Witness Name: Alice Mackie
Statement No.: WITN2189066
Exhibits: WITN2189067-068
Dated: 7th October 2022

INFECTED BLOOD INQUIRY

THIRD WRITTEN STATEMENT OF ALICE MACKIE

I provide this supplementary statement following my first and second written statements which were provided in response to requests under Rule 9 of the Inquiry Rules 2006, dated 21st February 2019 and 30th April 2021 respectively, to provide further information which may be relevant to the Inquiry.

1. Since giving my first statement, I have been provided with a copy of Professor Christopher Ludlam's response to my statement and I wish to provide further comments in light of this.

2. At paragraph 3 of my statement, I mentioned the letter provided to my husband, Robert, requesting that he be treated with NHS Concentrate. My position was that this was for research purposes to keep a track of his NHS product treatment. In relation to the above matter, his information here is wrong. The letter he supplied to Robert was after he had a bad reaction to Armour product on 7th June 1981, this letter was supplied to Robert a few months later in 1981/82. If he is speaking about the letter being supplied in 1987 this again leads me to ask the question, why did Robert receive this letter in 1981 and why is there not a copy in his medical records?

3. At paragraph 6 of my statement, I spoke of the fact that Robert repeatedly asked about the risks of Hepatitis, and him being advised hepatitis was *"not a problem*". In response to Professor Ludlam's position, we (I) knew of the risk of hepatitis from the product information leaflets but we thought it was a risk from Hepatitis B. I continued to read the product information leaflets and there was never any mention of HTLVIII/HIV/AIDS during 1983/84 but when Robert began asking questions about HTLVIII/AIDS (Robert did not know it was called HTLVIII/HIV/AIDS - he spoke of it as an African virus), he was told by Professor Ludlam and others that they did not know what he was speaking about. In fact, one other patient heard Robert asking so often that he began to ask if the product was safe to use.

4. Professor Ludlam has commented on the issue I raised regarding awareness of the risks to my children and I of Robert taking Factor VIII concentrate. At this time (1980), the question was asked due to the potential risks of transmitting anything sexually to me and then passing on to any future children. This was before Robert asked me to marry him. He already took all the safety precautions when treating himself at home.

5. I mentioned in my statement that Professor Ludlam provided no information regarding the risks of *"infected blood products till the end of 1984".* I also made criticisms regarding the meeting at the Royal Infirmary of Edinburgh regarding the HTLVIII status of those who attended. In his response, Professor Ludlam makes reference to his evidence to the Penrose Inquiry regarding the contents of this meeting, and informal minutes of the meeting which were produced (PRSE0002471). Perhaps the notetaker understood what he was saying but it was not clear to many others. He also notes that patients registered at the Edinburgh Haemophilia Centre received an information sheet regarding exposure to the AIDS virus in January 1985 (PRSE0002785) along with a letter to the GP of haemophilia patients. Our GP never discussed this letter with Robert. I do not accept Professor Ludlam's response in respect of the various criticisms made. When Robert did not ask for an appointment, it would have been appropriate for Professor Ludlam or a member of his staff to ask him

verbally if he wished an appointment, explaining the purpose of the appointment. If not Robert, then surely someone should have approached me to check that I was taking all precautions regarding blood spillage etc, or if I wished a meeting with Professor Ludlam. The topic of AIDS was never raised by any medical staff in my presence at all the appointments we attended. Robert was never given any test results except that his Factor VIII levels were ok. He was never told specifically about taking blood for HTLVIII/AIDS tests and was never offered the results of these tests. Looking back, I always feel that the medical staff were afraid to tell Robert of his HIV results – perhaps that is why there were never any condoms in the home treatment supplies (I know they were in other patients' supplies). However, when I collected Robert's home treatment, they could have told me, but the topic was never raised.

6. At paragraph 15 of my statement, I explained that I was not aware that the meeting of 19th December 1984 was to inform individuals that they had been exposed to HTLVIII. From the way the response from Professor Ludlam has been put, it is that we misunderstood that he was informing us that Robert and everyone else in attendance at this meeting was infected with AIDS. Lots of people were at the meeting and nobody in attendance that we spoke to realised that they were being informed that they were infected, and I do know that not all in attendance were infected. It was not just us who misunderstood the information and what he was actually saying.

7. I do not recall the circular that Professor Ludlam mentions. In our house, I was the one who opened all mail, not Robert. I do not recollect anything like that. I have been told by another infected patient that they have a copy of the letter, but I cannot recall ever reading it.
8. I referred, in my statement, to a newspaper article prompting the meeting in December 1984. Professor Ludlam explained that both the Edinburgh and Glasgow Haemophilia Centres decided to hold a meeting as a journalist from the Yorkshire Post had become aware of HTLVIII exposure to Edinburgh patients and was going to publish information. Professor Ludlam noted that he did not want patients to learn of exposure via the press therefore a meeting was

held. Professor Ludlam knew by the end of October 1984 of the positive results, therefore why did he wait until the media forced his hand at informing his patients?

9. With regard to the above matter, he never said at the meeting that the media was informed. It was not until years after it that I read about it in a back copy of the Yorkshire Post. It was not that he wanted to tell us – he had to tell us.

10. Professor Ludlam has also commented on my assertion that he had put my life and my son's life in danger by failing to tell us of Robert's anti-HTLVIII status and safety precautions. He put my life in danger - since Robert was not informed he was infected and did not know he was infected, why would he take the precautions? At that time, we were trying to have another child. If we had been told that Robert was infected, then we would not have taken the risk. Just because he stood up in a meeting in front of loads of people, it did not make sense that we should automatically stop what we were doing to have another child. As for the risk to our son, while he may not necessarily have been at risk from 'normal' social contact, that does not stop the fact that Robert could have cut himself and indirectly infected our son. Robert's life was not in an office – he was in the countryside and would spend time fishing or walking through the forest where he could get cuts just from walking. Life was not as simple and clear cut as Professor Ludlam seemed to think.

11. I raised the point in my statement that my husband had repeatedly asked about treatment risks. We did know about the risk of hepatitis from the package insert leaflets - I used to sit and read these whilst Robert was treating himself. Robert specifically spoke to Professor Ludlam about this (hepatitis). He led Robert to believe that it was hepatitis B and that there was no risk of me contracting this but there was never any mention of HTLVIII/HIV/AIDS. Unless you were a member of the Haemophilia Society, you did not receive the bulletins he speaks of. Even if there were some in the haemophilia centre, this is not to say that you were going to pick up bits of paper lying on tables.

12. We were not members of the Haemophilia Society, and we did not receive anything through the post from them. Hepatitis B and hepatitis C are two different things, and Professor Ludlam should have explained this to us. The risks from hepatitis B were totally different to the risks from hepatitis C. He or another doctor should have explained this to us.

13. I do not understand why Professor Ludlam would wait until people asked. If there was any theoretical risk, surely the patients should have been told, whether they asked or not. He said that there was only a small amount infected but that does not matter. If one haemophiliac was infected, we should all have been informed of the risks. Professor Ludlam should not have waited for Robert to ask, especially since Robert did not know he was to ask. What it always comes back to for me is that if Professor Ludlam was too afraid to tell Robert, or if he decided that Robert did not want to know, it was still Professor Ludlam's job as his consultant to inform me that I was at risk of contracting a fatal disease. I was always at the hospital with Robert so there was always an opportunity. I even collected his home treatment on my own which would have given the medical staff the perfect time to discuss Robert's HIV/AIDS status with me.

14. At paragraph 21 of my statement, I spoke of the way in which Robert received his anti-HTLVIII positive test results and this being delivered in an insensitive manner. I remember Professor Ludlam saying to Robert that the infected blood came from a deceased homosexual. If he never said this, how would I have known about this in 1987? I later read in documents released under Freedom of Information that it was a homosexual who had donated the infected blood. It does state this somewhere in the documents that I provided to Thompsons Solicitors when I prepared my campaign statement.

15. Regarding the offer of an alternative consultant, Professor Ludlam did ask Robert if he wanted Professor Ludlam to keep treating him or if he wanted

another consultant. Robert decided we would just keep being treated by him as we accepted what he told us at the meeting in 1987, that his HIV/AIDS infection could not have been prevented. We could not see any point in changing doctors.

16. I criticised Professor Ludlam in my statement regarding the other AIDS risk factors being asked about when it was presumed Robert had received the infectious batch of concentrate. Professor Ludlam confirmed in his response that he inquired about other risk factors for exposure to HTLVIII as receipt of the presumed infection batch did not preclude Robert from being infected from another source. Professor Ludlam maintained these were appropriate inquiries to be made.

17. To me, it does not make sense. One minute he would say that people were infected with a certain batch, and the next minute he would be telling them that they could have caught it from being a homosexual or a drug addict. He said that Robert got it from this one batch, so why did he have to ask these questions?

18. I explained in my statement that Professor Ludlam was not open to questions, and I felt that Robert and I had to leave his office quickly. All I can say in respect of the above point is that Professor Ludlam did want us to get out of his office, considering he left before us.

19. Furthermore, I explained in my statement that no counselling was offered, and I was not offered a test. Professor Ludlam says that he advised that his social worker, Mrs GRO-C, would be available immediately after his meeting with us, and we were made aware of this. At no time during this meeting was GRO-C mentioned, and at no time were we told that she would be waiting to speak to us after the meeting. Since we knew her as being a Social Worker and not a counsellor, what would we want to speak to a Social Worker

about? Professor Ludlam also exhibited the then current aspects of HIV counselling (WITN3428029). In relation to this matter, we were not told that GRO-C was a counsellor and was waiting to speak to us after the meeting to counsel us. Where was she waiting for us? She was definitely not in the corridor outside Professor Ludlam's office. If she had spoken to us and offered me a HTLVIII test I would have jumped at the chance, and it also makes me ask the question as to why I received my first HTLVIII test through Robert's lawyers. I would also like to know if Mrs GRO-C discussed her counselling of us when she attended the next weekly meeting with Professor Ludlam to discuss individual patients' situations. No counselling was ever offered before being told of Robert's infection or after the meeting. If we were offered counselling in the years between October 1984 and January 1987, we would have asked why we needed it.

20. Professor Ludlam has addressed the fact that my husband and I were advised not to tell anyone regarding Robert's status. I can confirm that he definitely told us not to tell anyone. Because of what we knew about AIDS by this time, we took him at his word. I have to say, he was right in a way, as we were thrown out by a family member after they found out, "just in case we infect their children". Professor Ludlam (or anyone else) never explained the stigma that the word 'AIDS' carried with it, and that we would have to live our lives with a secret that would separate us from family and friends. It was never explained just how much our lives would change by one single word – AIDS.

21. Moreover, Professor Ludlam addressed my criticism that he had said he had a greater chance of dying of a heart attack than Robert had of dying of AIDS. All I can say in respect of the above is that I would not have come up with a saying like that without hearing it from him personally.

22. In my statement, I raised the point that when Robert asked about the number of haemophiliacs infected, Professor Ludlam stated that it was "just a few" and he referred to my husband's infection as "just one of those things". What Professor Ludlam and Robert and I classify as "a few" differs greatly, and

because of the known possible infection from Factor VIII it seems Professor Ludlam just sat back and waited for his patients to become infected. With regard to the batch he referred to, this goes back to the issue of theoretical risks. He just sat back and waited on an infected batch, rather than informing his patients of the risks.

23. I mentioned in my statement that Robert was not told the date he was infected during the meeting in January 1987, leading to the assumption that Professor Ludlam had just received the results. Robert wrote to Professor Ludlam in 2003 for confirmation of his HIV/AIDS and HCV infection dates since this was not in his medical records. I noted in my first statement a discrepancy between the dates of Robert's last negative and first positive test results, noted in the letter dated 17th September 1987 from Professor Ludlam to Dr Wensley (in evidence at WITN2189003) and the letter dated 14th March 2003 from Professor Ludlam to Robert (WITN2189004). It is worth noting that on page 6 of Professor Ludlam's diary which I exhibit at **WITN2189067**, it is noted that Robert's first positive result was on 13th August 1984 which accords with the letter to Robert dated 14th March 2003. The dates were not discussed with us at the time of diagnosis. He gave Robert the impression he had only just been infected. We cannot recall Robert being sat down, giving blood and being told it was for an AIDS test.

24. In my statement, I explained that Robert was never told that there was a blood test for hepatitis C and that he was not told anything about the condition when he was seen in clinic in 1993. I also noted Robert was advised to undergo an endoscopy, because he refused a liver biopsy, to determine if he had hepatitis - not hepatitis C. We did receive a letter regarding a new test for hepatitis, but this letter did not state hepatitis C. The fact that we did not reply/returned the signed form twice makes me wonder why no one approached us to ask verbally and explain that this was a new test for something called non-A, non-B hepatitis (or hepatitis C).

25. Professor Ludlam has been asked to comment on the fact that we were not informed abut the seriousness of hepatitis C and that counselling was not offered. Robert was never offered counselling in relation to hepatitis C. I would add here that we were more focused on keeping Robert alive with AIDS, so hepatitis C was pushed to the backburner for a while because Robert was ill with AIDS. We did not realise that HCV could have the same effect as AIDS or could lead to liver cancer – and death.

26. I explained in my statement that Robert participated in AIDS and HIV research, without consent from 1983 onwards and my enquiries regarding blood tests were ignored. Not once was it ever mentioned that research had been carried out on Robert and papers had been published in relation to the Edinburgh cohort. Nobody even told Robert he was part of the cohort. More and more blood was being taken from Robert for his routine blood tests, to the point that two 60mls syringes of blood was being taken. When the nurses were asked about the amount, they just ignored the question. I also commented that he would need a blood transfusion if they took much more. This research also included psychological tests which now clears up some of the discussions Robert had with doctors and nurses. Had Robert been asked to participate in research he would have refused. I fail to understand why Professor Ludlam or any of the other doctors or nursing staff did not tell the patients they were being researched. It is the secrecy that bothers us. Nobody asked if extra blood could be taken for research. If that was the case, questions would arise as to what it would be used for. With regard to Professor Ludlam's diary (WITN2189067), I can see that this contains various entries relating to my husband. In relation to his denial that he published dates of birth, he apologised during the Penrose Inquiry and stated that perhaps it should not have been done that way. He included birth dates and factor concentrate usage, so I was able to figure out the identities of most of these patients. Perhaps Professor Ludlam did not expect the layperson or any of his patients to be reading the research papers.

27. Professor Ludlam has commented on the fact that Robert was asked to donate Factor VIII free plasma at the Blood Transfusion in 1983. He also commented

on the blood sample I was asked to provide for the purpose of genetic research. It is his word against ours in relation to the intended use of the Factor VIII free plasma. The blood taken from me was for genetic research and, as far as I knew, for nothing else. Professor Ludlam states that this blood was used for hepatitis research and he has produced a signed consent form. As stated at paragraph 16.8 of my second written statement (WITN2189005), I have not seen this consent form before and I did not sign it. If I had received a letter for hepatitis research on my blood, both Robert and I would have been asking questions. Robert would have been hitting the roof at the thought of me contracting hepatitis.

28. In my statement, I explained that I was repeatedly ignored when raising issues regarding side effects of medication and I attributed Robert's behaviour to his medication. I repeatedly informed the staff about the problem, and I also informed Dr Brettle at the Western General Hospital of the problem, but no-one took any notice except for the fact that Robert had become very aggressive to everyone. I suppose because they only saw him for a very short period it did not matter to them. He did see Dr Ann Tait, but this was a few years after we had the medication sorted. It was too late as the medication had already affected Robert severely.

29. Professor Ludlam has been asked to comment on the criticism I made regarding accessing Robert's case notes from the Royal Infirmary of Edinburgh and also about missing entries from 1984 onwards and notes relating to HIVAIDS. I suggest that a word is had with Mrs Maurine Masterton, as it was she who informed me about the medical records being moved back and forth. If Professor Ludlam did not know when a patient requested their records I would like to know where he thought the notes that were required for treatment during that time were located.

30. I explained in my statement that I believe Professor Ludlam kept a separate file of medical records for Robert which contained his HIV/AIDS notes. Regarding the separate files, when I wrote to Professor Ludlam and asked about them, he did not reply. We do know that following a police investigation some of Robert's medical notes were added to his case notes (as stated by a police officer) but the relevant years of 1984 onwards are still missing. I have read one of Professor Ludlam's research requests and know just how much information needed to be gathered for his research, but none of this information is in Robert's medical notes. What I do not understand is how Professor Ludlam could publish material on his Edinburgh Cohort if he did not have any medical notes/records to carry out his research on. In 1987 when Robert was told of his diagnosis, Professor Ludlam stated he would be treated within the Royal Infirmary at the haemophilia centre for anything to do with AIDS and that is why Robert refused to go to the Western General as it was and still is an infectious diseases unit that was attended by homosexuals and drug addicts. I know that everyone deserves the same treatment but some of the patients who attended the Western General were very aggressive and, to be truthful, frightened me. I am keen to know where the missing medical notes for the years 1983 to 1988 are located. I do know that at the meeting in January 1987 Professor Ludlam was writing in Robert's notes, but when we received a copy there was no mention of him being informed.

31. Another issue I raised in my statement was the fact that Professor Ludlam was not prepared to tell us about the 'AIDS Study' at a meeting in 2003 as Professor Ludlam stated it was "all in the past". I can remember the meeting. Robert's Factor VIII was being affected by the medication. Dr Dennis was there at the time, and Professor Ludlam said that she was doing her best - I said that her best was not good enough. I distinctly remember Professor Ludlam slowly standing up, tucking his chair in and saying, "that's all in the past". I left the room to collect Robert's treatment and heard raised voices, in particular Robert shouting. I do not know how Professor Ludlam cannot remember this meeting.

32. I previously stated that Professor Ludlam ignored the risk of AIDS to myself, Robert and our son for the purposes of "scientific research and his own

personal kudos". It all comes back to the same issue of Professor Ludlam knowing there could potentially or theoretically be a risk from Factor VIII. He is the one who carried out the non-consensual AIDS research on Robert before he was infected, at point of infection and for years after his infection. He is the one who took it upon himself to publish this research. I just do not understand why he did not inform his patients. I hate to say this, but it was just luck that I was not infected with HIV/AIDS. He knew very well that partners in other countries were becoming infected. He just continued to sit back and wait to see if it was going to happen to his patients and their partners. In my view, he knowingly infected his patients by just sitting back and waiting.

33. Professor Ludlam has made reference to my criticism regarding the fact that my husband had taken care in his younger life to enable him to lead a normal life and Professor Ludlam took that away from him. Professor Ludlam took not only Robert's life, but mine and our son's also. Robert was fit and healthy. I can remember he used to have tests to check his lungs and one doctor, who used to climb mountains himself, said that Robert was fitter than him. In January 1987 when he was diagnosed, Robert had no future and no life. Professor Ludlam took it all away as he did not give Robert the chance to make a decision on his treatment or his life. Professor Ludlam did not have the right to make these decisions without consulting Robert. Robert's life stopped in January 1987 and that is what is what I meant when I said he took Robert's life away. He also took my life and my son's life away. That is what really angers me.

34. Professor Ludlam's position in respect of the 'AIDS Study' is that the investigations label has led to a misunderstanding, and, in hindsight, the investigations ought to have been labelled as 'lymphocyte immune tests.' The fact that the tests were labelled 'AIDS Study' shows that Professor Ludlam did know of the potential risks from AIDS. He knew that AIDS was killing homosexuals in other countries, and he knew that haemophiliacs in other countries were dying of a similar illness. It was also known that it was possibly transmitted via blood/blood products, therefore I think that he did know of the potential risks and that he should have informed his patients at the beginning

of his AIDS research of the potential risks that this illness could kill patients. I still do not understand why he thought that Scottish blood donors could be immune to this virus and not be infected. After all, we were by the 1980s living in a global village. Retrospective testing in Edinburgh by Dr Brettle did show that Edinburgh had, by 1983, quite a number of HIV/AIDS infected individuals, some of which no-doubt donated blood.

35. Again, with reference to the "little extra blood" requested from patients, if the sample was small then I would like to know what happened to the rest of the large syringes full of blood. Other research also included a lot of other extra tests that his subjects had to go through, and I wish to know when these extra tests began and why he did not tell his patients. With regard to the answers to the questions on the Ethics request form, I would like to know who checked that the answers he gave were correct and who checked with his subjects. By 1988, it would have been good to have been kept informed of how 'virulent' this virus was in the Edinburgh Cohort. If informed, perhaps it might have altered Robert's (and other patients') opinion/attitude to treatment/life.

36. During my oral evidence, I raised the matter of Robert wishing to receive cryoprecipitate rather than Factor VIII and him being told that cryoprecipitate was no longer manufactured. Robert never asked to change back to cryoprecipitate – he wanted to stay on it in 1979/80. He was told at the time by Professor Ludlam that it was no longer being made. The reason that Professor Ludlam told Robert that he did not want him to go back to cryoprecipitate was due to the reactions he would take, but these reactions continued during his time taking SNBTS Factor VIII, so it did not make much difference. There was also the fact that Robert was told that he was allergic to albumin and that was another reason not to use cryoprecipitate. If Robert had had his own way, he would have stayed on cryoprecipitate rather than leaving it in 1980 to go on to Factor VIII.

37. Professor Ludlam has also commented on my criticism regarding my belief that in March 1982, 32 patients were being studied and 50 percent became infected from the ‘implicated’ batch. I still cannot figure out how only 50% became infected. Professor Ludlam knew that there was a risk that Factor VIII could be infected. He sat back and waited rather than doing something about it. He should have taken the necessary steps to inform the patients and give them the choice rather than doing studies and research on these patients – research which continued for many years. When they were infected, he just continued his research on them. He only held the meeting in December 1984 because of the media. I wonder just how long he would have waited if the media had not discovered this information. His whole work has been about research, not patient care.

38. Professor Ludlam stated that the reason the ‘infected’ batch number was written out in full instead of being abbreviated like every other batch number was because it was a new something – the name of which I cannot remember, and I cannot check what he said. What he did say originally was that the sheets detailing the batch numbers were written in pencil. When the infected batch number was discovered, they were rubbed out and re-written in full. They were abbreviated at first and then the suspected batches were written out in full. I think he said that to Caroline Leckie, MSP.

39. During my evidence, I raised the point that haemophiliacs were not treated as patients, but rather as experiments. In his response, Professor Ludlam acknowledged that he can understand my feelings of abandonment given Robert’s medical situation is complex, difficult, and ready solutions not apparent. I think he is trying to point out here Robert’s problems with his treatment, not with how Robert has been treated by him over the years with regards to his continued research, which was only discovered by personally finding published research papers and realising just how much research was carried out on Robert (and others). It was then published without Robert’s knowledge for many, many years. What makes it even more difficult to accept is that he tells the world about this group being the most AIDS researched

subjects in the world. Again, there was no thought about the individual, only the Cohort.

40. Moreover, I discussed during my evidence, the fact that I disliked Professor Ludlam's attitude to me when we met. In response, Professor Ludlam has stated that he always tries to be welcoming to me and he tendered his apologies for me having felt ignored. He proceeded to reflect on why this perception has arisen and noted that we "did not get off to a good start" when we first met.

41. I just cannot believe what Professor Ludlam has said in respect of the above. I attended the Haemophilia Centre for at least 30 years with no acknowledgement from him. I cannot even recall a nod of the head. In fact, in the end I got so angry that I specifically asked him why he had never acknowledged me in all the years I attended with Robert. This happened at a meeting Robert and I had with him in 2003. I even pointed out that my name was Alice. Perhaps if he had taken the time to acknowledge me and speak to me, he would have been able to discuss Roberts HIV/AIDS positive test with me. At the Penrose Inquiry Professor Ludlam and I did sit next to each other and we did have a short pleasant conversation, although strained, but I still think that had Professor Ludlam been honest and open about his research, Robert's medical treatment today, and therefore his health would be much better, if even just for the fact that he would not have been so angry and distrusting of the medical profession for the past 40 years. It is really hard to accept that a person can carry out research on you without you knowing. To me, it is quite creepy and upsetting in that the medical profession (therefore the haemophilia centre staff as a whole) must have been keeping a closer watch on how we were living and what we were doing in our lives than was absolutely necessary. The general conversations we had with the staff now have a different meaning to me.

42. Professor Ludlam has responded to the point I raised in my oral evidence that my husband and I were advised when Professor Ludlam took up his

appointment that it would be necessary ‘to watch Dr Ludlam because he was employed as a scientist and not as a treating doctor’.” Again, I would ask why he never thought of informing his patients about his interest in research, even though he does say that all his patients knew of his research. I would ask why he never thought of informing patients about their infection. It was not just Professor Ludlam – he had other doctors treating Robert and doing the research on patients for him. All of these doctors and nurses never told the patients of this research. Whether it was because they were told not to tell or whether it is a general practice that the medical profession carry out research without consent, I do not know.

43. Additionally, during my oral evidence, I spoke about Robert’s treatment on 7th June 1981 with Armour Factor VIII concentrate. Professor Ludlam noted that an error was made in issuing Armour concentrate and hopes that an apology was issued to Robert at the time. There was no apology. When Robert was being given the boxes of commercial Factor VIII, he informed the nursing staff that he does not normally get commercial Factor - he has always received SNBTS product. He was told that that was all there was, so he could take it or leave it and due to circumstances, he took it. It was not a mild reaction he took to the product – it was a severe reaction and he was kept in all night in a side ward as it was so bad.

44. Finally, in relation to Professor Ludlam’s response to my statement his concluding remark was that he only ever tried to do his best for his patients.

45. As I have already said to Professor Ludlam and Dr Dennis after being told they were doing their best, their best was not good enough – perhaps, if he had been honest and upfront about the risks from Factor products, his research, and of informing his patients of their HIV positive status as soon as he knew instead of waiting 3 months before having no choice but to inform them of this, or of the extra blood, or the tests he was carrying out, or the research he was carrying out on his patients, or all of the research he published, or the fact that he thought

it appropriate to name his HIV/AIDS infected research patients “The Edinburgh Cohort” in which he states that “A great deal has been learnt from the careful study of these unfortunate individuals” when these “unfortunate individuals” did not know they were being so useful to Professor Ludlam and the scientific community throughout the world. I fail to understand how he thinks he “only ever tried to do my best for my patients”.

46. Ultimately, the worst thing about all this was the secrecy. Had Professor Ludlam been up front with all his research, the anger and animosity both Robert and I have for him and the medical profession would not exist. I often wonder if he would ever have told us about his research if we had never found out ourselves. Since we discovered all that has been done to Robert under the auspice of his medical care, Robert will not go near a hospital. The blame all lies with Professor Ludlam. There have been no apologies and Professor Ludlam thinks he has done nothing wrong.

47. I wish to elaborate on paragraph 17.10 of my second written statement dated 30th April 2021 (WITN2189005) regarding payments received by my husband Robert from the Macfarlane Trust. I exhibit a letter of 22nd August 1991 from the Macfarlane Special Payments (No.2 Trust) to Robert’s lawyer as **WITN2189068**. This letter shows that Robert received his payment from the Trust in August 1991.

Statement of Truth

I believe that the facts stated in this witness statement are true.

GRO-C

Signed A Mackie (Oct 7, 2022 17:35 GMT+1)

Dated Oct 7, 2022