

1 that same humanity and concern for others, in his case
2 for people among the poorest and politically least
3 influential on earth, that led to his son's so utterly
4 untimely passing. And all of us honour his memory and
5 draw inspiration from the nobility of his example.

6 THE CHAIRMAN: Thank you very much. One of the first things
7 that he said to me after the tragedy was that he had now
8 shared the experience of so many of the people whose
9 experiences we have been hearing about.

10 THE RT. HON LORD OWEN (called)

11 THE CHAIRMAN: We are very grateful to Lord Owen for
12 agreeing to come here today and give evidence. Lord
13 Owen, would you like to begin by summarising your
14 evidence and then perhaps we can ask some specific
15 questions afterwards?

16 A Well, as you say, Lord Archer, I have submitted some
17 written evidence, two pages, a summary and a suggested
18 chronology, because I notice the chronologies that have
19 been published by the department have very significantly
20 omitted a large part of the information that has been
21 given to Parliament.

22 One of my main concerns is that Parliament was told
23 that we aimed to have a target date of self-sufficiency
24 in blood products in two to three years -- that was in
25 1975, so it was 1977 and 1978, and I hope the Inquiry

1 will find out when Parliament was properly told about
2 why there was a delay, was this a decision taken by
3 ministers, or was it a decision taken by civil servants,
4 and in my view, if it was, why was the Ombudsman so
5 unwilling to investigate on a maladministration case
6 which I presented to him way back in the 1980s.

7 The other issue which I hope you will also be able
8 to elicit is why my own private papers were pulped. I
9 mean I would be staggered to wake up suddenly and find
10 that my private papers as foreign secretary had been
11 pulped without my consent, but I admit there is
12 a difference in that I was only Minister of State, but
13 the issues we were dealing with were extremely
14 important, and to suddenly find that, under an alleged
15 ten year rule, ministerial papers can be pulped, and we
16 are not allowed to disclose these documents for 30
17 years, seems to me to be rather bizarre. But much more
18 important was the pulping and destruction of
19 departmental papers from February 1989 to 1992.

20 Now I kept on mentioning to journalists and others
21 they should look at France. I must say I have not done
22 this before, but I think it is very important to just
23 state facts, and whether they will lead us a to
24 explanation of the pulping and destruction of the
25 departmental papers I do not know. But by 1989 it was

1 very well known that there was a major scandal underway
2 in France, very similar to the circumstances here.

3 Indeed it was so made very public when a group
4 calling themselves Honour of France blew up a car of
5 Dr Michael Baretta(?) of Paris-based CNT. He was then,
6 with others, found guilty -- three out of four
7 defendants found guilty, including Dr Baretta, who
8 received a four-year prison sentence in a trial in
9 June 1992. So in the very period from May 1989 between
10 February 1992, when it is now admitted at long last by
11 the Department that there has been a destruction of
12 documents in the Department of Health, and almost
13 a total filleting out of all the papers relating to the
14 inventory, that did coincide with it being a world
15 scandal and well-known in this country, but there are
16 those who -- and I think this is a very important -- I
17 am not capable of making that judgment.

18 Then I must say it is an extraordinary situation
19 that there is just this one little piece of paper which
20 relates to my period in office which came up in the
21 documents, although I will say it is an extremely
22 interesting piece of paper and it is mentioned in the
23 Guardian today, but what it reveals is it reinforces my
24 memory of the whole events, that there was resistance in
25 the department to going for self-sufficiency. I cannot

1 remember exactly why, I suspect it was the deep
2 financial pressures we were coming under for the Health
3 Service budget. Also a tradition of thinking that the
4 Regional Blood Transfusion Service was to a great extent
5 autonomous, and they did not want the department
6 officials did not want to tell them how to spend their
7 allocation of money and how to choose their priorities.

8 Nevertheless this document does make it absolutely
9 clear that, "The department" -- and I quote, this is
10 20th February 1976:

11 "The department has sought to have this project
12 given special priority, and it seems to me [this is the
13 unknown person who wrote this] that we must now devise
14 some means of ensuring that Oxford are able to let the
15 contracts and get on with the necessary works."

16 And Oxford is a reference to the very big facility
17 in the Regional Blood Transfusion Service at Oxford.

18 In the first paragraph it also summarises really
19 quite succinctly what they knew:

20 "Quite apart from this the alternative of buying the
21 commercial product (with its higher Hepatitis risk) is
22 more costly than producing our own."

23 And it ends by saying:

24 "I should be grateful if you could consider as a
25 matter of urgency what can be done. The Minister of

1 State [which was me] has called for another progress
2 report on AHG production, which we must let him have in
3 the very near future."

4 So this sole document really covers most of the
5 ground about what we knew at the time, and previously I
6 have not been able to enforce this, because I am just
7 relying on my memory. Anyway those are the main points
8 I wish to make, and I think it is more important to use
9 the time to answer any questions that you may have.

10 THE CHAIRMAN: Thank you, we are most grateful for that.

11 Just taking up the point about the Ombudsman, as I
12 understand it, the principal reason the Ombudsman gave
13 was the rather significant one that it was not
14 maladministration, it was the consequence of a political
15 decision. Is that what you understood it to say?

16 A It was a very extraordinary letter, the one that was
17 sent to me by the then Ombudsman Mr Barraclough. He
18 actually questioned the basis for my decision. He
19 argued that because I had not said in my answers to the
20 House of Commons that I was afraid that the blood was
21 contaminated, I was making this decision purely and
22 simply on cost grounds. I then entered into a
23 conversation with him saying, "Well, how could I,
24 knowing that haemophiliacs were" -- there was no
25 alternative, we had decided to import blood products a

1 year before I became minister, we had no alternative.

2 Now, I mean it is always a very different question
3 for ministers to reveal a risk or to get on as far as
4 possible to reduce the risk. I took a choice to reduce
5 the risk, and it seemed to me the right choice at that
6 time.

7 He then went on to make -- discussions about the
8 question of the medical aspect, which I felt could only
9 have come from him having access to medical information.
10 So when I asked the Ombudsman most recently, this year,
11 to look back through their records, which again you will
12 see from the letter from the Ombudsman they don't keep
13 any papers, they don't have any records, they don't even
14 keep hard files, computer files. And I find the whole
15 structure quite extraordinary. It appears -- I am not
16 yet understanding -- does the Ombudsman go back to the
17 ministry of health for their medical information but at
18 that time of course I was not able to say to the
19 Ombudsman look here there is a memo here which makes it
20 quite clear we knew there was contamination but it has
21 become very obvious that the medical profession were
22 well aware of the risks of contamination in 1973 and on
23 progressively as the years went by.

24 I did complain to the Select Committee on the
25 Ombudsman. I do not know whether you will consider this

1 in your terms of reference, but instinctively I am
2 against people suing the Department of Health. I am
3 sure you find this yourself, I have often discouraged
4 constituents and it has to be said that the many of the
5 Haemophiliac Society and others only went to the court
6 of law when there was no alternative; they were right up
7 against the deadline when they had to have a group
8 decision.

9 I have always personally been attached to a no fault
10 compensation scheme, and that underlies my feeling. I
11 always understood the creation of the Ombudsman was to
12 try and get satisfaction without having to go to court.
13 I had to -- they would only look at an individual case.
14 Fortunately, I was able to have in my constituency a
15 person who at that stage was a haemophiliac and had
16 tragically developed AIDS. He gave me permission to use
17 his case. I found every possibly obstacle put up by the
18 Ombudsman, and successive Ombudsmen, and incredible
19 delays. All I can say is, if that is the structure that
20 Parliament is relying on to try to avoid people having
21 to go to court -- and most people don't want to take
22 doctors to court, they know mistakes can be made, they
23 just want to know the facts -- I think we need to look
24 at the whole question of Ombudsmen.
25 THE CHAIRMAN: Well, some of us, of course, argued very

1 vigorously as long ago as the 1960s and 1970s for a
2 system of no fault liability for all kinds of reasons.

3 A I think you and I were at ministerial meetings that
4 argued the same and we were on the same side.

5 THE CHAIRMAN: Indeed. But when I said that the Ombudsman
6 gave us a reason that it was a political decision, I did
7 not think -- I may be wrong -- that he was referring to
8 your ministerial decision; I thought he was saying, "You
9 are complaining about events which happened after you
10 left office. The reason why your intentions were not
11 fulfilled was because of political decisions and not
12 maladministration". Whether that was right or not, that
13 was what I understood him to be saying.

14 A Yes. I think that was, but he had not produced any
15 evidence for that.

16 THE CHAIRMAN: Well, no.

17 A I come back to the other question which is, it was a
18 very narrow definition of maladministration. I mean, as
19 we all know, ministers make decisions and they let
20 Parliament know. In this case it was an important
21 decision. We were allocating in those days only half a
22 million pounds, but half a million pounds was quite a
23 lot in those days, with the pressures and constraints.
24 I did it in written answers, so it was a conscious
25 decision; I wanted Parliament to know.

1 The understanding is that if ministers, or if the
2 Department is unable to meet a public commitment that is
3 made to Parliament, there is an obligation on the
4 officials to notify ministers and then for ministers to
5 come to Parliament and say that we have not been able
6 meet that date, explain why -- and in many of the cases
7 there is a perfectly rational explanation -- but the
8 fact that they did not know and that people were
9 believing that there was going to be self-sufficiency is
10 a very material fact, because the haemophiliacs were
11 well aware of the worry that was around blood supplies
12 and they were given to understand that we would be
13 self-sufficient by 1977 or 1978.

14 Now, I do not always think that you can expect
15 ministers -- some minister comes in and inherits my
16 decisions, governments changed during this period, and I
17 think the onus is on the civil service to come to
18 ministers and say, parliament needs to be told that we
19 have not fulfilled the obligation that has been said to
20 them.

21 THE CHAIRMAN: Yes. I wonder whether we could just now fill
22 in the parameters in terms of dates just so we know
23 where we are. I think you were appointed to the
24 Department in March 1974?

25 A Yes.

1 THE CHAIRMAN: Initially as Parliamentary Secretary?

2 A Yes.

3 THE CHAIRMAN: And then a little later that summer as

4 Minister of State?

5 A Yes.

6 THE CHAIRMAN: And I think you moved to the Foreign

7 Commonwealth Office in September 1976?

8 A Yes.

9 THE CHAIRMAN: Could I ask you this. What first drew your
10 attention to the problem of infected blood products?

11 A I read a very remarkable book by Richard Titmuss called
12 The Gift Relationship. I cannot remember exactly, but
13 I know I read it before I became minister, so it was
14 probably 1972. I think it is a very remarkable book,
15 and very rarely do sociological studies have such
16 concrete evidence underpinning their theories, and for
17 those who don't understand it, it is worth remembering.
18 It was a belief that a blood transfusion service that
19 was based on what he called loosely "the gift
20 relationship", where people were not paid, where they
21 came in as volunteers, who were given a cup of tea and
22 that was all, were much more likely --

23 THE CHAIRMAN: I can remember this, because I gave blood at
24 that period.

25 A Well, they were much more likely to answer correctly

1 where they had a probing question such as, "Have you
2 ever been yellow, or have you ever had jaundice?", than
3 somebody who comes in and is receiving payment for their
4 blood.

5 Now I remember this vividly, because when I read the
6 book I remembered when I was a medical student in Greece
7 and was short of money I had given blood and been paid
8 for it. So it was a vivid thing. I knew the cash
9 relationship would change the likelihood of you being
10 completely straightforward about this. Then we knew
11 from what Titmuss was describing and what was already
12 well-established -- he was working on well-known
13 facts -- that a lot of the blood donors were coming from
14 communities that were into drugs and therefore were
15 always potentially at risk to infections. Of course in
16 those days we had just come to know about Hepatitis C,
17 but we still did not know about HIV.

18 THE CHAIRMAN: And if I remember, at that period the serious
19 nature of Hepatitis C had not become clear, had it?

20 A The possibility of getting cancer as a result of having
21 had jaundice from Hepatitis C was not very well-known,
22 no.

23 THE CHAIRMAN: Could I just ask you this --

24 A Cancer of the liver.

25 THE CHAIRMAN: Yes. Within the Department was this

1 something which was well-known that there were problems
2 with blood purchased abroad? Was it a general topic of
3 conversation, or was it something which only reached the
4 surface very occasionally when it appeared on a
5 minister's desk?

6 A I cannot remember whether we discussed it collectively
7 with ministers. We used to meet once a week. Barbara
8 Castle was Secretary of State for Health and Social
9 Services, and she had then two ministers of state: Mr
10 Brian O'Malley was the social security and I was Health.
11 Then we had the Minister for Disablement, Alf Morris,
12 and Sir Jack Ashley was Parliamentary Private Secretary
13 for Barbara Castle and we would discuss every week what
14 was happening. It may well have been raised in those
15 sorts of issues, I cannot remember.

16 But I mean, as for making public statements, making
17 speeches about them, which are enclosed in my evidence,
18 again the Department in their chronology really
19 downgrade the fact of how frequently Parliament was
20 informed about this. There was a World in Action
21 programme on this in 1975, a transcript of which I have
22 given, and they then went on to do two other programmes
23 and, as I say, there was a press release, which they say
24 was put out by the Department, but it was a speech which
25 I had made in a big international conference.

1 THE CHAIRMAN: Yes.

2 A It was well-known and the haemophiliac world, who was
3 watching these things very closely, were well aware of
4 what was happening and many of them knew, really, the
5 background to why we were doing this. It was not just
6 on cost grounds.

7 THE CHAIRMAN: You said a few moments ago that there was a
8 certain reluctance in the Department to do much about
9 self-sufficiency. If you do not remember this please
10 say so, but we have rather formed the impression that
11 there was a debate going on -- quite a well-informed
12 debate -- and the argument for self-sufficiency was
13 first that imported products were suspect and, secondly,
14 as you say, some people seemed to have been impressed by
15 the additional expense of imported products over home
16 produced products.

17 But on the other hand, there were those who were
18 saying if we ceased to import products this would reduce
19 clinical choice and, secondly, that it is dangerous to
20 tie yourself to one source of supply, because if
21 anything interrupts that you would not have any source
22 of supply at all. Do you remember this debate?

23 A I think I do remember it. It was very -- you know, we
24 are talking a long time ago.

25 THE CHAIRMAN: Indeed.

1 A But I do remember this debate and I think my answer to
2 that would be -- well, firstly, I was not in the
3 position to instantly announce self-sufficiency. We had
4 to get the capital programme, we had to increase the
5 number of blood transfusions, we had to make a whole lot
6 of decisions inside the Blood Transfusion Service, so
7 I knew it would take time. Furthermore, I knew that
8 there was great dangers in just allowing this money to
9 go into the regional health allocation and that is why
10 there is talk about there being special arrangements,
11 and we made at this time also special arrangements for
12 that class of patients who needed to go into treatment
13 for their violent behaviour, but whom we did not want to
14 put in prison and we did not want to put in Broadmoor
15 and other hospitals. So there had been a report by a
16 previous home secretary, Rab Butler, about this, and he
17 earmarked money for the regional health authorities and
18 told them to spend it on this; it was earmarked money.

19 Three or four years later, through various
20 investigations, Parliament discovered the regional
21 health authorities had taken this earmarked money and
22 not used it. Now, that is a classic case of why it was
23 difficult: this idea of autonomy of decision-making was
24 quite strong. I think that was beginning to come up in
25 this Oxford reluctance, but that is why I had a series

1 of minutes, or deadlines, in which they had to report to
2 me. I was worried that they were not going to fulfil
3 it.

4 Anyhow, these sorts of debates are very attractive
5 aspects of the openness in the Department of Health.
6 I mean the Department of Health is a pleasure to be in.
7 By and large the civil servants are very committed to
8 the Health Service and want to make it work, they are
9 living with constrained resources and they are having to
10 make all the time decisions as to where you were going
11 to spend money -- if you like, rationing.

12 But my experience is, once the minister made up his
13 mind -- in this case I decided we were to go for
14 self-sufficiency -- then they carried it out. So I do
15 not believe it would be in the Department, the lack
16 of -- it was probably in the regional transfusion
17 service where there was a sluggishness and slowness and
18 that should have been monitored very carefully, and from
19 all the evidence in this memo it was being monitored.
20 So I think the Department officials were well aware by
21 1977 and 1978 that we were at a low target now. It is
22 also very true that more and more people were using
23 blood products, more and more haemophiliacs were using
24 blood products.

25 On a question of whether there should be a choice, I

1 think there should be a choice of treatments, but I do
2 not think there should be a choice of treatments when
3 there is a very high risk of further contamination. So
4 I think it would have been perfectly legitimate, once
5 you had got self-sufficient levels and were reasonably
6 confident you could meet all the demands, to withdraw
7 products from abroad. That was certainly not a decision
8 I was capable, or would have wanted to take in 1974,
9 1975 or 1976.

10 THE CHAIRMAN: And of course when you say "choice",
11 presumably it would normally be the choice of the
12 patient after a patient had had the situation explained
13 and what were the arguments?

14 A Yes. I mean haemophilia is dealt with by a fairly small
15 group of doctors who specialise in it and become very
16 expert in it. The general practitioner helps, of
17 course, in that sort of thing, but the number of doctors
18 who are specialists in the country on haemophilia --- I
19 do not know how many there are, but they are not a very
20 large number. They are a closed community. They know
21 about all this debate and they are linked in to the
22 Blood Transfusion Service and they know about what is
23 happening. These are dedicated people, they see these
24 patients in regular time and they often see them getting
25 worse, so they are extremely keen to control the

1 bleeding and the side effects, therefore, of the
2 bleeding. I think they want the best for their
3 patients.

4 There was never any question of we were not going to
5 provide this because it was not cost effective. We were
6 a long way -- I used the word "rationing" in 1975 about
7 healthcare and that was considered a very bold and
8 rather dangerous thing to talk about, but of course it
9 had been going on for year years and it is much more
10 overt now and we have a formal structure.

11 THE CHAIRMAN: Exactly. Now, I wonder whether you can help
12 us with, perhaps, the ethos of that period. We have had
13 a lot of evidence from people who themselves or their
14 families were given infected blood and one of their
15 complaints is: we can see what the dilemma was, but it
16 was never explained to us and we were not given the
17 choice.

18 Now, would it be fair to say that at that period
19 doctors tended to be less informative to their patients
20 than they are now?

21 A Yes, I think there is no doubt. There has been a
22 sea-change in what we consider the rights of the patient
23 and I think now this would be considered almost by every
24 doctor that the right of the patient would be to explain
25 to them the risk of these things and they would be done.

1 There are some people who regret the change, and
2 I suppose -- but I am no longer a doctor in a proper
3 clinical sense, I am not -- even my family do not think
4 I am safe to treat them now, and soon the GMC will stop
5 me treating myself, which I object to very strongly.
6 But I think that is a change which has taken place --
7 freedom of information, the whole culture has changed --
8 and I think most people would say, and my friends who
9 are doctors tell me, that on balance this has been an
10 improvement.

11 But there are sometimes downsides. You have to
12 confront people with risks which they are not always
13 capable of understanding and cause a lot of fear -- and
14 some would argue, from the old system, unnecessary fear.
15 But I think that we were a hierarchical profession and
16 probably still are.

17 Anyhow, these are discussions that are being debated
18 very fully in Parliament and Parliament has made its
19 choice in most cases and personally I think it is
20 correct. So if I was now a doctor and I could move
21 myself back to 1976, I think I would have a much bigger
22 debate amongst myself as to whether this should have
23 been told to haemophiliac patients.

24 THE CHAIRMAN: Yes, thank you. Could we look now at the
25 reasons why your intentions were not fulfilled as we

1 have them partly from the Department. First of all, I
2 think as you said, there was a greater demand for these
3 products than the expert committee had originally
4 envisaged, was there not?

5 A There is no doubt that that is the case. I think there
6 is a rather informative letter which I wrote to an MP
7 about this whole question and I revealed then really
8 almost all the facts. I think it is in 1975, a letter
9 came to my attention from my own personal papers and I
10 think that gives about as good a description of what we
11 were feeling at the time.

12 THE CHAIRMAN: I think we have it. I think we will probably
13 have to index the documents we have now much more
14 closely than we have in the past.

15 A I think I make mention of it in the ... It is
16 correspondence between myself and the then Labour MP
17 Andrew Bennett MP, on 4th December 1975 and 23rd
18 February 1976. It is attachment two in my submission to
19 you.

20 THE CHAIRMAN: Yes.

21 A I thought that was a rather detailed description.

22 THE CHAIRMAN: Indeed, yes. So you accept what we have
23 generally been told: that there was this escalation?

24 A Oh yes, I have no doubt whatever and I think that my
25 successors would have been faced with the question of

1 having to find more resources and to increase the number
2 of blood transfusions.

3 THE CHAIRMAN: Yes.

4 A If we were going to keep pace on the target date which I
5 was setting. I would have thought that was maybe even
6 becoming apparent in 1976, but it is pretty clear I must
7 have held a meeting soon after that note of 25th
8 February and then I made another statement to Parliament
9 and I would not have made that unless -- I mean on
10 28th April 1976 in a written answer, at column 106:

11 "Provided that sufficient donors remain willing to
12 give blood, the National Blood Transfusion Service can
13 generally satisfy the demands made on it."

14 There was always this worry that we were not going
15 to get quite enough donations and that was one of the
16 problems.

17 THE CHAIRMAN: Yes. Well, the other reason which seems to
18 have been given is that although provision was made to
19 increase the volume of donations, no provision was made
20 for processing the products once they had been
21 collected. Can you help us at all on that?

22 A Well, that was one of the things that was done by the
23 Oxford facility, from what I remember, and they had to
24 increase their production. I cannot remember the exact
25 details. Then much later on in early 1980s came the

1 question of building a new facility and there was a
2 delay over the building of the facility and I am not
3 quite sure what underpinned that.

4 I want to be quite clear. I do not believe that
5 there was a conspiracy. I mean people were not
6 deliberately trying not to meet these targets. What I
7 think was wrong was the Department was not told more
8 about this dilemma during this period, but I have not
9 really done any research through the Parliamentary
10 answers in the period in which I was no longer in the
11 Department, so from 1976 right through to 1981/1982 I do
12 not know the extent of the questioning. The questioning
13 comes very strongly again in 1987 and 1988, but I do not
14 know what the questioning -- how much was revealed to
15 Parliament at that time.

16 THE CHAIRMAN: I think your evidence is the first occasion
17 certainly that I had grasped that it was not only at the
18 Blood Products Laboratory Elstree which was processing
19 these products, but there was also one at Oxford?
20 A Well I think so. I cannot remember it exactly. You see
21 it says here:

22 "If we are to continue to insist that any extra
23 capital required must be met out of next year's normal
24 allocation, it is understandable that Oxford would wish
25 to assess the priority of AHG production against all the

1 other commitments which the Regional Health Authority
2 have to find money and the authority's order of
3 priorities may not be the same as those in the
4 Department."

5 Then it goes on to say:

6 "The Department have sought to have this project
7 given special priority and it seems to me that we must
8 now device some means of ensuring that Oxford are able
9 to let the contract and get on with the necessary
10 works."

11 So we are talking more than just blood transfusions.
12 We are talking about works which needed a capital sum,
13 and I think at that stage most of it was going to
14 Oxford. We were also getting some blood from Scotland,
15 where there has traditionally been more production than
16 they needed and there was cross-border allocations.

17 THE CHAIRMAN: Yes, we saw that. We were also told that in
18 I think July 1979, which of course was after you left
19 the Department, there was an inspection of the
20 facilities at Elstree, which produced a rather
21 disturbing report about hygiene and so forth?

22 A I think that is true. I only became aware of that in
23 the late 1980s, but I think there was no doubt that
24 there was some problem at Elstree and it had not had
25 enough capital allocation. There was a very interesting

1 article on the Blood Transfusion Service and the
2 National Health Service in the British Medical Journal
3 on 12th September 1987, which I have included in my
4 evidence to you.

5 THE CHAIRMAN: Yes.

6 A Then there was some lively correspondence in the BMJ
7 from those defending the Blood Transfusion Service and
8 those who were critical of it. So I think that gives
9 you a pretty good cover of the different opinions about
10 the management of the Blood Transfusion Service in the
11 1970s and early 1980s.

12 THE CHAIRMAN: This may be difficult, because it was a long
13 time ago, but can you recollect when you were in office
14 whether your attention was ever called to problems at
15 Elstree?

16 A No, I can't. To be honest, I just do not know. I am
17 fairly sure there was a -- in the controversy over
18 finding out how much money we needed to find and how to
19 get self-sufficiency, there must have been some
20 assessment made about Elstree, but I cannot remember it.
21 The normal thing would be to go back to your papers and
22 find all the minutes of the meetings and know who was
23 there and who was responsible. I do not quite
24 understand, for example, why all the names of the key
25 people on this document are blocked out.

1 THE CHAIRMAN: I quite agree. One of the problems that we
2 have had is to discover who was writing to whom, but
3 that is obviously something we will have to address in
4 the future.

5 I think those are the matters which are uppermost in
6 my mind. Judith?

7 MS WILLETS: I just wondered to what extent you were aware
8 of, or where the knowledge would have been in terms of
9 when purchasing products from abroad what the protocols
10 and processes would have been in terms of granting
11 licences for those products to the purchased. I
12 wondered what the background was?

13 A I very much doubt that I went into that detail. I think
14 perhaps when the first decision was taken in 1973 to go
15 and buy blood products abroad, whoever made that
16 decision might well have gone into the background of it,
17 but I do not remember doing so.

18 I mean, I want you to get clear, I do not think
19 there was any argument among the doctors about the risk
20 of contamination. I mean, this thing makes it clear.
21 They are sensible people, these people. By and large,
22 the doctors in the Ministry of Health are people who
23 specialise in public health and they are people,
24 therefore, who are very much more aware of this type of
25 problem; they are not so much clinicians, they are

1 people who, by and large, are experts in public health.

2 The problem was treasury issues. Were we entitled
3 to tell the regional health authority that we would make
4 it self-sufficiency? Well, I decided we were. Were we
5 able to make some special earmarking of money? Well, in
6 this case it appears there was an open debate between
7 Oxford and the Department and they knew that we wanted
8 it, so I do not know.

9 MS WILLETS: The original half million; there were
10 subsequent quarter of a millions scheduled to come in in
11 the subsequent years, is that right?

12 A Well, there would certainly have had to be, once you
13 started having much increased demand, so you would have
14 needed more facilities. So it is perfectly reasonable
15 for the next government to have done something about
16 Elstree and started to build another plant there,
17 perhaps. That would have been a necessity and that was
18 a much bigger expenditure.

19 At that time presumably once again the question of
20 self-sufficiency and the arguments were entered into and
21 presumably were sustained. But, I mean, I do not quite
22 understand why we are not told which civil servants made
23 this decision to scrap all these documents. I mean, we
24 have a history of the National Health Service, the
25 historian -- the point about the government -- has just

1 gone through and written a wonderful history of the
2 National Health Service. Who decides what documents he
3 should see? How can you write a history of the National
4 Health Service when people can destroy the whole segment
5 of documents? This was not just a few documents, this
6 was selectively going at the subject.

7 Well, I am very against conspiracy theories, because
8 they are usually torn out to be failures. The foul-up
9 theory is much more frequent. But the more you look at
10 this, the more you look at the question of what was
11 happening in France, the more you begin to see people
12 who were fearful of having the same legal processes
13 going on in London and in this country, I think at the
14 very least the government, having at long last
15 announced -- after all, they are not responsible, this
16 is years ago. But they did eventually, under pressure
17 from Lord Morris and others in the House of Lords, they
18 did have this investigation and they now tell us this
19 took place, they tell us it was an official who did this
20 on his own, and I think we should know who this official
21 is and we should actually hear from him and, if he is
22 still alive, ask him to give evidence.

23 THE CHAIRMAN: I think we will be asking some questions
24 about that.

25 A I am very pleased to hear it, thank you.

1 THE CHAIRMAN: One other matter that I did intend to ask you
2 about. A product cannot be imported and used in this
3 country, can it, until it is licensed under the
4 Medicines Act?

5 A Right.

6 THE CHAIRMAN: Now, as I read the Medicines Act -- and this
7 is a lawyer not a doctor talking -- the Secretary of
8 State is responsible to be the licensing authority.
9 Fairly clearly he can't do that himself --

10 A Or she.

11 THE CHAIRMAN: Or she. They are advised by a committee.
12 I wonder whether you could tell us any more about that
13 process and was it something that was frequently brought
14 to your attention?

15 A The Medicines Act under which that operated on was a
16 very interesting example, a very early one, of
17 government and industry co-operating very fully and in
18 my view it was a very successful legislation. It
19 allowed us to attract many pharmaceutical companies to
20 invest in research in this country and they had
21 confidence that there was a transparent and open system
22 of assessment in which they participated as the
23 industry. So it was jointly done between civil
24 servants, government scientists and people from the
25 industry. There was a great deal of confidence in the

1 Medicines Act at that stage.

2 I was actually the sponsoring minister for the
3 pharmaceutical industry in those days -- it was later
4 taken away -- and it was a very good relationship, in
5 fact so good that I argued inside the government, and
6 got permission for one moment, to use the Medicines Act
7 to deal with smoking, but it was eventually dropped.
8 But I would defend the Medicines Act and its procedures.
9 It is certainly one I had a lot of confidence in, but it
10 was definitely joint, in which industry felt they had a
11 full say.

12 THE CHAIRMAN: I see. But the final say was with the
13 committee presumably?

14 A Yes, the Secretary of State would be advised by the
15 committee. The politicians would not get involved in
16 that. I mean, by and large, we have to take advice and
17 in an area like medicine you are really heavily
18 dependant on the scientific and medical advice which you
19 get. Occasionally I would challenge it on the basis of
20 inadequate medical knowledge, but ...

21 THE CHAIRMAN: Thank you. Vijay?

22 MR MEHAN: Lord Owen, just to reinforce Lord Archer, to say
23 thank you for your time in coming today and all the
24 evidence you have provided to us. It has been extremely
25 helpful.

1 I am just asking your opinion on how you believe
2 there might be closure for the haemophiliac community
3 over this issue, including those who are widows and their
4 dependants. Would that be an issue of recognition from
5 government, restoring trust, an issue of preventing this
6 issue occurring in the future? What are your thoughts on
7 that?

8 A Well, I think we have already touched on it. Some of
9 these issues relate to what was the climate of the time
10 in terms of public opinion, in terms of transparency, in
11 terms of openness and freedom of information and things
12 like that. I believe this committee is doing great
13 work, but I am sure you are the first to admit it would
14 be much better if this was one with the full authority
15 of government behind it.

16 THE CHAIRMAN: We are very conscious of that.

17 A And I hear that there is going to be a serious inquiry
18 in Scotland with the resources of the Scottish Health
19 Authority, which I very much welcome. I think you will
20 find that there was less of a problem in Scotland.

21 But I am not sure you can ever get closure. The
22 constituents who I was involved with are now dead. The
23 compensation scheme, well it was a fight to get it in
24 and it has worked, but of course a lot of people do not
25 feel it is generous enough. Then there is always the

1 argument of, should it be retrospective? These are
2 difficult questions and I think you have to recognise
3 that money is difficult to get -- I do not know. I am
4 not sure I know how to get closure on it. I do not
5 think you ever do get closure on these things. But a
6 feeling that people have tried, the experience in truth
7 commissions and things like that in different parts of
8 the world, seems to me to indicate that the mere attempt
9 to try, even in these circumstances, this inquiry will
10 do good.

11 MR MEHAN: Thank you for that.

12 A I will return my documents to my own library at
13 Liverpool University. You have had them and the inquiry
14 have had all of them.

15 THE CHAIRMAN: I think we have copies of all of them, thank
16 you.

17 A And I will put my own evidence into the library, so it
18 will be at Liverpool University and people are welcome
19 to use it.

20 THE CHAIRMAN: Thank you very much. Is there anything else
21 you think we have not asked you about?

22 A No. I hope you get to the bottom of it.

23 LORD ARCHER: Thank you. We are most grateful, thank you
24 very much.

25