

AFFIDAVIT
of
BILLIE JOSEPHINE REYNOLDS

At Edinburgh on the *29th* day of *November* 2011 in the presence of
Gregor Kerr Robertson Mair, Notary Public

COMPEARED BILLIE JOSEPHINE REYNOLDS who being solemnly sworn
hereby depones:-

1. My full name is Billie Josephine Reynolds. I am [redacted] years of age.
I live at [redacted] I am retired.

2. I approached the Penrose Inquiry after hearing Professor Christopher Ludlam give evidence at the Inquiry's public hearings on 21 June 2011. I also read the transcript of Professor Ludlam's evidence on that day. I disagree with his recollection of certain events.

3. From 1978 to 1980 I carried out my enrolled nurse training at the Edinburgh Royal Infirmary (RIE). Upon qualifying as an enrolled nurse I worked in theatres at the Western General Hospital (Edinburgh) for approximately 18 months and, following that, in the Colposcopy Unit at the Elsie Inglis Hospital for a further 18 months approximately.

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4. On the recommendation of my nursing officer I applied for and obtained a place on the RIE bridging course to become a registered general nurse (RGN). I carried out my RGN training from 1983 to 1985. At the end of my RGN training I went on the nursing pool at the RIE. I was on the nursing pool for one year and rotated around various departments in the hospital as required.

5. In June 1986 my nursing officer asked if I would provide temporary nursing cover in the haemophilia centre until a new haemophilia sister was appointed. The haemophilia sister at the time, Iona Philp, was leaving and a new haemophilia sister had not yet been appointed. My nursing officer told me that 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 at all times when dealing with the haemophilia patients. I accepted the position and had a one day handover with Iona in late June 1986. During the handover I met Dr Ludlam for the first time.

6. 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.

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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 that 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.

7. In July 1986 I started working in the haemophilia centre as a staff nurse on a temporary basis. I had no experience of working with haemophilia patients prior to then.

8. At that time, my role involved meeting patients when they came into the centre and arranging for them to see one of the registrars if necessary (eg. if they were having a bleed); ordering home treatment and supplying them with needles and syringes; recording any bloods that were taken, any factor VIII or factor IX that was given, which doctors attended them and what advice was given; listening to their troubles and helping where I could; making them a cup of tea or coffee if I felt it was needed. I also looked after any haemophilia patient who was admitted to the general medical ward as an in-patient. I didn't venepuncture at this stage as venepuncture was not something that nurses generally did and I had not yet been trained. I understand that Iona Philp had venepunctured when she was working at the haemophilia centre.

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9. In October 1986 Michelle Jones was appointed as the new haemophilia sister and I became the permanent staff nurse in the haemophilia centre. Michelle didn't really know anything about haemophilia either and we learned together as we went along. Dr Ludlam encouraged us to attend seminars to learn more which was quite unusual for nurses at the time. I remember patients asking me what I knew about haemophilia when I first started. Like most people with a chronic disorder they knew everything about it and could tell that I didn't. I told them that I didn't know much but was willing to learn and that I was relying on them to help me out and that is largely what happened in the early stages. Michelle and I both learned to venepuncture in November 1986.

10. 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. Still, we spent a lot of time listening to patients as they talked about all sorts of things. Often patients would come up to the centre for a cup of tea and a chat. One man used to come in every day to see us as he didn't have anybody else to talk to.

11. I was told (by Dr Ludlam and by my nursing officer at the time) that I was never to mention HIV/AIDS to patients unless they initiated it. It was OK 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.

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12. As I have stated earlier in my statement, when I first started working at the haemophilia centre (July 1986), I didn't know which patients were HIV positive. I began to find out after a couple of months and by the time that Michelle started in October 1986 I knew of one or two patients. Some of the patients told me themselves: one man told me that he was HIV positive the first time that I met him as he felt that it was important that I should know for my own safety; another man who used to come up to the centre every day also told me himself. As I got to know the patients' names I checked their initials against those on the sheet of paper that Iona had given me. Later on when patients became ill and required pentamidine I knew that they were HIV positive. 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. All this took place over a period of time. I was never actually sat down and told who was HIV positive – I just found out as time went by. We always wore a plastic apron and latex gloves when treating patients. This applied to all patients regardless of their HIV status. The idea was that if we treated everyone the same confidentiality would be maintained.

13. I got the impression that very few patients knew that they were HIV positive when I started in July 1986 because of the way that 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 alright" and I knew that he did have it.

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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 (see paragraph 25).

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 nurse 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.

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This 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.

15. Patients never asked me if I knew whether or not they were HIV positive. That was not our remit as nurses. It was up to the doctors to tell the patients their status. The nurses were not involved in this at all.

16. I never gave a patient their results after they had had a confirmatory test and neither did Michelle. Dr Ludlam and Geraldine Brown told the patients their results – mainly Dr Ludlam.

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.

18. 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.

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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.

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 (sometime in 1987) when Mark was discussed. Staff meetings were held weekly over a lunchtime break. They were in place when 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.

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.

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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.

21. 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.

22. Meanwhile the boy was admitted to a single room in the ward as an in-patient 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 nurses did not agree with what had taken place. He demanded to speak to Geraldine Brown and Dr Ludlam. I phoned 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.

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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.

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.

25. 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.

26. I am aware that my name appears on a number of published articles in connection with studies that were carried out on the Edinburgh Cohort. I took the blood samples for the tests which is why I am named on the papers. That was the extent of my involvement.

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27. Blood was taken and sent directly to Dr Steele at the Western General by courier. I understood that this was being used for measuring the T cells of the HIV positive patients. Blood was also taken for Selma Rebus who worked in the old university building next to the hospital. She would come and collect it herself. I believe she was looking at immunology in HIV positive patients. Sometimes I was asked to send blood to other places. For example, I remember sending blood samples to a doctor in Oxford. These samples were mostly 10mls sometimes 20mls.

28. At other times, one of the registrars would ask me to take a specified amount (5mls or 10mls or 20 mls) of blood for research. When I asked what the research was the doctor would say "just tell them it's for research".

29. I never took blood from patients without asking their permission. I always asked if I could take their blood. I would say "can I have some blood from you" and they would say "what are you taking the blood for?" If it was for the usual standard tests I would tell them that and explain what the tests were. For example:

FBC	Full Blood Count	5ml
U/E	Urine and Electrolytes	10ml
LFT	Liver Function Tests	10ml
STOS	Serum to Store	10ml

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I would show them the various tubes if they were not familiar with them. After that I would ask if I could take some blood for research. Some patients would consent readily while others would ask "what research?" If I did not know what the research was I would tell them to ask the doctor who requested the sample.

When I became the haemophilia sister in 1989 I instructed my staff nurse to do the same.

30. When taking blood samples to be sent to haematology (ie for a full blood count), the doctors would tell us how much blood to take and we would take it and write the patient's name on the label on the bottle. The request forms would be filled in after the blood had been taken. This was the practice when I was at the centre. I'm not sure if it was the practice when Iona Philp was there.

31. From the time that I started working at the haemophilia centre, we (the nursing staff) kept a record of all bloods that were taken by us: the date, patient's name, which tests were done, the amount of blood taken for each test, the amount taken for research and where it was sent was all recorded in the Blood Book. We also kept treatment books which recorded the dates when patients had been seen, who had seen them and what treatment had been given. I inherited this practice from Iona Philp. When I left the centre in 1997 the note books and treatment books were still at the centre.

32. When Michelle left in 1989 I was appointed Haemophilia Sister. I left the centre and retired from nursing in 1997.

ALL OF WHICH IS THE TRUTH AS THE DEPONENT SHALL ANSWER TO GOD

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