks as though that had been your position for some weeks at least.

A. Yes.

Q. Yes.

A. Yes.

Q. Right. So when you had your conference call, or whatever it was in those far off days, and you were talking to Professor Bloom, was everyone of that point of view from the outset? Did everyone involved in the framing of this letter consider that reassurance was called for?

A. Yes.

Q. Yes; right.

A. Yes.

Q. Okay. Were you happy with Professor --

A. I mean --

Q. I was --

A. People with haemophilia were really between a rock and a hard place: do you discontinue treatment and run the risk of a fatal bleed or do you continue to treat and run a potential other infection risk?

Q. Right. Were you happy with Professor Bloom's text when it came through the wires?

A. As chief servant of the Haemophilia Society I had to be happy with it and, yes, I was happy with it.
Q. So obviously time must have been very short because this is a letter dated 4 May. So that's the Wednesday.
A. Yes.
Q. And it has only been since the Sunday that you have had time to prepare it. But can you remember who else ran an eye over the letter before it went out?
A. Certainly members of the board who were on fax saw it before it went out and I am confident that it was also faxed to members of the medical advisory panel.
Q. Right. At that point no one expressed dissent from what was said in the letter?
A. No.
Q. Right.
A. No.
Q. Okay. There was a further letter or leaflet from the Society on the same issues in September of 1983 and we should look at it. That's [DHF0014767]. This is a Haemofact, it's called.
A. Yes.
Q. "AIDS, release number --"
A. Number 2.
Q. Number 2, yes. Have you got that?
A. I haven't got it but I know it well.

Q. Right. So will number 1 have been the letter we have just looked at?

A. Number 1 was the letter we just looked at, yes.

Q. Right, okay. The date of this is 22 September 1983 and it says on its front that it contains important information concerning Acquired Immune Deficiency Syndrome.

If we look at the inside, fairly obviously, this has been an A5 size leaflet, so in fact on the first of our pages we have the front and the back and then on the inside we have what must have been pages 2 and 3.

The narrative is that:

"We ..."

That's the Society, I suppose:

"... last wrote to you in May and we now send this leaflet to bring you up-to-date about the present situation. We have to report that there has been one death recorded in a person with haemophilia. This has been confirmed within the past few days. There remains one other suspected case in Cardiff."

There then follows a section in which members are updated on what the Society has been doing. There has been a meeting with Lord Glenarthur at the Department of Health, regular liaison with the Centre for Disease Surveillance and Control, which monitors AIDS in the

United Kingdom. And I suppose at this point, Mr Watters, you were really expanding the type of medical experts you spoke to because we have looked at some of the earlier material which shows you taking your advice from haemophilia clinicians but at this point you are speaking really more to epidemiologists and public health specialists. Is that right?

A. Those were doors that were opened for us by haemophilia centre directors.

Q. Yes. I see. And it was felt useful, necessary --

A. I'm losing the volume again.

Q. It was felt by you that it was useful or perhaps more than that, vital, that you speak to those other disciplines, was it?

A. Yes.

Q. Right. You also say that you have been:

"... keeping close contact with the pharmaceutical companies involved in the importation of concentrates from America. Their improved methods of blood collection have been noted."

By whom is this section written? Can you remember?

A. That would have been written by us but it would have been sent to Professor Bloom for his clearance before we published it.

Q. Right. There is, on what I think will have been page 3

of the leaflet, a little section in the same italic typescript and it begins:

"Our message remains unchanged. The advantages of treatment far outweigh any possible risk. Balance the risks for yourself but we would state again that the risk of AIDS is tiny compared to the risks from untreated bleeding episodes. By refusing treatment or not following your centre director's advice, you are probably exposing yourself to even greater risk. Risk has always been a feature of haemophilia and in time this risk too will diminish, especially given the volume of research being conducted around the world."

Around this time the reference centre directors met and Professor Bloom told the other reference centre directors that he had provided text for a Haemophilia Society leaflet and he read it out to the other reference centre directors.

The reference for that, though we are not going to it, is [LOT0032862] at page 5. Do you think that that little bit which I just read out, which is the bit in italics, is the piece that came from Professor Bloom?

A. That could well be the piece that came from Professor Bloom.

Q. Right.

A. But without reading the minutes of the centre directors

organisation, I wouldn't know.

Q. Unfortunately it doesn't really make it clear, it just says that Professor Bloom has provided some text, which he then reads out, but we don't know quite what he read out but you think that the whole thing probably went to Professor Bloom, so the whole draft leaflet probably went to him.

A. Oh, yes.

Q. Okay. What lay behind issuing this second Haemofact leaflet in September 1983?

A. I think the fact that there had been a death and there was another diagnosed case. Haemofacts on the whole tended to be issued when there was bad news to report.

Q. Right.

A. I know many people didn't read them as a result.

Q. Right. So they read enough to realise it was bad news and then they put it to one side, you think?

A. Yes, it's the bad news factor.

Q. Yes. Do you think this one is more bad news than the May one?

A. I think everything in every Haemofact was bad news.

Q. Right.

A. Whether it was trying to be reassuring or not, the underlying cause was bad news.

Q. Yes. Can I look also at another reference, which

I think is from around about this time. It looks to have been a booklet, [PEN0161036]. This is covered with a front sheet which again has the logo of the Society and it has a "Dr CA Ludlam" stamp at the top. Do you want to see if you can see that in your sheaf of papers?

A. Can you hold it up to the camera? Turn it round for me.

Q. Can you see it?

A. Yes, I have seen it. It's okay.

Q. It's coming closer. (Document shown)

A. Yes.

Q. Do you want to have a look and see if you have got that with you?

A. I know I haven't got it with me.

Q. Right; okay. I think this is Dr Ludlam's writing on the front. Someone has written "about 1984", and I think from the text of it, it pretty clearly is.

This in general will have been a booklet?

A. Yes.

Q. Is that right? Right. What's the point of this booklet?

A. I can't recall.

Q. Right. It's called "An Introduction to Haemophilia" and it reads like something that the Society would hope would be given to people who were confronting haemophilia for the first time, perhaps newly diagnosed

adults or more likely to be parents with children diagnosed with haemophilia. Does that sound like the sort of thing the Society would have been doing?

A. That sounds the sort of thing we produced, yes.

Q. Because the first section in it is entitled --

A. Also having the time to produce it in 1984 puzzles me.

Q. The first section is called "What is Haemophilia?" In fact, if we look at the end, there is a section about the Haemophilia Society, there is a reading list, there is an appendix with different hospitals listed and so on.

It does look very much like something which has been produced to inform people who need or want information about the condition generally.

A. I know I'm not here to ask questions but does it have any reference to HIV and Hepatitis C?

Q. Yes, it does.

A. It does?

Q. I want to take you to that, although I can't if you don't have it, but page 11 of this, which is our page 11 of [PEN0161036], is a section headed "Hepatitis and AIDS". I'll just read it to you:

"In the course of meeting people with haemophilia, you will come across those who are concerned about hepatitis and AIDS. While there are reasons to be

concerned about both, there is much greater reason to be concerned about hepatitis. The instance of the latter in the UK is somewhere in the region of one per thousand of the haemophilic population. The situation regarding both hepatitis and AIDS changes regularly from month to month, and therefore we do not attempt to provide any comprehensive answers in this booklet. It is important that patients be encouraged to balance the risk of both hepatitis and AIDS against the problems associated with untreated bleeding episodes. Patients should be encouraged to follow the advice of their doctors on every occasion. The Society publishes information updates (Haemofact) regularly and this is available free of charge to Society members or through haemophilia centres."

I just wondered if you have any recollection of composing that section of text?

A. It sounds to me rather more like a booklet written for new healthcare professionals --

Q. Right.

A. -- rather than people with the condition. I say that through the constant reference to "patients".

Q. Right.

A. Patients, patients, patients.

Q. Right. I take your point, Mr Watters. So in that case

how do you think this particular section on hepatitis and AIDS came to be composed?

A. I have got no recall.

Q. Right.

A. I cannot be of assistance, I'm sorry.

Q. Okay. Can we go back to the main letter, please, and to the foot of page 6? I think this is the point we discussed earlier on today, the letter is saying:

"We would strongly resist any suggestion that the existence and role of the Society could in any way be deemed to have lessened the professional obligation on doctors to disseminate information to their patients about the risks of infection inherent in the products being prescribed to them or, for that matter, to provide them with any other information relevant to their treatment, such as information about testing."

And we understand that that harks back to the point about Professor Hann's evidence. But there wouldn't surely have been anything wrong with a haemophilia clinician supplying a copy of a Haemofact leaflet to a patient who asked about AIDS, would there?

A. There wouldn't have been, so long as it wasn't being taken as a substitute for individual clinical advice.

Q. Individual clinical advice tailored to the circumstances of that patient?

A. Absolutely.
Q. Yes. I think this really comes back to the complementary point, doesn't it --
A. Yes.
Q. -- that the leaflet might have a role in giving the patient something to take away and read at home?
A. Yes.
Q. Yes, right. If we go on to the next page of the letter, the letter points out that Professor Ludlam has produced a particular report. Actually the reference quoted in the letter has a mistaken digit. It's actually [PEN0120370] not 1370, but we are not going to go to it because it's a long chronicle of all the different leaflets and publications from the Society.

But it is interesting to see the background to the Haemofact leaflets. We are told that the proposal came from Clive Knight, so do you think that post-dated the 4 May letter? The 4 May letter looks to have been a bit of an emergency response. Was it after that that Mr Knight said, "Let's try and do this regularly"?
A. Yes, "Let's build on this and make it a series of factual information sheets".
Q. Right. We note the points that are made there, that the medical information came from information and opinions expressed to the Society by its medical advisers and

that these documents include advice about speaking to your own haemophilia director about your own case?

A. Yes.

Q. So I think we understand that, Mr Watters.

Then on to the next page. There is a reference to that booklet that we just looked at. And I think you are right, Mr Watters, I'm sorry for suggesting that it was primarily for distribution to patients; it does look as though it was for distribution to healthcare professionals.

A. Thank you.

Q. The position of the Haemophilia Society on the use of factor concentrates in the early 1980s is the next subheading. We note that the Society is expressing agreement with something said by Dr Winter. You can see that, I suppose, on page 8:

"Dr Winter stated ..."

This is just reading part of the sentence:

"... the Society at that stage were really very strong on promoting the use of NHS concentrate. They had concerns about the use of commercial concentrate, which many patients shared."

And that's a reference to Dr Winter's evidence on 26 April 2011, at page 122. There is then mention of the Society's commitment to the drive towards

self-sufficiency. There is then mention of the need expressed by the Haemophilia Society to avoid a possible ban on commercial concentrates and a number of points are made.

Can I ask you firstly about the attendance at the UKHCDO meetings, because that's referred to in this paragraph, particularly a note of a UKHCDO meeting of 13 September 1982. It was the practice for the Haemophilia Society to be represented at these big meetings, wasn't it?

A. Yes, it was.

Q. And I think you went to a number of them yourself?

A. I went to some of them, trustees went to others, yes.

Q. Right. If we look at that document referred to, [DHF0016837], actually I think this note was probably written by Mr Milne because if we look -- I don't think we need to go to them but the minutes of the actual meeting, the formal minutes of this UKHCDO meeting of 13 September 1982, record that you sent your apologies and that Mr Milne represented you. So it's not terribly difficult to guess that this note of the meeting was probably written by Mr Milne.

A. Indeed, yes.

Q. And maybe he would do it for you as well. He might have done it anyway but would he do it for you, to bring you

up to date?

A. Yes, he would.

Q. Right. He says he has noted items of particular interest and then the relatively regular discussion of status of centres and then, if we just move through it, annual returns and then on to the following page. This is the one which talks, under numbered paragraph 5, about the report from the hepatitis working party and there is a name been taken out but I think it will have been Dr Craske. Do you remember him?

A. I remember him well.

Q. And he produced statistics on the incidence of hepatitis, which Mr Milne says he found largely incomprehensible:

"However, it appears from a study at Oxford that the risk of contracting hepatitis from large pool NHS concentrates is unexpectedly high."

Do you remember that news emerging?

A. Yes.

Q. Can we go back to the letter then, please, and look at some of the correspondence in 1983, which relates to the use of concentrates. The first letter I want to look at is [DHF0014413]. Again, this is a letter we would hope you have. It's a letter dated 17 May 1983, with the Society's heading and it's to the DHSS.

A. Yes.
Q. You have got it?
A. I have that.
Q. Right:
"The chairman has asked that I write to you in connection with our meeting with ..."
I think this is a politician:
"... which has been cancelled on account of the forthcoming general election."
The letter is saying that the Society want to arrange another meeting as soon as possible after the election and there are three topics which they want to discuss. One is self-sufficiency in blood products before 1986, the second is no ban on the importation of American concentrates meantime, and the third is UK investigations relating to AIDS.
I think really the crunch question at this time, Mr Watters, looks to have been: yes, pursue self-sufficiency but, until that is achieved, what is to happen about commercial concentrates, in practice those coming from the United States. And the Society really had to have a position on that issue, did it not?
A. It did, because you can't flick a switch and become self-sufficient.
Q. Well, indeed, and it looks as though what's in the

second topic in this letter was the Society's position, that there shouldn't be a ban on the importation of American concentrates meantime. Is that fair?

A. Indeed.

Q. Right.

A. That's fair.

Q. Okay. I think there are other letters which really make the same point or other material which really makes the same point. Can we look at [PEN0160595]? This is another bulletin.

A. Could you give me the date of the bulletin because many of my materials don't have the reference numbers.

Q. Yes. As you will know, they all have the date at the top because sometimes the copying is so black that it has actually covered up the date. This one is number 1 of 1983.

A. I don't have it here with me.

Q. Right. Just to look at page 11 of it, and I'll tell you what it says. There is an article which begins at the bottom of the right-hand column on page 11 and it's entitled "AIDS and Haemophilia", and it's an interview with Dr Peter Kernoff.

A. I have got it.

Q. Have you got it?

A. Yes.

Q. And it's in a familiar sort of time. The questions posed by the interviewer are repeated and then Dr Kernoff's answers, and of course he was the director of the haemophilia centre at the Royal Free in London. And we can see it starts by asking:

"What exactly does 'AIDS' mean?"

A. Could I ask you to come back to your microphone. I have got noise in the office next door.

Q. Sorry. Can we look on to the next page? The first few questions are all about AIDS but then we can see a line:

"I begin to see links with haemophilia."

A. Yes.

Q. So reminding ourselves that this is number 1 of 1983, he says:

"Yes, but they are very tenuous."

And he is saying:

"If AIDS is caused by an infectious agent, and if this agent is transmitted by blood product infusion -- and these are both big ifs -- then it may be that haemophiliacs could be at increased risk of AIDS."

It's very tentative, isn't it?

A. It is.

Q. Yes. Then the next paragraph:

"Well, do haemophiliacs get AIDS and could British haemophiliacs get AIDS?"

These do not read well in retrospect, Mr Watters, but I imagine that this is a piece of the character we have already discussed, that you speak to the doctor, the doctor answers and you publish what the doctor says. Is that right?

A. Yes.

Q. Yes.

A. I think in this case it was an interview that was conducted by Clive Knight.

Q. Right. If we look on the right-hand side of the page, there are two other things being asked in the last question we see there:

"Is there any good evidence that commercial concentrates are more risky than NHS concentrates?

"Should we stop using concentrates?

"The answer to your first question is simple: no."

So Dr Kernoff is nailing his colours to the mast and saying that they too are equivalently risky, however risky that may or may not have been. And then in relation to the second question, he says:

"People have to realise that there is no treatment in medicine which doesn't have risks."

He goes on to say:

"There is no doubt in my mind that the benefits far outweigh the possible risks. For people receiving

regular treatment with concentrates, I see no reason to make any change from current practice."

Do you remember why Dr Kernoff was giving this particular interview?

A. First of all he was Clive Knight's clinical immunologist. Secondly, it was introducing a new face to the story.

Q. I see. Then if we look at [PEN0160607], this is 1983, number 2, really largely more of the same. If we look at page 2, there is a picture of KR Polton on the front, if that helps you to find it?

A. Yes.

Q. And there is a reproduction on page 2 of a talk given by Professor Bloom at the AGM in April 1983, and we can see that includes a section on AIDS. Then really quite a lot of information about AIDS. If we look on to the next page as well, please, perhaps the most important section for our purposes is that question in the middle:

"How should we react to this development?"

The tone of this is again quite reassuring, would you agree?

A. I don't have this paper in front of me.

Q. All right. I'm sorry. Well, he is saying:

"How should we react?"

And stressing the need to look at things in

perspective. All the commercial companies are taking steps to be more careful in selecting their donor population and saying that American concentrates have been used in this country for many years and AIDS not overtly prevalent here, and making the point that the use of concentrates had revolutionised the lives of many sufferers and it didn't seem reasonable to curtail treatment at the present time.

So entirely predictably, I think, if we have looked at a letter partly composed by Professor Bloom in May 1983, that in April 1983 he would be saying the same sort of reassuring things.

A. Yes. I suppose a basic fact is that the average life expectancy of someone with haemophilia went up from 35 to 65 in a very short space of time on account of the use of clotting concentrates, and of course the vast majority of them were American concentrates.

Q. Yes, indeed. Can we just look at page 11, please? There is actually an article by Dr Pinching about AIDS. He wasn't a haemophilia doctor, is that right?

A. That's true.

Q. Yes.

A. He was a leading immunologist.

Q. Yes. So again, as we discussed before, it has obviously been thought useful, helpful, to go to another

expertise, another discipline within medicine, and get some input and maybe, as you suggested before, maybe that was lined up by a haemophilia director, or will you have gone straight --

A. Quite possibly.

Q. You don't remember?

A. He wouldn't have gone straight, it would have been a door that would have to be opened for us.

Q. Okay. Then on to the next page, please, just so we can see the way the article develops. He actually goes on to quote what he describes as the:

"... present balance of opinion among haemophilia centre directors that imported Factor VIII concentrates should continue to be used for those selected patients already receiving it, that is severely affected haemophiliacs with frequent bleeds, and excluding children and those with mild disease."

Was that really the Society's stance at the time?

A. That was the Society's position at that time.

Q. Yes. There were other meetings. We know that further to that correspondence we looked at about wanting to arrange a meeting after the election, there was a meeting on 8 September 1983 and again a letter went from the Society in advance. It's dated 15 August 1983, [DHF0030078]. Did you tend to write to ministers in

advance and say, "This is what we want to discuss"?
A. Oh, yes.
Q. You find that's a helpful tactic, is it?
A. A very helpful tactic because they couldn't then say, "Oh, well, we will have to find out about this. We will get back in touch."
Q. We are learning.
A. It's like sending the letter afterwards to confirm what was discussed and the outcomes.
Q. They did that.
A. They did that but we also latterly did that.
Q. Would the letters always be consistent? If you wrote and said what the outcomes had been and they wrote and said what the outcomes had been, would they be consistent?
A. Sometimes there might be slight glitches in understanding.
Q. I interrupted you. Did you say "glitches in understanding"?
A. Glitches in understanding, yes.
Q. Yes. [DHF0014573] is the minister writing back.
A. Yes.
Q. It's not a hugely satisfactory copy, this, because I'm not sure if it's a draft but there has obviously been a delay in sending their version of what was discussed

and we can see for ourselves what was said about what should happen before self-sufficiency in Factor VIII is achieved.

A. Could I say at this point -- and I don't know whether the paper is with the Inquiry or not -- the Haemophilia Society produced a very detailed paper, which was authored by Ken Milne, on what the UK would have to do in order to achieve self-sufficiency, and that included instigating a programme of plasmapheresis which would lead to an adequate supply of what Glenarthur calls "the raw material". And that was consistently rebutted by the blood transfusion service as being unnecessary.

Q. Right.

A. Because the definition of "self-sufficiency" is a constantly changing theme, of course.

Q. Yes.

A. It came to mean meeting the demand for clotting concentrates that couldn't be met from other sources.

Q. I think we may be coming to that paper, Mr Watters. For the moment let's just finish 1983. It's also evident that Professor Bloom spoke to the council of the Society at a meeting on Saturday, 8 October 1983. Do you remember that, and there is a letter --

A. Yes.

Q. Right after there is a letter, which is from the

Society, and it actually has your reference, your name has been taken out by the Department of Health but not your reference, "DGW". That would be you?

A. That's me.

Q. Yes. Professor Bloom's name has been taken out but we are, I think, fairly safe in assuming that the name of Professor Bloom should be in there as the addressee, 10 October 1983. [DHF0028919].

Professor Bloom has given that talk at the council meeting and he seems to have poured oil on troubled waters in some kind of way. Can you give us a bit more information about that?

A. My recall is very sketchy.

Q. Right.

A. I couldn't have recalled this letter if I hadn't seen it.

Q. Right. Well, if you do not remember, you don't remember, that's fine. It's a very, very long time ago.

A. It's a very long time ago.

Q. Yes. I just wondered if you remembered anything about what seems to have been the difficulties of the executive committee?

A. You mean the difficulties created for the executive committee?

Q. Well, yes --

A. The executive committee itself was pretty united.
Q. Right.
A. I think it was members, many of whom perhaps had never known life without concentrates.
Q. Right.
A. And that created a particular problem because they said, "If this stuff is going to be dangerous, why do we need to take it?" "Well, you know, you need to take it because there is an alternative, and that alternative is the possibility of suffering a fatal bleed."
Q. I see. And do you think that might be what's being referred to in that sentence:

"I happen to know that people arrived at the meeting quite prepared to take up cudgels and create war within and against the executive committee."

A. Yes.
Q. You think it was that sort of problem?
A. Oh, yes.
Q. Right.
A. And people were understandably very upset and extremely anxious.
Q. Yes. Indeed. Not just understandably but also rationally?
A. Rationally.
Q. It was a rational stance to be very concerned.

A. Yes.
Q. The next document I wanted to show you I think is really more of the same, but we have a sheaf of material from correspondence that Dr Peter Foster of the protein fractionation centre had with the trade union ASTMS.
A. I have that.
Q. Yes.
A. All 71 pages.
Q. Do you? I'm sorry about that. No wonder you can't find anything else.
A. Yes.
Q. If we look, it's [PEN0131231]. I just wanted to look at page 10. There is a letter --
A. 1, 2, 3 -- oh, yes.
Q. I don't think we need to take up a lot of time with this but just to show that this is correspondence between the Department of Health and Social Security and Clive Jenkins of ASTMS, and it looks to have been around August 1983. We have seen this line before in government material. Do you have the letter?
A. Is this the letter dated 26 August?
Q. Yes. It has a stamp on it and whether that's a received date, I don't know, but this line in the second paragraph we recognise:
"I should emphasise there is no conclusive evidence

that AIDS is transmitted through blood products."

Do you remember that being a government line of the time?

A. I remember that being a government line.

Q. Yes. What did you think of that?

A. I suppose strictly forensically it's true but the indications were pretty much otherwise.

Q. Right. And accumulating?

A. And accumulating, indeed.

Q. Yes. Can we just look at the next page?

A. Yes.

Q. Then another letter is at page 50. We have to jump quite a long way forward. It's a letter to Sheila McKechnie from Dr Peter Foster, dated 29 September 1983.

A. I have got individual "PEN013" numbers for each page.

Q. Well, the number at the top is [PEN0131280].

A. Yes. I have got that.

Q. Right. This is Dr Foster commenting on what Lord Glenarthur has been saying to Clive Jenkins. He says he has found the letter surprisingly complacent about the blood products situation, and the first point he addresses is that very sentence about the lack of conclusive evidence. And Dr Foster is saying the evidence is very strong. Do you want to comment on

what's said there?

A. I would say the evidence was strong. I wouldn't say it was very strong.

Q. Right.

A. As we agreed, it's accumulating rather than -- yes.

Q. Right. Then on to the following page, if we could, please. Actually part of this letter relates to frustration, I think, in Scotland at there being additional fractionation capacity which, for whatever reason, wasn't being used to fractionate material from England. Do you remember that debate?

A. I'm not sure. I'm not confident about how much spare capacity PFC had in those days.

Q. What makes you say that?

A. Well, it was not long after that that plans were laid to extend PFC and build it bigger. Why build it bigger if it has got all this capacity? That's the one thing that puzzles me about the Foster evidence.

Q. Right. Have you looked at the transcript in relation to this, the transcript of our proceedings?

A. I think I did.

Q. Yes, right. Lord Glenarthur has then referred to the Society in his letter and Dr Foster picks that out in his numbered paragraph 5:

"The Haemophilia Society is aware of the situation

and has in fact made known to me its opposition to any move to ban American Factor VIII."

Dr Foster goes on to say that he is not sure that the Haemophilia Society is aware of the UK situation and particularly the true capacity of the Scottish fractionation centre and the reasons for its neglect. I was just offering you the opportunity to comment on that because of the reference to the Society but I suspect in part you already have because you have said you were aware of what was said about the fractionation capacity but you weren't sure you accepted it. Is that right?

A. I'm not quite clear from this comment what "neglect" refers to. Who has been neglectful was my question.

Q. Right. Well, I suppose that the point being made is that there had certainly previously been discussion of PFC fractionating plasma, certainly from the north of England, and that that hasn't happened. I think the neglect is in that kind of area. Then there is a longer paragraph beginning:

"I notice ..."

I'll just give you a minute to read that and if you want to make any comment on it, please do. (Pause)

A. I have certainly got a comment on the last sentence

immediately and I have got a more general comment to make later.

The suspicion that the Haemophilia Society is being heavily influenced by the commercial companies and they probably have a low opinion of the NHS. I mean, the Haemophilia Society could not have been clearer that what it wanted for the United Kingdom was a greater degree of self-sufficiency.

Self-sufficiency, to put it in its modern context, of course, brought its own problems because in more recent times we have had variant CJD and we no longer fractionate any UK plasma. What cost self-sufficiency there, really? And we now fractionate vast amounts of US plasma at BPL and plasma from other European countries -- oh, no, PFC has closed down because it had a problem with its production plant and it no longer produces any blood products, is my recall.

Q. Yes.

A. So, you know, let's shout for our employers, which was what Peter Foster was doing very well. He had a vested interest in PFC being as busy as it possibly could and producing as much Factor VIII as it possibly could, but there appear to be technical problems involved with that. And I despise, as strongly as I possibly can, his inference that the Haemophilia Society was ever

influenced in any way by any stakeholder who was a donor to the Society.

Q. Right. Can we just finish the letter, please? That's it. Then just to look at 55, if we can go on to that, please. I'll give you the PEN reference. That's [PEN0131285]. And this is Clive Jenkins of the union writing back to Lord Glenarthur and really I think drawing on the views which Dr Foster has provided --

A. Yes.

Q. -- and presenting them as his position. Can we just look quickly at the whole of this letter? Thank you. On to the next page.

Certainly Clive Jenkins is taking up Dr Foster's position about underused capacity at PFC.

A. Yes.

Q. Then he goes on to say:

"I am concerned that you quote in support of your policy the statements of the Haemophilia Society."

Would you say that what's at paragraph 6 better represents your position at the time?

A. That would reflect our situation, I would guess.

Q. Yes. Can we just finish that letter? Then finally from this bundle, if we go to page 63, please.

A. Its reference being?

Q. [PEN0131293].

A. Yes.
Q. This is just another letter back from Lord Glenarthur to Clive Jenkins, disagreeing, I think, with the letter we have just looked at.
A. Yes.
Q. I think hand on heart we would have to acknowledge that some of the arguments are quite lawyerly.
THE CHAIRMAN: Political, perhaps.
MS DUNLOP: Well, both perhaps.
THE CHAIRMAN: Both perhaps.
MS DUNLOP: And then on to the next page, please, saying in response to paragraph 6:

"The statements made by the Haemophilia Society are a matter of fact. It has been necessary to quote from them in order to illustrate to those who are ill-informed on these matters that, to demand a total ban on the imports of US Factor VIII, so far from safeguarding the lives of haemophiliacs, would put them at greater risk."

So I think we understand the respective positions of those who are involved in this argument, but we note also, I suppose, that what Lord Glenarthur is saying is that he is quoting from the Haemophilia Society because it's well informed. That seems to be the gist of it, doesn't it? They know what they are talking about.

A. I always liked Lord Glenarthur.
Q. Right. So I think, for reasons that we understand, it would be fair to say, wouldn't it, that in 1983 the Society disseminated a position that pending the achievement of self-sufficiency, people would have to keep taking their concentrates, whether British or American?
A. Or discuss it with their clinical immunologist --
Q. Yes.
A. -- the haemophilia centre director.
Q. All right.
A. Sorry, I'm mixing up my jobs now.
Q. That's fine. I wanted just to show you a transcript which is not referred to in the Haemophilia Society's letter but which does refer to the Society, and I wanted to see if you had any comment on it. It's what was said by Dr Frank Boulton. Did you know Dr Frank Boulton?
A. Yes.
Q. Yes? He was a director in Liverpool and then he came to Edinburgh as the deputy director of the blood transfusion service in 1980.
A. Yes.
Q. Yes.
A. We missed him very greatly in Liverpool.
Q. Right. Can we just go to what he said, please, at

page 38? So 12 May.

A. Which bundle is this in?

Q. I'm sorry, I don't think you have this transcript but I will read to you --

A. I don't think I do.

Q. I will read to you what he said. Can we go a little bit down the page, please. He says:

"I remember the Haemophilia Society at that time ..."

This is really in 1983, I think -- well, no, let's go back. It must be before that. It's the 1970s he is talking about. Yes; well, he has talked a lot. He has talked about Dr Peter Jones, whom undoubtedly you will have known.

A. Indeed.

Q. Yes. And this is in a discussion with the chairman. He talks about the Society. Can we go back to the bottom of page 38? He says:

"I had very close links with the Haemophilia Society in my time in Liverpool. I helped found the local branch. One of the very first haemophilic patients I ever met was a young man in those days called John Prothero, who died of HIV/AIDS. He became a leading light in the Haemophilia Society. I remember him as a boy of 15. So what I say about the

Haemophilia Society now has to be taken in the light that I knew them well at that time. And Reverend Tanner, I knew very well.

"So we are going into Haemophilia Society history. Lovely people, very caring, very driving. Reverend Tanner was a lovely man but very focused on the care for haemophiliacs of course, because of his son, and at that time, the early 1980s, I think it would be fair to say that the Haemophilia Society was very reluctant to accept the validity -- they wanted the risk of nasty things from their blood products to be really proved before they would agree to reducing the availability of material for their patients.

"So there was a drive from the haemophiliacs themselves, including the Haemophilia Society, to maintain the amounts of therapeutic material available.

"So there was, in other words, a feeling that the risk was probably acceptable."

How does that sound?

A. That sounds reasonable. Yes.

Q. Right.

A. Could you read me the last sentence again.

Q. Yes, I'll read, I think, the whole section actually, towards the end:

"It would be fair to say ..."

And this is the early 1980s:

"It would be fair to say that the Haemophilia Society was very reluctant to accept the validity -- they wanted the risk of nasty things from their blood products to be really proved before they would agree to reducing the availability of material for their patients."

Shall I stop there? I'll read the next bit in a minute. Do you want to comment on that?

A. Well, the use of the word "patients" always worries me because they weren't our patients, they were our members.

Q. All right.

A. And there seems to be some confusion of roles there, about whether he is talking about haemophilia centre directors or whether he is talking about the Haemophilia Society. In an ideal world the Haemophilia Society would have preferred there to be no bugs in the treatment material.

Q. Right. Then the next bit:

"So there was a drive from the haemophilics themselves, including the Haemophilia Society, to maintain the amounts of therapeutic material available."

MR DI ROLLO: Sir, I do hesitate to interrupt my learned friend in the middle of this but I am concerned about

the fact that this bit of transcript hasn't been given to the witness in advance to allow him to consider what could be an important -- the nuances here are possibly quite important and I am a little bit concerned about the witness not having had an opportunity to consider carefully what he may be agreeing to on behalf of the Haemophilia Society in relation to --

THE CHAIRMAN: Mr Di Rollo, so far I have no concern about the witness' capacity to respond. What I am concerned about is whether he can be expected fully to take in what's on the page without having it.

I wonder if we could repeat the process and let him see this, Ms Dunlop?

MS DUNLOP: Absolutely.

THE CHAIRMAN: Because clearly any comment that he makes has to be in the light of a fair understanding of the material in front of him.

Mr Di Rollo, this witness is not someone who is going to be taken by surprise, I suspect, whatever he is shown.

You would only hear part of that but the concern is that you really ought not to commit yourself on this matter without seeing the actual text. So I think we will go through the same process as before in the hope that there is still someone down the corridor who can

bring the fax to you, Mr Watters.

MS DUNLOP: What I'm happy to do so, sir, is to leave this for the moment and let Mr Watters look at it. I think we are going to have to go into the afternoon and if he wants to look at it over lunch and reflect on it, that would be absolutely fine.

THE CHAIRMAN: Are you content with that, Mr Watters?

A. Yes, I'm fine with that.

THE CHAIRMAN: We will do that.

MS DUNLOP: Actually, sir, there isn't very much more to go and this might be as good a time to stop as any. We can maybe aim to start promptly.

THE CHAIRMAN: Let's make sure Mr Watters and his car are not going to be over embarrassed by changing the lunch hour just a little.

Are you able to accommodate us?

A. My car is very safe where it is for the rest of the day.

THE CHAIRMAN: Can you accommodate stopping now and coming back a bit early?

A. Oh, yes.

THE CHAIRMAN: Right. We will do that.

MS DUNLOP: Just to let Mr Watters know, maybe just before two.

A. Yes.

Q. Yes, right, thank you.

THE CHAIRMAN: Very well.

(12.56 pm)

(The short adjournment)

(2.00 pm)

THE CHAIRMAN: Good afternoon. Yes?

MS DUNLOP: Good afternoon, Mr Watters. Can you hear us all right?

A. Yes.

Q. Good. Have you had a chance now to look at that passage from Dr Boulton's evidence?

A. I have indeed.

Q. Right. Is there anything that you would want to say about it?

A. I think that what he says is not too different from the attitude taken by both the Haemophilia Society and by the medical advisory panel of the Haemophilia Society. That is that people with haemophilia and the Society and the treaters were in a very difficult situation and they could either decide not to treat patients or to continue treating patients because there was no magic solution, and as such they took the judgment in the light of knowledge in those days -- not in the light of knowledge in 2012 but in the light of knowledge available at that time -- that it would be best to continue to treat with imported plasma products.

Q. Yes. I think, Mr Watters, having looked at a lot of material from that time during our Inquiry, we have come to understand that "against a rock and a hard place" dilemma. I'm glad that you find yourself more or less in agreement with Dr Boulton's way of putting things.
A. Yes.
Q. Yes.
A. I would have been very disappointed to find myself disagreeing with Frank Boulton.
Q. Good. Thank you. I think that we do have the paper you were referring to, written by Mr Milne, and I think it's the report of the blood products subcommittee.
A. That's correct.
Q. Yes. Our reference for that is [DHF0015151]. The date of the document --
A. I don't have it here with me.
Q. You don't? Right.
A. No.
Q. Well, the date of it is 9 January 1984.
A. Yes.
Q. You have seen it then? You must have seen it at the time. Have you seen it again recently?
A. I have indeed.
Q. So you know the document I'm talking about, even if you haven't got it.

A. I know the document you are talking about.
Q. Is that the one you were meaning when you said Mr Milne had done a paper?
A. That's right.
Q. Oh, good. There is quite a lot of analysis of production and he says in the introduction:

"It seems appropriate to review the situation and to consider whether our policies should be revised in the light of events since 1980."

Perhaps I should ask you to tell us a bit about the blood products subcommittee. Did that exist when you arrived in 1981?
A. No, it did not. There were no subcommittees in existence when I arrived.
Q. When did that start?
A. It would have started some time between 1981 and 1984, I couldn't say.
Q. There is a bit of a focus on Elstree, rather than PFC and there is discussion of levels of demand and some quite complicated calculations, or quite detailed calculations. Then on the third page there is an examination of arguments. This is arguments in favour of NHS material compared with commercial material. The paper then goes through a number of what seemed to have been seen as previous arguments in favour of NHS

material. So ethical considerations. And this, the paper says, is about avoiding exploitation of Third World countries by trading in plasma, price, hepatitis ...

So price, I should say, in case it's not obvious, that there would be a concern that commercial products would be more expensive than NHS products. Hepatitis, that there had previously been a belief that British products carried a lesser risk of hepatitis infection, but the paper says that that's not looking to be the case.

And:

"Recent work has suggested that British material is no better and may be worse than imported material."

And the conclusion on these arguments as they stand at the time of the writing of this paper is in paragraph 11, and the writer says:

"I would submit that there are no grounds for favouring NHS Factor VIII over commercial materials in the respects we have in the past considered relevant. In addition, of course, the marginal factors of stability and more convenient presentation favour commercial material."

Then in turning to look at the future, the paper goes on to consider AIDS. Did Mr Milne write the paper

himself?

A. Oh, no, it would have been written by the blood products committee, but what I cannot help you with is who served on the blood products committee.

Q. It's just that the paper does use the term "I", which is obviously suggestive of a single individual authoring the paper.

A. Yes.

Q. But I think there are probably references to the first person plural as well. So, yes, there is a "we" as well. So not really possible perhaps to work out how it was written.

But when we come to the section on AIDS, there is a comment:

"Facts are in very short supply. No infective agent has been identified for AIDS and there is no reliable evidence that the disease is transmitted through blood products, although this still seems the most popular theory."

For a document dated January 1984, it does seem quite surprising to say there was no reliable evidence that the disease is transmitted through blood products, doesn't it? Do you want to disagree?

A. Mr Milne was a patient himself.

Q. Right. Do you think that that perhaps even

subconsciously influenced his approach?

A. It could have done.

Q. Right. So he goes on to say:

"If NHS material was to be the source of products for people with haemophilia, we might then pass from the frying pan to the fire."

He says:

"The NBTS approach so far compares very unfavourably with the measures taken by the commercial companies."

Then in his final paragraph he says --

A. That was in terms of the questionnaire issued to commercial company donors.

Q. Yes.

A. There being no such questionnaire in the UK at that time.

Q. I take your point.

This is the reference to Mr Asquith. Do you remember that? No?

A. No.

Q. It's in the last paragraph of the paper. He says:

"We should take Mr Asquith's advice 'Wait and see' ..."

Because he is saying:

"Now is not the time to ask that all our blood-product 'eggs' should be placed in one basket."

Mr Watters, when I have read this, it seems to me to be saying, "We shouldn't nail our colours to the NHS mast too strongly". Am I wrong in interpreting it as saying that?

A. I think that that is what he is saying.

Q. Right.

A. Which would be a divergence from the long-term campaigns run by the Society to attain self-sufficiency in the United Kingdom.

Q. What happened with this paper?

A. Not a lot.

Q. Right.

A. It was written and I think it was presented to the trustees and noted. I don't know that it went much further than that. Does this paper not contain a reference to the implementation of a UK plasmapheresis programme?

Q. I'm sure it does. If that's your memory, I'm sure you will be right about that.

A. Along with the costing of it.

Q. He talks about certainly the need to increase production.

A. Yes.

Q. I don't immediately see a reference to plasmapheresis.

THE CHAIRMAN: Is there anything in the calculations at the

beginning?

MS DUNLOP: I don't think so, sir. If we go back to page 1.

A. My recall is that there was a paper that went into some depth on the need for the National Blood Transfusion Service to engage with plasmapheresis in order to obtain increased levels of plasma, and I know that that was sent to the Department of Health and rejected by the Department of Health.

Q. Right. I mean, it comes close because it does say on the first page:

"The achievement of the target of self-sufficiency is dependent not only on provision of processing facilities; it also depends, as the last review pointed out, on both increased supplies of plasma to BPL and increased yields in processing."

So it comes close to mentioning plasmapheresis but it doesn't seem to. But in any event you think this paper may have ended up being filed?

A. Yes.

Q. Right. You have answered what was going to be my next question: who was on the subcommittee? And you do not have any way of telling us that.

A. I don't recall.

Q. Right. It is, I think, mentioned, perhaps not in terms but the same thoughts are articulated, in a bulletin of

the time, [PEN0160623], which is number 1 of 1984. If we go to page 2 -- I don't know if you have that one?

A. I don't think I have got it in front of me.

Q. Right. It just seems perhaps to be paraphrasing what's in the report. It's talking about the anticipated redevelopment of Elstree and then discussing comparative issues about quality as between commercial and NHS Factor VIII, and saying:

"There may be a role for commercial Factor VIII for some time to come."

Then moving on to talk about genetic engineering.

Right, we do have some documents specific to the medical advisory panel and that is covered as a topic in the main letter. Could we go back to the letter, please, [PEN0181251].

On page 9 there is a section headed "The Medical Advisory Panel", and we have been directed to a submission on the future role of the medical advisory panel, which is dated 4 November 1991. As the letter points out, it does post-date the period that we have been discussing. It's still suggested that it might be of assistance so if we have a look at it, it's [PEN0181346]. This is a memo from you. Do you have it? It says:

"To all executive committee members."

A. I do.
Q. Good. Can you give us a little bit of background to this? I mean, we can sort of understand some of the background to this exercise just by reading it but I wondered if you have a memory of this exercise of scrutinising the role and functions of the medical advisory panel.
A. My recall?
Q. Yes, what led to this?
A. 28 [sic] years ago.
Q. I know.
A. It is a little foggy. But there was a concern that the medical advisory panel was simply giving us the views of the United Kingdom haemophilia centre directors' organisation, and we really wanted more than that from the medical advisory panel. We wanted their views, as independent, standalone haemophilia reference centre directors, and the purpose of the paper was really to clarify what we expected from the medical advisory panel.
Q. Right. Can we look then at the two pages of the document, please; if we could go in one page. We can see a section entitled "History", and this point is made in the letter, that the panel is said not to have met until 1988. No terms of reference. And then the

current situation is set out. The names of the then members of the panel are listed, and again these are names we have come across quite frequently. I think again all haemophilia clinicians.

A. Yes.

Q. And the problems are said to have been identified as the size of the panel, the lack of terms of reference, the inability of the panel members to adjust to an advisory role, the inability of the Society to capitalise on the valuable resource available to it, et cetera.

If one of the problems was the inability of the panel members to adjust to an advisory role, what do you think they saw their role as being? Something different from an advisory role?

A. Possibly evangelists from UKHCDO.

Q. Right. So UKHCDO always had the right answer. Was it that kind of line?

A. That was the kind of thing, yes. "We have spoken about it. We have made our minds up. Here is the answer." Yes.

Q. Right. So there has been a degree of dissatisfaction with that perceived line. Was it dissatisfaction from the officers of the Society or the members of the Society or both?

A. It would have been the officers of the Society

principally.

Q. Right. And they felt, "We're putting you on the panel as individuals, not as representatives of UKHCDO". Is that what you are telling us?

A. That's what I'm telling you.

Q. Okay. There is a proposed solution. So there are going to be six medical members appointed on an annual basis and they are to reflect the major current interests and concerns of the Society. And then four topics of major concern are identified: product purity, prophylactic treatment, hepatitis and NHS reforms. There is a need to recognise the interests of the members in Scotland and Northern Ireland. And then six people are proposed.

A. Yes.

Q. And they are all given topics. I suppose these must have been topics that they were all seen as being particularly qualified to speak about. Is that right?

A. Indeed, yes, correct.

Q. Okay. And then on the following page there are some proposed terms of reference. Did these become the actual terms of reference?

A. My recollection, which again is vague, is, yes, they did.

Q. Yes. And I think we see, more or less spelt out in terms, the point you have been making about UKHCDO in

number 2?

A. Yes.

Q. And then I thought perhaps number 3 is the "not patsies" point; is it?

A. Yes.

Q. Neither --

A. That's it.

Q. Neither patsies nor pasties.

So do you think until then it had been a bit ad hoc; yes?

A. It had and it relied over much on the chair of the medical advisory panel.

Q. Do you want to expand that a bit for us?

A. I think maybe too often the view of the then chair was taken as the view of everyone and it may not have been, especially it may not have been the view of the directors of the smaller centres. And the encouraging thing about the new set-up was that we did indeed have Dr Charles Hay, who was director of a smaller haemophilia centre.

Q. Right.

A. Who brought a fresh perspective to the panel.

Q. I'm thinking of him as being at Manchester and that's because he is at Manchester now. But where would he have been then?

A. Might he have been in Liverpool?
Q. Yes. So was Liverpool a smaller centre?
A. Yes.
Q. Right. Okay.
A. Or it was in my day.
Q. So what do you think were the main differences between this vision for the future of the medical advisory panel and the role the medical advisory panel or members of it had played until this point?
A. I think the principal benefit was that they actually met physically with representatives of the trustee board in one room at the same time and were able to share their views in a live venue, rather than responding to faxes. We were possibly getting into the day of emails then.
Q. Right.
A. In 1991.
Q. So were you looking for some sort of consensus view of this group of six people?
A. Oh, yes.
Q. Right.
A. Oh, yes.
Q. So what would have been the position if four of the directors out of the six had thought one thing and two had thought another? Would you have expected a dissent or --

A. We wouldn't have stopped the discussion there.
Q. Right.
A. We would have continued it until we had a better understanding and a better level of consensus.
Q. Right. And did you feel it was an advantage to be getting the views of the group rather than contacting one individual and saying, "We need some input"?
A. Yes, distinctly.
Q. What disadvantages do you think had attached to that?
A. That being ...?
Q. The idea of just contacting one member of the panel, perhaps almost always its chairman, and saying, "Give us some views"?
A. There was never an exchange, an interchange, of views. We got the views of individuals.
Q. Right.
A. Whereas bring them into a room to discuss and they share their views and can possibly understand each other's point of view.
Q. I see. Can we go back to the main letter, please?
A. Yes.
Q. Just look at the foot of page 9. Do you see that section in bold?
A. Yes.
Q. I'll just let you read that. (Pause)

Is that an accurate description of the reasons for the change you have been describing?

A. It certainly had its part to play.

Q. Right. So perhaps then, Mr Watters, in your own words you could tell us what contribution to this change in the medical advisory panel was made by the experience of HIV/AIDS. In what way did that contribute to this perceived need to reorganise the medical advisory panel?

A. Well, I think HIV and AIDS left all of us much wiser than we were before HIV and AIDS, and there were cries in the distance, in the background, that not all haemophilia clinicians felt the way that the view was being represented to us. There were members who equally were concerned that we may not be hearing as much as we should hear, and so the concept of bringing people together in one place at one time was seen as highly advantageous.

Q. Right. This is important, Mr Watters, so please don't let me put words into your mouth, but the sort of retrospective examination of the early 1980s and the way in which the AIDS problem had been handled by the Society had left a sense of there not being, what, a complete enough picture painted by the medical advisers? Is that not quite right? Is that not what you are saying?

A. That's putting it just a little strongly perhaps.
Q. Right.
A. But we have all got perfect 20/20 retrospective vision and there were certainly lessons to be learned, but lessons that could only be learned by looking backwards at it. Certainly where we were on 1 May 1983 and the days that followed that, no wisdom about that could have been acquired on the first five days of May 1983. It's only by looking back at the way it was handled that you learn the lessons.
Q. Right. From time to time in the bulletins we have looked at and the other documentation, we have seen hepatitis referred to and I wanted to ask you about that. When you joined in 1981, did you back ^? aware that hepatitis was a possible side effect of the use of concentrates?
A. I soon came to know that Hepatitis B was an issue.
Q. Right.
A. I later came to know that non-A non-B Hepatitis was an issue.
Q. Can we take --
A. Even later than that, I learned of course that it was Hepatitis C.
Q. Let's take them one at a time. How did you learn what you learned about Hepatitis B?

A. Reading stuff from seminars, listening to lectures and so on.
Q. Right. And what about non-A non-B?
A. Non-A non-B was, of course, the big puzzle. People said, "Well, it can't be all that serious because it isn't Hepatitis A and it isn't Hepatitis B," you know? But, of course it turned out to be much more serious than Hepatitis A and Hepatitis B, and again I learned about that through the experience of board members, through the experience of ordinary members of the Haemophilia Society.
Q. How would you describe the level of awareness among the ordinary members?
A. The level of awareness of HIV was much higher than the level of non-A non-B.
Q. Right. Okay. Just thinking in terms of hepatitis and not breaking it down into Hepatitis B and non-A non-B, do you think there was a better level of awareness of hepatitis generally?
A. No, I don't.
Q. How would you describe the level, just in its own right rather than comparing it to HIV?
A. The level of awareness was low and I think that in large part was caused by the Society being (a) very small and (b) being totally overtaken and overwhelmed by HIV.

Q. Right. Okay. When these references to hepatitis were made in bulletins or other publications, did you ever have anyone contacting you and saying, "I don't understand what this means"?
A. Rarely and if they did, I would have sent them back to their haemophilia centre director to talk about it.
Q. Right. How long do you think it was before you understood about hepatitis, after you joined? Was it within days, weeks, months?
A. I understood a little within months, I would say.
Q. Right.
A. But it wasn't a major concern. I entered an organisation that had never had a full-time professional member of staff. So I wasn't stepping into a ready-made job. There wasn't even a desk there for me the day I arrived, never mind an office. So my mind was also very taken up with establishing the administration of the organisation in addition to, you know, dealing with the problems that were confronting the membership.
Q. I see.
A. And it was a one-man and two part-time dogs in those days.
Q. Well, that leads us actually quite naturally to the last point I wanted to ask you about and I don't intend to take up a lot of time on this, but it's the question of

funding.

A. Yes.

Q. And there is a letter -- a Thompson's letter this time -- dealing with funding matters. It's [PEN0181391].

A. Yes.

Q. You have that? It's dated 9 November 2011.

A. I do, I have got multiple copies of it.

Q. Right. It's a very full letter and it, I think, reflects a lot of detailed research and also the soliciting of material from members and so on, which has obviously been quite successful; people have got back in touch and offered material that they have had. The letter tells us at the bottom of the first page that there had been a meeting with you to talk about some of the material.

A. Yes.

Q. Then if we move on to the second page, there is some general information about your role, and it says:

"During your period in charge of the Society you were involved in the organisation of donations from various sources including from pharmaceutical companies."

And:

"It is clear that the amount of donations received

by the Society grew considerably during the 1980s. There is a reference in a 1987 annual report to the annual income of the Society having risen from GBP25,281 in 1980 to GBP275,989 in 1987, as an illustration."

So it looks like the credit for that belongs to you, in large measure?

A. Only in part.

Q. Right. Just to get our heads round what some of the funding looks like, one of our solicitors has done an analysis of the material you provided. So can we look at [PEN0181390]?

A. I don't have that in front of me.

Q. Oh, right. It's called "The Haemophilia Society provision of funding by manufacturers of blood products."

A. There were, of course, many other funders as well.

Q. Oh, yes, but we have been interested in this topic. This is something that came in from Lindsey Robertson. It's a table. It has a table of funders.

A. I haven't got it in front of me -- oh, I have got it, I have got it, I have got it. I have got it right under my elbow.

Q. I'm sure Lindsey is relieved, as are the rest of us.

It's just a short memo explaining what has been done and if we look at the table, which is [PEN0181396]. In

the real world it's the next page but not in the database.

A. Right, right.

Q. Right. This is appendix 1 to the memo. This table has set out the names of some of the pharmaceutical companies who are recorded as having provided funding. In fact the structure of the annual reports is that a total amount is given for donations received but individual donors don't have the amounts put beside their names. So we don't actually know who gave how much but we do know that certain companies were donors and we know the total amounts, and that's what's shown in this table.

It looks as though Armour were a very reliable funder. Is that your memory?

A. Yes.

Q. Right. So you had a connection in Armour, did you, someone you could talk to if you needed money for an event or something?

A. I had contact with all the companies.

Q. Right. Not so much --

A. Immuno also contributed to our funding each year, but I think vanished from the marketplace.

Q. That's a story in itself. What company belongs to what company and so on. Not so much reference to

Hyland Travenol. We have seen them quite a lot but they are not featuring as commonly as some of the others. Johnson & Johnson, no, I don't think, involved in the concentrates market. Is that right?

A. No.

Q. No. Although interestingly -- and I think it's just a matter of interest but we have just been looking at the introduction of screening of donated blood and Ortho Diagnostics is a Johnson & Johnson company. You maybe know that. So not completely unconnected with blood at least.

Then the second appendix is [PEN0181397]. That's just some material showing that Armour made contributions towards the funding of the bulletin. We can see these. These are different little acknowledgements photocopied from different editions of the bulletin. We can see them there: managing director Chris Bishop handing over a cheque for £10,000 to you.

A. Yes.

Q. That looks to have been 1990.

A. Also wearing large glasses, I was.

Q. The large glasses phase lasted quite a long time.

If anybody wants to see the actual pages from which this information was compiled, I'll just give the reference for that. That's [PEN0181398]. We can just

have a quick look at that to see the form of it.

A. Could I make a comment?

Q. Please do.

A. On the table shown as "appendix 1", there shouldn't be too much direct correlation made between the pharmaceutical companies and the total annual donations.

Q. Right.

A. Because part of the reason for the growth in the total donations was the fact that people with haemophilia were receiving recompense payments from the government and very often, when that person died, the family would make a substantial donation to the Haemophilia Society or they may already have bequeathed a large amount to the Haemophilia Society, and of course there is a huge number, as I have said, of other donors.

Q. Yes.

A. Nowadays, of course, you are required to specify income from relevant stakeholders, set them out in annual accounts, and that is certainly a measure that had the support of the Haemophilia Society and others.

Q. Yes. I take your point, Mr Watters, and I think that point is also made in the letter and we will come back to look at the letter in a moment. But just so that people know that the table was compiled by looking at this sort of material that we can see on the screen, and

there are another six pages of that but we don't need to look at all of them.

So can we go back to the funding letter then, please? That's [PEN0181391]. Is that accurate, where it says at the end of that second paragraph:

"It is Mr Watters's recollection that as the total level of funding grew, so did the proportion of that total which came from corporate, including pharmaceutical company, sources."

Is that correct?

A. Yes.

Q. Right. And then there are set out a number of factors that you have pointed out. And I think we should really just take this as read, Mr Watters, unless you tell us that anything there is not accurate.

The first point is that the Society practice was never funding-led. So the sequence of events was you chose your objectives and then sought funding?

A. Yes, absolutely.

Q. And secondly you were clear in any dealings with pharmaceutical companies that any donation made would have no influence over the conduct of the Society and so on. It wasn't promotion of their products. I suppose that from the companies' point of view -- and I mean companies plural -- there must have been something to be

gained in the competition with other drug companies, so they may have been interested in their name becoming better known than perhaps a rival company's name. Would that be possible?

A. That was where it was very good to have a name beginning with the letter "A" because you were always high up on the list. Yes.

Q. Yes. Better to be Alpha than Armour, though?

A. Absolutely.

Q. Maybe that's why they chose their name.

A. Yes.

Q. Then we can see on to the next page that you have made reference to guidance documentation, and thirdly the way in which the funding was organised, that there was generally a non-ring-fenced pot but you did sometimes seek funding for larger, one-off amounts, such as for regional day events or annual residential weekends. And then the point that I think you have just made about legacy income, and then fourthly that the Society was in no way dependent on pharmaceutical funding for its continued existence.

There is then reference to the annual --

A. Our preferred modus operandi was really for companies to share equally in funding of, say, a regional day. If it was going to cost £10,000, then there were four

companies who put £2,500 in. It was all even-handed.

Q. I see. And then some explanation of the documents being enclosed and then finally a section on the World Federation of Haemophilia.

You yourself have no recollection of the lavish annual meetings that Professor Forbes was asked about. Having asked him about it, I can remind you that actually it's an extract from Douglas Starr's book, Blood; are you familiar with that? Have you seen that book?

A. I'm quoted in it twice, I think.

Q. You are, yes, but we do not need to bother with that. The lavish annual meetings are referred to along with a specific description of a cruise down the Rhine but that was in 1980 so that would be the reason why you would have missed that cruise?

A. I missed that cruise, damn it. There are cruises and cruises on the Rhine, however.

Q. Well, we are enquiring into many things but not that. So thank you very much, Mr Watters.

THE CHAIRMAN: Mr Di Rollo?

Questions by MR DI ROLLO

MR DI ROLLO: Mr Watters, I want to be very brief. I think when we --

THE CHAIRMAN: Mr Di Rollo, I have some trouble hearing you.

I think you will have to be very direct in using the microphone.

MR DI ROLLO: Just looking at [PEN0181398], which there was reference to, you were shown a table which had been prepared showing the names of certain pharmaceutical companies but that table doesn't mention the names of any other companies, non-pharmaceutical, that you got money from and you obviously got money from a wide variety of organisations, well beyond the pharmaceutical industry, throughout the 1980s.

A. Indeed. And I didn't mean that we took all our photographs with Kodak cameras or anything like that.

Q. So the point being it's plain that you got money from banks and insurance companies and commercial organisations of various different kinds. Presumably you would get as much money as you could from as many places as you possibly could?

A. Absolutely, absolutely.

Q. But the actual amounts that are shown in the table that you were shown, the totals for each year obviously don't disclose exactly how your donations are broken down and it's not possible really to say what that is now.

A. No.

Q. Just going back to [PEN0181251].

A. Which is?

Q. This is the letter from the Haemophilia Society dated 1 November 2011, which my learned friend has spent most of her time asking you about. It's at page 9 of that document and the item in bold, I just wanted to confirm the position. It states there:

"The Society's view at that time ..."

This is 1991:

"... that the failure of haemophilia clinicians to disseminate accurate and complete information about the risks and realities of HIV to the Society was symptomatic of a general reluctance on the part of haemophilia clinicians to share what they knew about this subject with their patients, and this led to the changes proposed in the 1991 submission being put forward for the Society's consideration."

It does appear from that that the Society did have a feeling, following the AIDS crisis, that there had been a failure to disseminate accurate and complete information about the risks and realities of HIV to the Society. Is that accurate?

A. That would be an accurate reflection of the retrospective, eight years on.

Q. Right. One thing we have looked at is the letter which was provided by Professor Bloom in May 1983, and I think, when we looked at that earlier in the Inquiry,

there was some possibility or concern perhaps that that letter may have been written at an earlier stage but it does appear from your evidence that that letter by Professor Bloom was written in May of 1983 and not earlier.

A. Oh, yes.

Q. And --

A. It was written live.

Q. Right.

A. I had to go to the office on that Sunday and fax it to him in his office, so that he could see the actual live article before he started to write.

Q. You yourself have no scientific qualifications?

A. None whatsoever.

Q. Right. And you are entirely dependent or would be entirely dependent on medical matters and scientific matters on information that you would obtain from others. Is that right?

A. Absolutely.

Q. So your knowledge about the risks and realities of HIV at that time would be based on what people who you would regard as being better qualified to tell you about it would tell you?

A. Indeed, and people who were appointed by the board of trustees.

Q. Right. Sir, I have no further questions.
THE CHAIRMAN: Mr Watters, you were an officer of the Society for some considerable time. Did you take a real interest in learning the medical and scientific background to your work or not?
A. Oh, indeed, it was quite fascinating.
THE CHAIRMAN: You see, having sat here now, trying to accumulate information on this over the last three years, I couldn't imagine someone like yourself not taking an interest.
A. Absolutely.
THE CHAIRMAN: And indeed, not only taking an interest but forming some views on the basis of the aggregate information you were collecting. Is that fair?
A. Yes.
THE CHAIRMAN: So although the initial input would undoubtedly come from medics and occasionally other scientists, you are not totally devoid of the intellect and interest necessary to develop some views of your own, are you?
A. I would frequently go to the board and say, "Well, they say this but this worries me".
THE CHAIRMAN: Thank you. That fills your job out quite a bit for me, thank you.
Mr Di Rollo?

MR DI ROLLO: No, thank you, sir.

THE CHAIRMAN: Thank you. Mr Anderson?

Questions by MR ANDERSON

MR ANDERSON: I'm obliged.

Good afternoon, Mr Watters. I am the counsel instructed on behalf of the health boards and the SNBTS.

Can you hear me?

A. I can hear you now but I didn't hear the beginning of your statement.

Q. I'm sorry. If I get the microphone nearer, is this better?

A. That's better.

Q. I was simply introducing myself, Mr Watters, to tell you that I am the counsel instructed on behalf of the health boards and the SNBTS. So that you know who is asking you the question.

I just want to ask you one matter about Mr James's letter that we have been looking at together, and this may be a little unfair because of course you are not the author of this letter. I want to ask you about the passage at the foot of page 9. Can we look at that together, please?

A. Yes.

Q. When Ms Dunlop drew your attention to what is written there in bold type, the question that she asked you was,

was this accurate, and your answer, as I have noted, was:

"It had its part to play."

Do you remember that?

A. Yes.

Q. What is said here is:

"The Society's view at that time, that the failure of haemophilia clinicians to disseminate accurate and complete information about the risks and realities of HIV to the Society, was symptomatic of a general reluctance on the part of haemophilia clinicians to share what they knew about this subject with their patients."

And you said that had a part to play. How did the society get this information? Was this what some members were saying to it?

A. I think that very largely it was with the benefit of eight years of hindsight.

Q. Yes.

A. We were in 1991, when we were looking at this, and we were looking at events that happened in 1983 and reflecting on what the advice would have been if we had known now what we had known then (sic) and whether we were given enough hard facts at the time.

Q. Yes. Is this a case of looking at 1983 events with 1991

spectacles?

A. Correct.

Q. Right. Thank you very much, Mr Watters. I'm obliged to you.

THE CHAIRMAN: Mr Sheldon?

MR SHELDON: I have no questions, sir. Thank you.

THE CHAIRMAN: Ms Dunlop, are you content?

MS DUNLOP: Yes, thank you, sir. I have no further questions for Mr Watters. He is free to go and reclaim his car.

THE CHAIRMAN: Mr Watters, you will be glad to know that you have got Ms Dunlop's permission to go and reclaim your car.

A. Thank you very much indeed.

THE CHAIRMAN: From my point of view I really want to thank you very much for giving us your time and the benefit of your recollection on these matters. Information from someone who was there at the time is always very important in getting a feel for a topic like this. So thank you very much.

A. Thank you. The recollection has not been without its pains, I can tell you.

THE CHAIRMAN: I don't think we have noticed too much.

I know we have other business but are we going to switch this off?

MS DUNLOP: We do have other business but this would probably be the natural point at which to have our afternoon break, if that would be convenient.

THE CHAIRMAN: Very well.

(2.58 pm)

(Short break)

(3.28 pm)

THE CHAIRMAN: Yes, Mr Gardiner.

Conclusion of topics B5 and C5

MR GARDINER: Sir, I have certain matters of housekeeping and finalising things to do with both B5 and C5. As today is the last day of the hearing for the Inquiry and we have been hearing evidence, I'm going to refer to B5 as well as C5.

So I'm going to be referring to statements of evidence which have not been referred to previously in evidence.

I'm going on start by looking at B5. The first document is a statement from Christine Murphy, which is [PEN0181149]. Sir, I don't propose to read all of these statements out but I think I may just refer you to certain important bits.

We see here that Christine Murphy received three years of paediatric nursing training at Yorkhill Hospital in Glasgow, qualified in

December 1967. In 1968 transferred to Yorkhill Hospital Glasgow, was off and then returned to work in May 1974. Then in paragraph 3, interesting for us, she went to the haemophilia department in September 1983 as a part-time staff nurse and she was working with Dr Hann, who was the consultant at that time.

If we go over the page, she talks about her first training. She talks about haemophilia clinics being held every Friday. In May 1987 she became a sister and then she says that in September 1983 she left Yorkhill Hospital and went into school nursing.

If we could go over the page to paragraph 10. She explains that when she started in the haemophilia unit at Yorkhill in 1983.

THE CHAIRMAN: Could I just be clear whether going into school nursing was within the haemophilia sector or was it general. She just says that she went into school nursing, I think, but I may not have picked everything up.

MR GARDINER: Yes. Could I just go back? It's paragraph 8:

"I left Yorkhill Hospital and went into school nursing, although this was under the auspices of Yorkhill Hospital. I left this post in November 2001."

THE CHAIRMAN: So she may have gone into general school nursing at that stage.

MR GARDINER: I think that's right, sir. Could we go back to paragraph 10? In paragraph 10 she describes her general duties in the haemophilia unit. In paragraph 11 she talks about what would happen when children attended with a bleed and then, paragraph 12 is important for the B5 topic:

"When I started working with haemophiliacs at Yorkhill Hospital in 1983 there was no talk at that time about HIV, although Hepatitis B was spoken about."

Could we go over the page? The whole of this section is important, I think:

"What the children were being tested for that and I presume the parents had been warned of the risks associated with Hepatitis B, I think it was 1984 or into 1985 before HIV was discussed, when it appeared in the press. I do recall there was a meeting called at Yorkhill Hospital. I do not recall if it was a formal or informal meeting. I cannot recall where the meeting was held, who called it or who was there. At this time Dr Hann and Dr Pettigrew were the doctors in the haemophilia unit. Dr Willoughby had left before I started in 1983."

I think that might be in response to a question about the Edinburgh December 1984 meeting, sir.

In the next paragraph she talks about not being sure

how the parents and children were contacted regarding HIV. I think she is talking about testing here:

"I think some were spoken to when they attended their normal clinic appointments or attended hospital with a bleed. I also think some were telephoned and asked to come into the hospital for a test. I don't know if any were actually written to and asked to come to the hospital for a test. Certainly some parents knew when they attended the hospital they were coming to get the result of an HIV test. I don't know how long they had to wait for the result of the test but they would have been told as soon as possible after the results were received. It was always the parents who were informed of the test result. The children were never told by the medical or nursing staff of test results. It would have been up to the doctors to tell the parents of the test result, not me or any nursing staff.

I remember that one parent was told the results of their HIV test in the doctor's office in the haematology department. I think it was either Dr Hann or Dr Gibson who gave the result. The parent was told that the test was positive for antibodies and that their child would be carefully monitored and they would be kept informed. They were also told that if they had any further questions to come back to the hospital and speak with

the doctor. I remember another parent was told the test result in Ward 7A, as we had moved from the day bed area to the bottom end of that ward. I cannot remember which doctor it was. I don't specifically recall asking parents for permission to take blood from their children for an HIV test. I cannot recall anyone complaining about how or when they were given test results."

Could we go to the next page? In paragraph 14 she addresses the topic of stored blood samples and she says:

"About 1984/1985 I do remember conversations, although I cannot recall who was involved in these conversations, about stored blood being sent for HIV testing. I cannot recall where the blood tests were sent for testing, although I seem to remember London being mentioned. When I was told about HIV testing, my understanding was that blood was to be taken specifically for this test. I would send the blood samples to the laboratory at Yorkhill Hospital and the laboratory would forward them on to wherever they were to go for testing."

Paragraph 16, she talks about:

"There was a bit of a panic to start with about the blood products, however, it was explained to the parents what would happen to their child if they didn't use the

blood products. I don't recall the exact words that were used but the parents were advised of the consequences of leaving bleeds untreated. They would be informed that joints could suffer irreparable damage and any internal bleeds or head injuries could be life-threatening depending on severity. They would also be told that untreated bleeds would most likely cause problems in later life. We were just reiterating what most of the parents involved already knew. We carried on using the same blood products. I do recall at one point that one of the parents got their child put back on to cryoprecipitate rather than Factor VIII, as at that point in time the parent felt cryoprecipitate was safer. The child had severe haemophilia so had to have some treatment for bleeds. Eventually the child was returned to Factor VIII on the commencement of heat-treating."

Paragraph 17, she addresses the question of the risks of infection to parents:

"Parents were told of the risks of infection to themselves and other siblings. They were given gloves and aprons but I suspected that they never used them. The parents were provided with support, advice and information very quickly after they had been informed of the diagnosis. This was written information mainly

produced by the Haemophilia Society. There was generally a yearly meeting held at Glasgow Royal Infirmary by the Haemophilia Society.

"Hospital staff also wore gowns, masks and gloves when dealing with patients who had been diagnosed with HIV. Fortunately this did all calm down. As part of my duty I went out to schools and I always told them that the same precautions should apply to everyone, not just someone with haemophilia. Schools were not told if a child was HIV positive by hospital staff. I know of at least one incidence of a parent telling the school that their child had been infected with HIV.

"As the children started to show symptoms of HIV or their blood results were affected, they would be referred to a consultant at Ruchill Hospital, Glasgow for treatment. As far as I can remember, it was the late 1980s/early 1990s before any of the children required treatment and then they would attend clinics at Ruchill Hospital. I would liaise with community nurses and it was not my responsibility to supervise the HIV treatment. I know that some treatments had side effects on their blood counts.

"The children's haemophilia care generally transferred from Yorkhill Hospital to Glasgow Royal Infirmary when they were 14/15 ..."

Paragraph 21:

"In relation to staff meetings at the hospital, they were possibly monthly. However, after HIV the meetings were more regular. Whichever staff members were available would attend the meetings. At one point there was a psychologist who sometimes attended the meetings and who also met with the parents. I'm not sure if the psychologist met with the children. I cannot remember the name of the psychologist. Patients and their treatment would be discussed at these meetings. We would also discuss how the patients and their parents were dealing with the diagnosis. When I started at the haemophilia unit of Yorkhill Hospital, the social worker involved with the haemophilia patients was Jim Black. Christina Leitch started as a social work after Jim Black."

And of course, sir, you heard from Christina Leitch earlier on. Could we go over the page? In conclusion, Sister Murphy says:

"In respect of haemophilia, the children involved and their family's lives revolved around haemophilia. Their whole family and their working lives were disrupted. Some families didn't have their own transport and therefore had to rely on and wait for an ambulance when their child required hospital

attention. Some families said that it was not worth planning a holiday because they knew it would be disrupted. The children's schooling was also disrupted. Only one or two schools allowed treatment to be stored on school premises but this stopped after HIV. Therefore a parent would need to take the child home to administer treatment. Advice was given to parents about the dangers of contact sports. A fair number of boys played football but were discouraged from heading the ball."

Then she says that she doesn't recall very much about Hepatitis C.

So, sir, that's a helpful view from the nurse perspective, the Inquiry having heard from the doctors.

Still on the B5 topic, I would like to look at [PEN0181405]. The next few documents are really to do with the Edinburgh experience and this is a copy of a letter which has come to the Inquiry, and this is something that the Inquiry has been trying to obtain for some time. This is the letter that was sent out to patients, inviting them to attend the December 1984 meeting. This has been put in court book, so everyone has had an opportunity to have a look at it.

So this fills in a blank.

THE CHAIRMAN: Yes.

MR GARDINER: The next document, [PEN0181367], fills in some more blanks. This is a statement from a witness who was at the meeting and who took notes at the meeting. If we look at paragraph 2 --

THE CHAIRMAN: I have seen a manuscript of this. How has the document that we now have been prepared? Is it all the work of the witness or has there been collaboration?

MR GARDINER: Well, sir, if we go to page 3 of [PEN0181367], we see this is the typed transcript of the handwritten notes and this has been almost exclusively done by the witness herself, although I understand that subsequent to the first draft, certain words were suggested which were accepted by her and later inserted.

THE CHAIRMAN: So it's a careful exercise in trying to put together the most reliable account of what was in it.

MR GARDINER: Yes. They were all uncontroversial words like "apron", and things like that.

THE CHAIRMAN: Fine.

MR GARDINER: As you say, sir, a careful effort to try to work out what was in the notes, and if we go to [PEN0181406].

THE CHAIRMAN: That is what I recollect.

MR GARDINER: Yes. Obviously down the middle of the page there is a page break there, so part of the purpose of taking the statement from the witness is to try to make

sure that we got the correct sequence.

THE CHAIRMAN: Good, thank you.

MR GARDINER: Sir, I don't know if you would like to go through the statement now.

THE CHAIRMAN: Just whatever you would like to do to make sure that everyone understands what the information is.

MR GARDINER: We will just go back to the statement, [PEN0181367]. We see at paragraph 2:

"I attended the meeting of Scottish haemophiliac patients on 19 December 1984 at the Edinburgh Royal Infirmary. The meeting had been called to discuss the impact of AIDS and my husband, who has haemophilia, was invited. The invitation indicated that a member of family could accompany my husband to the meeting. My recollection is that I ultimately went on my own to this meeting. I am not sure why my husband did not attend."

The next paragraph:

"I understood that the purpose of the meeting was to provide information on the situation with regard to AIDS and the impact of AIDS on haemophiliacs. I have very little recollection of the actual meeting. I can, however, recall that it took place in a large lecture theatre at the Edinburgh Royal Infirmary and believe that it was attended by a reasonable number of people (I cannot recall how many). The atmosphere was, I think,

relatively quiet and, as far as I can recall, Dr Ludlam and Dr Forbes represented the NHS. My recollection is that Dr Ludlam spoke for longer than Dr Forbes. As far as I can remember, a social worker was present. I cannot recall how long the meeting lasted for. At the end of the meeting there was an opportunity for people in the audience to ask questions. I did not ask any questions at the end of the meeting."

Could we just go over the page? In paragraph 4 the witness talks about the handwritten notes taken during the meeting. In total four short pages:

"I was accustomed to taking notes during meetings as a result of my work, so this was something I would normally have done. I may have also wanted to write things down so I could later discuss them with my husband who was unable to attend. I took the notes home and they were placed with my husband's papers where they remained until recently."

She then explains how --

THE CHAIRMAN: It came out?

MR GARDINER: Yes. If we have a quick look on the next page at the transcript of the notes, we see under the heading of "Dr Forbes" references to:

"7,000 World.

"Causes immune deficiency.

"Immune changes ...

"Reduced T4/T8 (helper suppressor).

"Reduces also No of T4.

"Skin tests Cutaneous energy.

"Reduced response to mitogen -- activity.

"Further studies."

If these notes are accurate, that suggests that Dr Forbes went into quite a lot of technical detail about what was known about the condition at that point.

THE CHAIRMAN: Obviously sufficient to talk about the reduction of T cells in absolute terms, the alteration in the ratio and independent of the reduction of T4 values in themselves?

MR GARDINER: Yes.

We understand that this witness had the kind of job that would have assisted her to understand this kind of information.

If we go a bit further down the page, there is a record of what Dr Ludlam said:

"HTLV-III.

"Type 1 may be associated with leukaemia.

"Other viruses may interact to cause AIDS.

"Virus infused produces antibody -- [suggests the] virus still present.

"Heat treating Factor VIII destroys virus.

"Advice.

"1. Semen ...

"2. Needle prick ..."

Means that the virus is transmitted. If there is blood around, others to wear glove and apron. Dental treatment also may transmit the virus. Recommendations to make up and administer own Factor VIII and Factor IX. If the family is doing it, to wear gloves and apron. Reference to Cinbins, protective sheaths. Close family members shouldn't give blood.

Then it says:

"Prepared to inform if have antibody.

"Not having the antibody does not mean you have not been exposed to the virus.

"3-4 years for implications of antibody to become known."

Then if we could go over the page, the links between HTLV-III and AIDS does not mean cause and effect.

"State of ignorance -- research going very fast.

"Cryoprecipitate made from smaller pool but not as effective.

"Virus easy to kill.

"Genetic engineering of Factor VIII far away yet".

That would be not made from plasma from gene:

"90 per cent USA antibody.

"33 per cent England.

"Less than 10 per cent Scotland."

Then the next bit. Reference to the Science Correspondent, Observer and Times fact sheets:

"What are your plans for heat-treating?"

It's not clear at this point whether perhaps the witness is recording the question and answer session. I suppose that's a possibility:

"Live virus HTLV-III used to test for antibody. Younger shorter incubation ...

"Not transmitted readily."

Saliva.

This has been a very helpful contribution to the Inquiry's understanding of the meeting.

Could we move on to the next document, which is [PEN0180810]. This is an affidavit of Billie Josephine Reynolds, and we see that she records in her affidavit, which is dated 29 November 2011, that she approached the Penrose Inquiry after hearing Professor Christopher Ludlam give evidence at the Inquiry's public hearings on 21 June 2011, and that she also read the transcript of Professor Ludlam's evidence on that day, that she disagreed with his recollection of certain events.

I think, sir, you have a hard copy of that. We have

also received observations on this affidavit from Professor Ludlam and that's at [PEN0181430]. I think what I'll do is go through the affidavit and then when we come to a bit that Professor Ludlam has commented on, we will have a look at that. It's probably the easiest way to do it. Could we go back to the affidavit? We see at paragraph 3:

"From 1978 to 1980 I carried out my enrolled nurse training at the Edinburgh Royal Infirmary. Upon qualifying as an enrolled nurse, I worked in theatres at the Western General ..."

If we can just go over to the next page, paragraph 5:

"In June 1986 I was asked to provide temporary nursing cover in the haemophilia centre until a new haemophilia sister was appointed. The haemophilia sister at that time, Iona Philp was leaving and a new haemophilia sister had not yet been appointed. My nursing officer told me I would be working with some patients who had HIV and asked if that bothered me. I told her that it did not bother me but explained that I had no knowledge of HIV. She instructed me to wear latex gloves and a plastic apron ... I accepted the position and had a one-day handover with Iona in late June 1986."

Paragraph 6. This is one of the paragraphs that Professor Ludlam is commenting on. She says:

"The day that Iona left she handed me a brown envelope and told me not to open it until after she had gone and not to tell anyone about it. She said that in due course I would know what it was all about but she couldn't tell me. As soon as she left I opened the envelope. Inside the envelope was a sheet of paper with two columns of initials. I had no idea what it was but suspected it had something to do with HIV. I knew that some patients were HIV positive but did not know who they were at that time."

If we could go over the page, she said:

"I later realised (when I got to know the patients) that the initials were those of patients who had been tested for HIV: the first column contained the initials of patients who were HIV positive and the second column contained the initials of patients who were HIV negative. I think there were around 16 sets of initials in one column and around 9 in the other, but I cannot be absolutely sure. When Michelle Jones was appointed the new haemophilia sister (in October 1986) I gave the envelope to her. I cannot remember what happened to the envelope and its contents."

If we could just have a look at Professor Ludlam's

comment, he says:

"Paragraph 6 describes being handed an envelope containing a sheet of paper with patients' initials on in two columns by Iona Philp, who was leaving the unit as the haemophilia sister, without any explanation as to the information on the paper. I cannot comment on this particular episode as I was not party to it and I do not recall knowing about such a list, or envelope, but it appears to emphasise the importance we paid to trying to ensure that patients were not stigmatised for being HIV positive."

If we could go back to the affidavit, she records:

"In July 1986 I started working in the haemophilia centre as a staff nurse on a temporary basis."

The next paragraph:

"... my role involved meeting patients when they came into the centre and arranging for them to see one of the registrars if ... (... they were having a bleed) ..."

Paragraph 9 she records:

"In October 1986 Michelle Jones was appointed as the new haemophilia sister and I became the permanent staff nurse in the haemophilia centre."

Just going to the next paragraph, she says:

"From October 1986 onwards, we began to see a lot more of the patients. Michelle had a lot of counselling experience from a previous role and was keen to incorporate counselling into the nursing roles at the haemophilia centre, and I was keen to learn. It had been one of the prerequisites for the haemophilia sister's role. However, the social worker at the time, Geraldine Brown, saw counselling as her role and did not want us involved."

Sir, of course, you heard from Geraldine Brown earlier.

Paragraph 11 is another paragraph that Dr Ludlam has commented on:

"I was told (by Dr Ludlam and my nursing officer at the time) that I was never to mention HIV/AIDS to patients unless they initiated it. It was okay to talk about HIV/AIDS with patients if they brought it up but not to initiate any discussion about it. As time progressed, and the patients came to know and trust us, most of them did speak of their symptoms and difficulties."

If we could go to Professor Ludlam's statement:

"Paragraph 11 indicates that both I and the nursing officer told her never to mention HIV/AIDS to patients unless they brought up the subject. This does not

accord with my memory and I do not think accords with written records and oral evidence given to the Inquiry."

Could we go back to the affidavit? Could we go to the next page, paragraph 12? In paragraph 12 she says:

"I didn't know which patients were HIV positive but later on, when patients became ill and required pentamidine, I knew they were HIV positive, and when the psychologist Alison Richardson began to see the patients, I learned more about who was HIV positive because we used to discuss the HIV-positive patients at the weekly staff meeting."

Moving to paragraph 13, this is another of Professor Ludlam's paragraphs:

"I got the impression that very few patients knew that they were HIV positive when I started in July 1986 because of the way they used to make comments and joke about HIV. After a while I asked Dr Ludlam if all of the men knew their HIV status and he said, 'Of course'. Some time after this, I remember one of the patients saying, 'My brother's got the virus but I don't, I'm all right,' and I knew that he did have it."

Could you go over the page, please:

"I went to see Dr Ludlam again and asked him why the man didn't know. He said that the whole thing had been a shambles. Apparently the test wasn't accurate and

there had been a lot of false positives. Some men had been given the wrong diagnosis. Following this, Dr Ludlam decided to hold an open meeting."

There is a reference forward to paragraph 25. If we could go to Professor Ludlam's observations:

"In paragraph 13 Billie Reynolds records that I indicated that there had been a lot of false positives and the test was not accurate. This is not my recollection. We were very careful at the beginning to caution about false positives and false negatives but by 1986 we were much more confident about the results (and their interpretation)."

So if could we go back to the affidavit. Paragraph 14:

"Around 1990/1991, one of the patients was admitted to the ward as he was quite ill on account of AIDS symptoms. He was HIV positive but was unaware of his status. During the night a junior doctor woke him and told him that he was HIV positive. I was told by the ward staff nurse that the doctor had taken bloods on admission (as normal) and had received the results late at night. I do not know why he woke the man to tell him. When I arrived for work the next morning I received a phone call from the ward staff nurses asking me to come to the ward immediately. When I got

to the ward, she told me what had happened the night before. I entered the room where the man was and he rushed at me throwing a punch (which he diverted at the last second and hit the couch beside me). He was angry, crying and incoherent. I stayed with him and telephoned Dr Ludlam's office a few times but there was no answer. I told the man that I would go and find one of the haemophilia doctors and come back. On my way out, I met Dr Watson. Dr Watson was Dr Ludlam's research registrar. He knew what had happened and asked me to go in with him to see the patient, which I did. When I returned to the room, the man had calmed down. Dr Watson spoke to him and explained what would be done next in terms of treatment. I left shortly after that."

It continues over the page:

"The incident could not have taken place earlier than 1990 as Dr Watson did not take up post until 1990. I remember this because I was admitted to hospital for surgery in January 1990. I was off work for three months and when I returned, Dr Watson was in post."

If we could go to Professor Ludlam's observations, paragraph 14:

"Paragraph 14 describes an incident arising during the night of 1990/1991. I have no recollection of it.

I think it very unlikely that the patient was told for the first time his HIV status in 1990/91 or in the middle of the night. I would need to undertake further investigation to try and provide further information."

Could we go back to the affidavit? Could we go to paragraph 17?

"I am not sure how confirmatory tests were carried out. I was never asked to take blood for a confirmatory test. I assume that it was taken from the serum to store samples but I really don't know."

The Professor Ludlam observation again, please. Paragraph 17:

"Paragraph 17 incorrectly states that the confirmatory tests would be carried out on 'serum to store' samples; they would have been carried out on samples specifically sent to virology."

Then back to the affidavit. This is about the witness "Mark", sir:

"I met the witness 'Mark' for the first time in 1986, when he appeared at the centre wearing his motorbike leathers. We couldn't believe that he was riding a motorbike. Mark was on home treatment at that time and we didn't have very much contact with him at the centre. We would only see him if he had a bad bleed. Mark didn't like coming to the centre because he

didn't like needles. He often missed his review appointments. Unlike other patients on home treatment, he never came to collect his treatment. It was sent to his father's workplace."

Could we go over the page?

"After he moved to [redacted] (around 1988/1989), we only saw him a few times over the next couple of years. I don't know how often Dr Ludlam saw him during this period."

Paragraph 19:

"I do not believe that Dr Ludlam tried to tell Mark that he was HIV positive in 1986. I knew that Mark was positive in late 1986 and felt very strongly that his parents should be told (as did other members of staff). I remember attending a staff meeting (some time in 1987) when Mark was discussed. The staff meetings were held weekly over a lunchtime break. They were in place whether I first started working at the centre. Sometimes we had an agenda and at other times we just discussed anything that came up. We used the meetings to discuss patients and whether or not they had been told their HIV status, but they were not held specifically for that purpose. At the time of the meeting Mark didn't know his status and neither did his parents. Someone pointed out that he had been 14 when

he had been infected and that we were legally obliged to tell his parents. Dr Ludlam let it be known that he was not going down that route again. It was my impression that he could not face telling Mark his results."

Could we go to Professor Ludlam's observations? He says with reference to paragraph 18 and 19:

"Paragraph 18-19 outlines Billie Reynolds' recollection of Mark, some of which truly reflects the situation as I remember it but in relation to trying to tell him his HIV status, I think her recollection is not supported by the written record in his case notes."

Could we go back to the affidavit? We are at paragraph 20:

"Prior to this particular meeting Dr Ludlam had told another boy that he was HIV positive and this had been a disaster. The boy was the same age as Mark (17) but he was like a 12-year old. The boy's parents knew that he was HIV positive but had specifically asked that the boy was not told his status because he had a horror of AIDS. He was terrified about it."

Could we go over the page?

"The nursing staff agreed with the parents that the boy should not be told. Geraldine Brown decided that he should be told and went against his parents' wishes. She said that he was 17 and that he had a right to know.

Michelle Jones wrote in the boy's notes that the nursing staff did not agree with the medical staff's decision and we both signed it.

"When I originally approached the Inquiry, I stated that Michelle Jones wrote in Mark's notes that the nursing staff did not agree with the medical staff's decision and that we both signed it. After some reflection I realised that I had made a mistake. I had mixed up Mark and the above young boy of similar age. Upon realising my mistake, I notified the person who took my previous statement immediately."

Paragraph 22:

"Meanwhile the boy was admitted to an single room in the ward as an inpatient because he was very ill. His father visited him every afternoon. One day I saw Dr Ludlam and Geraldine Brown enter the boy's room and close the door. Half an hour later Dr Ludlam left and a quarter of an hour after that Geraldine Brown left. I went in to see the boy after Geraldine had left and he was in a state of shock. His father arrived shortly after and was absolutely furious. I told him that the nurse did not agree with what had taken place. He demanded to speak to Geraldine Brown and Dr Ludlam. I telephoned Geraldine and she said she was too busy to speak to him. I then phoned Dr Ludlam and spoke to his

secretary, who said that he was also busy but would come down later in the day and speak to the father, which he did."

Could we go over the page? This is paragraph 23:

"Dr Ludlam can't have told Mark his results in 1986 because the meeting held to discuss Mark was held some time after the other boy had died and he died in 1987."

Could we have a look again at Professor Ludlam's observations?

"Paragraph 23. Billie Reynolds implies in this paragraph that I told Mark his results in 1986, which I did not because he would not allow me to do so. My recollection is that in about 1987 we did hold a specific meeting to consider what we should do about Mark and his view that he did not want to know his HIV result. I think this may have led to the proposal that he might be visited at home (this is recorded in his case notes)."

If we could go back to the affidavit, paragraph 24:

"The first I have ever heard about Mark not wanting to know his results was when Dr Ludlam gave evidence to that effect to the Inquiry. It is possible that Mark did say to Dr Ludlam that he did not want to know his results and that I am not aware of it but I am certain that this did not happen in 1986."

The next paragraph:

"I remember attending a meeting around 1987 to discuss HIV/AIDS with patients, relatives and staff. I don't remember much about it other than thinking it was pointless as no one could receive any personal information. Dr Ludlam was hoping that Mark's parents would come to the meeting but they didn't."

If we go back to the observations, paragraph 24:

"The statement in this paragraph (Billie Reynolds had first heard about my wanting to tell Mark in 1986 was when she heard my evidence on 21 June) does not seem to accord with what is stated in paragraph 23, in which she records a meeting in 1987 ... to discuss Mark not knowing his HIV status."

Then paragraph 25:

"I do not recall the meeting of patients, relatives and staff in 1987 to which Billie Reynolds refers, although it is possible it was one of the meetings organised by Geraldine Brown or Alison Richardson. She states that the meeting was pointless because no one could receive any personal information -- I think it would have been quite inappropriate to have given personal information at such a meeting."

The last paragraph of the affidavit refers to a number of published articles in which Billie Reynolds'

name appears, and she explains that was because she took blood samples for the tests.

There is no more commentary by Professor Ludlam but in the rest of the statement she talks about --

THE CHAIRMAN: It's getting a bit mechanical after this, isn't it?

MR GARDINER: Indeed, sir. I think we can put that away now. So clearly, sir, there are some discrepancies that can't be resolved.

THE CHAIRMAN: There are some inconsistencies. Some of them are more central than others and we will simply have to look at them in due course.

MR GARDINER: Indeed. Sir, also in B5 you may recall that Dr Perry gave evidence about package inserts --

THE CHAIRMAN: Yes.

MR GARDINER: -- and he undertook to come back to the Inquiry with more information, and he has done that and it was on day 38 at page 105 when he made that offer. We don't need to look at that but, just for the reference, his statement on package inserts is at [PEN0180543].

What has happened, sir, is that those instructing Mr Di Rollo, Thompsons, produced certain questions to put to Dr Perry and these are his answers. They are quite detailed. If we could go to the second page --

THE CHAIRMAN: Could we just have a pause a minute to see how the stenographer is getting on. It's getting quite late. I think that your prediction is proving less than satisfactory. I think we are going to have a short break at this stage to consider logistics.

(4.15 pm)

(Short break)

(4.19 pm)

THE CHAIRMAN: I think it's quite clear that there is no reasonable way in which we can finish tonight without sitting on far too late. The stenographers have very generously agreed -- I think that's about as far as I could go towards volunteering -- to stay overnight so that we can finish this section tomorrow. I think that that's the best way forward. We will stop now for the night and make use of the threatened Friday that was kept in reserve.

(4.20 pm)

(The Inquiry adjourned until 9.30 am the following day)