

Wednesday, 10 February 2021

(10.00 am)

SIR BRIAN LANGSTAFF: Ms Richards?

MS RICHARDS: Sorry we had no sound, sir, but we do now.

SIR BRIAN LANGSTAFF: And the cast list in Fleetbank House is the same as it was yesterday?

MS RICHARDS: It is, sir, yes.

SIR BRIAN LANGSTAFF: As before, we have a much wider audience, Mr Watters, who are watching remotely to see the continuation of where we left it off yesterday around lunchtime.

Ms Richards.

MR DAVID WATTERS (continued)

Further questions by MS RICHARDS

MS RICHARDS: Mr Watters, we're going to spend this morning looking at documents and considering Haemophilia Society actions from 1983 and 1984, just so that you understand where we're going.

I want to pick it up by looking at the first

The Haemophilia Society Bulletin of 1983.

Soumik, that's PRSE0004120.

Can you see that, Mr Watters?

A. I can.

Q. So if we go, please, Soumik, to page -- forgive me, it's page -- the last page but one. I'm not quite

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Then he goes on the bottom of the paragraph to say:

"In Britain, amongst 5,000 haemophiliacs, there have been no reported cases of AIDS."

Then the question is asked:

"Could British haemophiliacs get AIDS?"

Answer:

"Of course it's possible. But I'd still expect AIDS to remain a rare disease. The idea that there's an epidemic of AIDS amongst haemophiliacs is ludicrous."

Now that's a strongly worded answer. Would the Society have looked at -- yourself or the Executive Committee or any others have looked at what Dr Kernoff was proposing to say and the Society was proposing to publish and ask itself whether that was the right message to be giving at that time?

A. Well, the decision about what was published and what wasn't published was in the hands of the editor of publications and the Chairman of the Society.

Q. So how did it work between the editor and the chair? Would the editor show early drafts to the chair before The Bulletin was sent out to members?

A. That was what should happen since they were both members of the editorial board.

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sure how many that is. Thank you.

We look at the bottom right-hand corner,

Mr Watters, we can see there's the heading "AIDS" and Haemophilia" -- sorry, I will wait until it comes on screen:

"An interview with Dr Peter Kernoff, Director of The Haemophilia Centre at the Royal Free Hospital in London."

And we can see there's a question and answer session with Dr Kernoff answering various questions in relation to AIDS and haemophilia.

Who would have selected or asked Dr Kernoff to provide this information to The Bulletin?

A. That would have been Clive Knight, who was editor of The Bulletin and a patient of Dr Kernoff.

Q. If we go to the next page, please, if we look in the left-hand column, bottom half of the page, please, do you see the question:

"Well, do haemophiliacs get AIDS?"

On the left-hand side, Mr Watters?

A. Yes.

Q. We can see there Dr Kernoff says:

"Amongst the group of patients with AIDS who've been reported to the American authorities, there have been 11 haemophiliacs ..."

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Q. You were not involved in this process?

A. No. I mean, I might be involved in the administrative arrangements for that process but I wasn't involved in the process and I didn't necessarily have a say-so in the process.

Q. Would you agree more generally that by publishing material, whether it's this or a different message in relation to AIDS, the Society might well be seen to be endorsing and promoting whatever's being said in its Bulletin?

A. I think there were disclaimers in all our publications that views represented -- views contained in the document didn't represent the views of The Haemophilia Society necessarily. But Dr Peter Kernoff wasn't any old Tom, Dick or Harry doctor, he was a highly respected international haemophilia doctor, and in those days, and without the benefit of hindsight, we were a much more trusting society than we are today I think.

Q. Yes, I understand, Mr Watters, but just as a matter of generality, would you accept that a member of The Haemophilia Society reading The Bulletin, perhaps concerned about what they -- hypothetically concerned about what they read in the news, is potentially going to derive a considerable degree of reassurance from

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1 the fact that this is being said in strong terms by
 2 a leading clinician and being published by the
 3 Society?
 4 A. Indeed. I agree with you there.
 5 Q. So that was the first Bulletin of 1983. I don't think
 6 we know the exact date.
 7 We can then see, if we go to HSOC0029476_023,
 8 please, we can see the Executive Committee meeting
 9 from April of 1983. So you'll see 12 April 1983. And
 10 if we go over the page -- again, I'm showing you this
 11 by way of a negative, Mr Watters. If you cast your
 12 eyes over the committee meeting, there's no discussion
 13 in relation to AIDS at all in "Matters arising" or
 14 elsewhere.
 15 If we go to the third page -- please, Soumik --
 16 and look at the top of the page, I think the only
 17 reference we see in these minutes to the question of
 18 AIDS is the application, under the heading "Research
 19 Grants Committee", by St Thomas' Hospital for a sum of
 20 £11,000-odd for work relating to AIDS.
 21 This is April 1983 with the Executive Committee
 22 not addressing the issue of AIDS directly. Does that
 23 strike you as surprising and perhaps suggesting the
 24 Society was slow to react at this stage?
 25 A. I don't know whether "slow to react" is the best term

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1 "It is unfortunate that haemophilia has been
 2 linked with AIDS. Apart from that we must not
 3 overlook the AIDS problem. One of my patients may
 4 have a mild form of it. Some patients show laboratory
 5 changes. Laboratory changes do not mean that it is
 6 a serious disease. I do not know of any haemophiliac
 7 with AIDS in the UK, France or Germany. I do not
 8 think we need to get over-concerned about this. At
 9 the present time it would be absolutely wrong to
 10 curtail treatment."
 11 I just wanted to ask you about what
 12 Professor Bloom said there about one of his patients
 13 "may have a mild form of it".
 14 We know, the Inquiry knows, you may know from
 15 subsequent events, Mr Watters, that the first
 16 haemophiliac patient identified with AIDS in the UK
 17 was a patient of Professor Bloom's, and this is the
 18 first public reference to it by Professor Bloom in
 19 The Haemophilia Society material.
 20 Do you recall learning anything about this case
 21 from Professor Bloom at this time?
 22 A. No. And of course it's only with the benefit of
 23 hindsight that we're able to see. The only thing we
 24 can tell from this is that there was still an
 25 expectation that there was such a thing as a mild form

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1 to use. I think there was a considerable amount of
 2 denial among the board members. And again, I would
 3 remind the Inquiry, the board members themselves were
 4 severe haemophiliac or close relations of people with
 5 haemophilia.
 6 Q. We then, still in April of 1983, we can see from the
 7 second Bulletin of the year, the text of a talk by
 8 Professor Bloom, so we'll just look at that.
 9 It's PRSE0000411. If we go to the second page,
 10 look in the top left-hand corner, it says:
 11 "Home Therapy - Myth or Reality."
 12 "Talk given at the [AGM]: 23 April 1983,
 13 Professor AL Bloom."
 14 There's then a number of matters which he
 15 covers. And if you look at the right-hand side,
 16 bottom of what you can see on the screen, you'll see
 17 he starts talking about AIDS.
 18 Soumik, could we go over, please, to page 5.
 19 It's the bottom half of the page please, Soumik --
 20 perfect. Just up slightly.
 21 If you look in the left-hand column,
 22 Mr Watters, you'll see there this is a question and
 23 answer session that's being recorded in The Bulletin
 24 and you'll see there an answer from Professor Bloom.
 25 He says:

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1 of AIDS in haemophilia.
 2 Q. Do you know whether at any time over the following
 3 months there was any discussion between either
 4 yourself or, to your knowledge, anyone else in The
 5 Haemophilia Society with Professor Bloom about this
 6 patient? Not obviously their name or identifying
 7 details, but about the case?
 8 A. I think that in those days you didn't discuss
 9 individual patients at all, especially with
 10 clinicians.
 11 Q. So you don't recall any discussions, in any event?
 12 A. No.
 13 Q. If we then, please, move on to May of 1983.
 14 Soumik, could we have PRSE0000199.
 15 Now, this is the Mail on Sunday article of
 16 1 May 1983. I'm not going to go through the detail of
 17 it because I'm just putting it up there for context,
 18 because we're going to look at what happened next, but
 19 it's the Susan Douglas article with the headline
 20 "Hospitals using killer blood". It refers to AIDS and
 21 it refers to:
 22 "... two men in hospital in London and Cardiff
 23 are suspected to be suffering from the disease after
 24 routine [treatment] for haemophilia."
 25 We can take that down.

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1 Then if we look at CBLA0000060_158, please.
 2 Now, you'll see here, Mr Watters, this is
 3 a letter from Professor Bloom to the Reverend Tanner
 4 dated 3 May 1983, and it reads:
 5 "In response to David's telephone call over the
 6 weekend I have drafted out a letter which is enclosed.
 7 I hope that this is what you are looking for. I am
 8 not too sure if David meant that it would be
 9 circulated to members above both our signatures or
 10 just above yours, but either procedure would be
 11 acceptable to me. Please feel free to modify it as
 12 you wish. I am sorry about the inaccurate reports
 13 particularly in the 'Mail' and was shocked to learn of
 14 the lengths to which this reported [it might be
 15 'reporter', I'm not sure] had gone with the Society.
 16 I hope that you make headway with the Press Council."
 17 Now, before we look at what Professor Bloom
 18 wrote and the Society then published, what can you
 19 recall, if anything, about the Mail on Sunday article
 20 and yours and the Reverend Tanner's response to it
 21 which led to you contacting Professor Bloom over that
 22 weekend?
 23 A. Well, the article was written in highly alarmist
 24 terms, not all of which was grounded in hard fact, and
 25 it was particularly misleading in that it suggested,

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1 that a reference to, do you know?
 2 A. I don't know. I just -- I think he was possibly
 3 referring to the demolition job, if you like.
 4 Q. There's a reference to making headway with the Press
 5 Council. Had a decision been taken already by this
 6 time, effectively an immediate decision, to make
 7 a complaint to the Press Council?
 8 A. It wouldn't have definitely been made. It was
 9 possibly being floated at the time.
 10 Q. If we look over the page, please, Soumik, we can see
 11 there the text drafted by Professor Bloom. I'm not
 12 going to go through it because I'm going to show you
 13 the published version and ask you to accept from me
 14 that they are the same. So if we go to the published
 15 version its DHSC0001228. We can see here it's dated
 16 4 May. We can see the Reverend Tanner's text, as
 17 follows in the bolder print at the top:
 18 "In view of the unduly alarmist reports on AIDS
 19 which appeared in the press over the weekend, we are
 20 writing to reassure members of the Society about the
 21 true position. We have been in touch with
 22 Professor Arthur Bloom, [Chair] of Haemophilia Centre
 23 Directors, senior member of our own Medical Advisory
 24 Panel and a member of the Central Blood Laboratories
 25 Authority, who has kindly written to us all as

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1 I recall -- I recall that it suggested that the
 2 United Kingdom could have -- instead of importing
 3 blood products from the United States, could have had
 4 their entire need met from Switzerland. Which of
 5 itself was not a true statement.
 6 Q. How did it come about that contact was made with
 7 Professor Bloom by you?
 8 A. Well, Professor Bloom was chair of the Medical
 9 Advisory Panel, chair of the Haemophilia Centre
 10 Directors Organisation, and he was the person that we
 11 had to rely on for accurate information.
 12 Q. Do you recall whether it was your idea to contact him
 13 or the Reverend Tanner's idea or do you not know?
 14 A. I think in discussion over the telephone with Father
 15 Tanner -- and remember this was a Sunday morning so it
 16 was quite difficult to track him down -- just out of
 17 discussion emerged the fact that we should consult
 18 Professor Bloom about the assertions contained in the
 19 article because we knew that this would be deeply
 20 disturbing to people with haemophilia across the
 21 United Kingdom.
 22 Q. Do you know what's meant in Professor Bloom's letter
 23 about "shocked to learn of the lengths to which this"
 24 and it says "reported", but it may make more sense if
 25 it was reporter "had gone with the Society". What's

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1 follows."
 2 Then we have Professor Bloom's text. We can
 3 see it refers to the reports from America causing
 4 anxiety to members of this society and to their
 5 relatives:
 6 "Haemophiliacs, their parents and doctors have
 7 always balanced the quality of life and the dangers
 8 from bleeding against the risks of treatment. We are
 9 no strangers to infective diseases, such as hepatitis,
 10 which can be transmitted by factor concentrates.
 11 Recent evidence indicates that in this respect at any
 12 rate concentrates prepared from British blood are not
 13 necessarily safer than those prepared in the [US]."
 14 Then there's a reference to the investment by
 15 the Government in BPL, and then it continues as
 16 follows:
 17 "Bearing this in mind it is important to
 18 consider the facts concerning AIDS and haemophilia.
 19 The cause of AIDS is quite unknown and it has not been
 20 proven to result from transmission of a specific
 21 infective agent in blood products. The number of
 22 cases reported in American haemophiliacs is small and
 23 in spite of inaccurate statements in the press we are
 24 unaware of any proven case in our own haemophilic
 25 population. Neither have any cases been reported from

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Germany ..."

Then he goes on to talk about monitoring how importation of licensed products is monitored and controlled, and then concludes:

"... whilst it would be wrong to be complacent it would equally be counter-productive to alter our treatment programmes radically. We should avoid precipitate action and give those experts who are responsible a chance continually to assess the situation."

Now, you'll see there in the middle the sentence I read out:

"... in spite of inaccurate statements in the press we are unaware of any proven case in our own haemophilic population."

Mr Watters, the Inquiry understands that, by this time, a week before this, Professor Bloom had notified the case of his own patient to Dr Craske as a probable case of AIDS. If The Haemophilia Society had known that Professor Bloom had already identified a probable case of AIDS in a haemophilic patient in his care, do you think that's something that the Society would wish to have ensured people, its members, knew and understood, because the impression given by this might be said to be that there are no

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is saying --

A. Yes.

SIR BRIAN LANGSTAFF: -- although there was an explanation because you didn't know enough at the time.

A. Correct.

SIR BRIAN LANGSTAFF: Thank you.

MS RICHARDS: Given that The Mail on Sunday article had reported a Cardiff case, and that part of it was correct, and a Cardiff haemophilic would inevitably have been under the care of Professor Bloom and, indeed, the Society would have known that from the AGM, that he talked about having a patient who might have a mild case, did it occur to you or the Reverend Tanner that Professor Bloom might not be the right person to go to because he was directly involved and might have reasons of his own for not wanting to explain the full picture.

A. Professor Bloom was still the person regarded by his peers as the person holding authority. The UKHCDO hadn't removed him from his position or raised any doubts and he was still holding a number of extremely distinguished positions in the world of blood products. There were very few other people we could turn to and, given the difficulty of communication, because the fastest communication in those days was

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such cases?

A. He says there were no proved cases and he reported it as a probable case. We didn't know that and, had we known it, we may well have questioned more closely, as we did a few months later, the credibility or the veracity of the statement.

Q. You're right --

A. Those things only came to light, of course, with the benefit of the hindsight.

Q. I understand, Mr Watters, that you didn't know at the time, the Society did not know at the time, the details of Professor Bloom's own patient. You rightly pointed to the use of the word "proven". In light of what you now know, does the phrase "in spite of inaccurate statements in press we are unaware of any proven case in our own haemophilic population", does that choice of wording now cause you concern that your members were not being given a full and candid picture?

A. I think there are many things that hindsight gives us cause to regret but, at the time, we were acting in good faith based on what we knew.

SIR BRIAN LANGSTAFF: I don't think that's quite an answer to the question. What I think you're saying is, yes, with the benefit of hindsight you accept what counsel

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fax, the onerous task of telephoning 20 or 30 people to get points of views would be singularly unproductive, nor did we have the time or resources to do that.

So we were making the best of a very bad situation and it's regrettable that time has shown us to have been erroneous in the line we pursued.

Q. You've said in your statement, Mr Watters, that the Bloom draft, the document that Professor Bloom sent back to the Society and that was published in the form we see, wasn't discussed or verified with other members of the Medical Advisory Panel because the Society didn't have time.

Why was this seen as so urgent to deal with?

A. It was so urgent to deal with because of the upset it was causing members and the number of calls, even coming in to our answering service on that Sunday, because I had to go into the office to deal with this, were a good symbol that upset was being caused.

Q. Would you accept, at least now, Mr Watters, that, balanced against obviously the need to try and respond to queries, upset, distress or the like that was being voiced by members, balanced against that was the need to ensure that whatever information was published was as thoughtful and balanced and useful to members as

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1 possible?
 2 **A.** Yes, and that is exactly what we thought we were doing
 3 with the very best intentions. I mean, we had nothing
 4 to benefit from publishing what we knew to be lies but
 5 we didn't know that there were elements of untruth
 6 contained in it, nor did we know, as we discussed
 7 briefly yesterday, the content of the letter that
 8 Professor Bloom had already been sent emphasising the
 9 fact that people should be encouraged -- this is from
 10 a Government source -- encouraged to continue using
 11 their same blood products.

12 You know, if we had had the benefit of
 13 hindsight on 3 May 1983, the course of history would
 14 have been changed but quite how it would have been
 15 changed is another matter, because if we'd told people
 16 to stop taking their blood products who knows what the
 17 outcome of that might have been.

18 **Q.** What was it about The Mail on Sunday article that
 19 particularly concerned you and Reverend Tanner and
 20 others within the Society? You mentioned the issue
 21 about possible availability of blood from Switzerland.
 22 That's not, I think, addressed, in any event, in what
 23 you published or what the Society published on 4 May.
 24 What else was it? Apart from the, as you understood
 25 it, the erroneous suggestion that Switzerland could

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1 products. History proved that to be the case but, at
 2 the time, what we were being told, what science was
 3 telling us, was that there's no direct link, there's
 4 no proven link between, et cetera, et cetera. Here
 5 was Susan Douglas in The Mail on Sunday making
 6 an assertion that science wasn't making at the time.

7 **Q.** Well, yes. I mean, I don't want to explore with you
 8 available literature up to that point, Mr Watters --

9 **A.** That available literature would not have been
 10 available to us at that time. It would have been
 11 available to us considerably later, possibly.

12 **SIR BRIAN LANGSTAFF:** May I just be clear: no link or no
 13 proven link?

14 **A.** Proven link, no proven link.

15 **SIR BRIAN LANGSTAFF:** You used both expressions.

16 **A.** Yes, I did mean proven link.

17 **MS RICHARDS:** So concern about the second paragraph
 18 because your position was or the Society's position
 19 was there was no proven link. The position in
 20 relation to the Cardiff patient is correct in the next
 21 paragraph, although I think the position in relation
 22 to a London patient may not have been.

23 **A.** Well, quite, and it says that -- well, it does say
 24 there's suspected. But when you've got haemophilia
 25 and you read an article like that words like "could"

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1 assist, what else was it about the article that the
 2 Society took exception to?

3 **A.** I mean, you're asking my memory to go back 38 years at
 4 the moment, right, and I haven't got benefit of the
 5 article in front me.

6 **MS RICHARDS:** You're absolutely right, that wasn't a fair
 7 question without looking at the article. Let's just
 8 go back to it, PRSE0000199.

9 **A.** A bit bigger.

10 **Q.** If we just zoom in on the top half of the page first
 11 of all. We have obviously got the headline "Hospitals
 12 using killer blood":

13 "Blood imported by the NHS from America could
 14 be threatening the lives of thousands of British
 15 people.

16 "A sexually transmitted killer disease, which
 17 has struck more than 1,300 Americans, is present in
 18 contaminated blood used in transfusions and
 19 operations."

20 There's then reference to two cases, London and
 21 Cardiff --

22 **A.** Could I stop you there?

23 **Q.** Of course.

24 **A.** The first thing The Mail on Sunday does is make
 25 a direct assertion about the contamination of blood

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1 and "suspected" tend to vanish from your mind as you
 2 read it and everything is actually factual.

3 **Q.** Would you agree, Mr Watters, that, leaving aside the
 4 way in which journalists may express things in more
 5 dramatic language than a clinician or a society might
 6 use, but would you agree that the fact that there was
 7 certainly at least one haemophiliac -- in fact, we now
 8 know there was the Bristol case, although the
 9 journalist didn't know that -- the fact that there was
 10 a haemophiliac suspected to be suffering from AIDS
 11 after routine treatment with Factor VIII was a fact
 12 which members of your Society had a right to know?

13 **A.** They had a right to know in a controlled and factual
 14 manner and not in Sunday tabloid journalese.

15 **Q.** Would you accept that your members had a right to know
 16 that whilst matters -- there was still areas of
 17 considerable scientific uncertainty, whilst matters
 18 were not proven, it was at least suspected or believed
 19 by then that a likely cause of the disease presenting
 20 itself in haemophiliacs was the receipt of factor
 21 concentrates?

22 **A.** At the end of the day, yes, but in a factual way.
 23 It's interesting later in the article that Dr Pinching
 24 says that it seems madness that our blood supplies are
 25 coming from a country suffering from an epidemic. And

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1 of course that takes us straight back to the point
 2 that we would never have been in this situation had
 3 the promises of Dr David Owen been fulfilled and the
 4 country had become self-sufficient in Factor VIII.
 5 **Q.** Leaving aside the points you've already made, if we
 6 just look at the rest of the article and if you just
 7 identify me anything else which concerned the Society,
 8 we can see, under the heading "Warning", there's
 9 a reference to AIDS and being dubbed "The Gay Plague"
 10 and having been passed on as blood donors. There's
 11 a reference to BPL considering sending out a warning
 12 and a quote from or an indirect attribution to
 13 Mr Pettet of BPL and then what appears to be a direct
 14 quote from him.

15 Then, under the heading "Emergency", there's
 16 a reference to screening processes in America being
 17 "less stringent than here". There's a reference to
 18 directors having called emergency meetings to discuss
 19 immediate action, and there certainly was a special
 20 meeting of the Reference Centre Directors on 13 May.
 21 Then it goes on to talk about raising questions about
 22 why Britain imported plasma and blood extracts from
 23 the States. We've got a quote from Dr Pinching,
 24 a leading immunologist.

25 Is there anything in any of those paragraphs

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1 at the Westminster Hospital saying that he'd seen
 2 14 patients with the disease -- "has 14 patients with
 3 at present", and more than that in his wards.

4 Is there anything in that last part, other than
 5 the reference to Switzerland, that caused the Society
 6 concern?

7 **A.** No, that's about it.

8 **Q.** Would you agree with this, Mr Watters, that your
 9 members, the Society's members, had a right to know
 10 not just of proven risks but of possible or probable
 11 risks so they could take their own informed decisions
 12 and also decide whether they wanted to take action and
 13 lobby for different treatment?

14 **SIR BRIAN LANGSTAFF:** Can we just stop there for a moment.
 15 I'm concerned about the way in which that question was
 16 put, because to talk of a "probable" risk or
 17 a "possible" risk is, to my mind, not particularly
 18 helpful. There's either a risk or there isn't. It
 19 may be a risk of considerable magnitude or it may not
 20 be but if it's a risk it's a risk, isn't it?

21 **MS RICHARDS:** Sir, you are absolutely right. Let me
 22 rephrase the question for Mr Watters.

23 Mr Watters, would you accept as a matter of
 24 principle that your members had a right to know of
 25 risks, even if there was an absence of scientific

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1 which caused the Society concern at the time, before
 2 we get to Switzerland?

3 **A.** I think the next column is headed "Spread of the 'Gay
 4 Plague'", and there's earlier reference to "The Gay
 5 Plague". Those things were upsetting to people with
 6 haemophilia, as we had already seen in an earlier
 7 Bulletin from a question put to Professor Bloom at our
 8 meeting, where somebody regretted the fact that, you
 9 know, everybody was being tarred with the same brush,
 10 as it were.

11 **Q.** Other than --

12 **A.** Those things, just in their totality, were upsetting
 13 to us and demanded some form of statement from the
 14 Society.

15 **Q.** Then you have referred already to Switzerland, which
 16 is the next paragraph. The following paragraph is the
 17 aspiration about self-sufficiency. And then it says:

18 "Many doctors feel 1986 [for self-sufficiency]
 19 will be too late ..."

20 **A.** Yes.

21 **Q.** If we go over the page, it talks about -- if we just
 22 go closer in, thank you, Soumik -- growing fears about
 23 their own blood banks having been infected by British
 24 donors who had picked up the virus. Statistics,
 25 listing 14 cases. And then reference to a professor

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1 proof at that stage, so that they could decide for
 2 themselves what they wanted to do?

3 **A.** My recollection is that all patients with haemophilia
 4 were advised of risks from clotting factor but before
 5 they went on to it, and that was kind of baseline.
 6 How specific those risks were would depend on
 7 knowledge of risk at that time.

8 You know, hepatitis risk became clear. This
 9 one wasn't quite becoming clear in the minds of the
 10 physicians.

11 **Q.** Let me put it, if I may, a slightly different way
 12 then, Mr Watters. Leave aside the responsibility of
 13 individual clinicians to warn their patients of risks.
 14 What, in May 1983, do you say was the Society's
 15 responsibility in terms of the kind of information it
 16 should be providing to its members?

17 **A.** I think that the Society's wish was to give its
 18 members accurate information, not speculative
 19 information.

20 **Q.** Do you --

21 **A.** And the accuracy was just beginning to reach maturity
 22 but it hadn't reached that point still.

23 **Q.** Was, do you think, the Society waiting for proof
 24 before it said anything further about risks?

25 **A.** I think it was, yes.

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1 Q. If we move to another document from this time, it's
2 a document dated 3 May.
3 Soumik, could we have DHSC0001651.
4 So this is an internal Department of Health
5 document, Mr Watters. It's dated 3 May, the date's at
6 the bottom, and it's between departmental officials
7 about providing briefing for the Prime Minister's
8 questions.

9 If we look at the third paragraph, it refers to
10 The Haemophilia Society however:
11 "Officials are in touch with representatives of
12 the Directors of Haemophilia Centres and the Blood
13 Transfusion Service as well as The Haemophilia
14 Society. During these discussions, The Haemophilia
15 Society indicated that they would welcome an
16 opportunity to discuss AIDS with Ministers by the end
17 of this week. Whilst one of the main purposes of the
18 background briefing is to put the problem of AIDS into
19 proper perspective -- a view shared by the Society --
20 we think it would be helpful if Mr Finsberg [I think
21 a junior minister] were to offer to meet
22 representatives of the Society."

23 Then it goes on to talk again about what
24 ministers should or shouldn't say.

25 This would tend to suggest that following the

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1 that prompted their escalation of the ability of the
2 BPL to produce more plasma products. And, in that
3 sense, I think we were saying it would be good if the
4 Department of Health could put this into
5 a perspective.

6 Q. Do you understand from the Society's point of view
7 what's meant by "[putting] the problem of AIDS into
8 proper perspective"?

9 A. Those are the Department of Health's words, not mine.

10 Q. Fair enough.

11 If we go then --

12 A. By the way, I've never seen this document before.

13 Q. You wouldn't have seen it at the time, no. I hope it
14 has been sent to you in advance of today. I know
15 a lot has been sent to you, Mr Watters, so -- but you
16 wouldn't have seen it at the time, I accept that.

17 A. Yes.

18 Q. If we move on in May 1983, BPLL0001351_076.

19 We can see that on 9 May -- this is a letter
20 from you to all members of the Medical Advisory Panel,
21 and you set out there:

22 "A group of us will be meeting with
23 Geoffrey Finsberg on May 20 in connection with the
24 current AIDS publicity. It is our intention to raise
25 the following matters at our meeting with him:-

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1 publication of the Mail on Sunday article on 1 May, by
2 3 May there had been some contact between The
3 Haemophilia Society and the DHSS. Can you recall
4 anything about that contact?

5 A. I recall no detail of it at all. I recall that
6 a meeting with Mr Finsberg happened.

7 Q. Yes, I think this scheduled meeting in fact may have
8 been deferred because of the election, but --

9 A. Yes.

10 Q. So you don't recall whether, for example, you
11 contacted the DHSS or the DHSS contacted the Society?

12 A. I think it's more than likely that I would have
13 discussed it with the civil servants who were my kind
14 of front line, if you like.

15 Q. Then this is attributing to the Society a view that
16 the problem of AIDS should be put into "proper
17 perspective". Now I know those aren't your words,
18 those are the civil servant's words, but is that the
19 Society's stance as at early May, that "the problem of
20 AIDS" should be put into "proper perspective"?

21 A. I think the Society was -- shocked is maybe too strong
22 a word, but anxious that the Department of Health
23 themselves had had so very little to say about this
24 emerging problem. Because we were quite sure with
25 benefit of hindsight that it was knowledge of this

26

1 "(a) A definite commitment to
2 UK self-sufficiency in blood products.

3 "(b) An assurance that there will be no
4 immediate ban on the importation of US blood products.

5 "(c) The possibility of the work at Elstree
6 being further assisted in such a way as to make
7 self-sufficiency possible earlier than 1985/86.

8 "(d) Government support for research into AIDS
9 in the United Kingdom."

10 So it would appear from this that, as at
11 May 1983, the Society had applied its mind to the
12 question of whether there should be a ban on the
13 importation of US blood products and had formed
14 a policy position that there shouldn't be any such ban
15 and, indeed, an intention to lobby Government to
16 ensure there was no such ban; is that correct?

17 A. That's correct but that is based on the information we
18 were being provided with at the time.

19 Q. The --

20 A. Had we known then what we know now, with the benefit
21 of hindsight, we would never have pursued that line.
22 But it was the line that presumably the Department of
23 Health wanted us to follow because they never objected
24 to that line and they raised no obstacles to the
25 continued import of blood product.

28

- 1 Q. Why was it that the Society took the line of lobbying
2 for the continued import of blood products in
3 circumstances where there was at least the suspicion
4 of the risk of transmission of AIDS?
- 5 A. It was the balance of risk argument. People's lives
6 had been transformed with Factor VIII products.
7 Average life expectation had gone up from the early
8 20s to almost reaching the national average, in excess
9 of 60 years, as a result of home therapy and the
10 benefits of Factor VIII treatment, and many people
11 hadn't really known life without blood products. Many
12 parents hadn't known life without the benefit of blood
13 products, and other products that might have been
14 useful, like cryoprecipitate, just couldn't be
15 manufactured in sufficient quantity to meet the gap
16 between UK provision and the total UK need for blood
17 products.
- 18 Q. Did the Society consider at this time the option of
19 calling for a temporary ban on imports while the risks
20 were further investigated?
- 21 A. Given the fact that the board, the trustees, the
22 Executive Committee of The Haemophilia Society were
23 made up by people whose lives had been utterly
24 transformed, I have no recall of that situation being
25 discussed.

29

- 1 Q. You referred to the Society acting upon the best
2 evidence available to it and the best advice available
3 to it. We've obviously looked at the advice that the
4 Society received from Professor Bloom. What other
5 sources of advice did the Society consider at this
6 time which informed its position? Was it really just
7 what Professor Bloom was saying or were there other
8 pieces of advice it was receiving?
- 9 A. It was what Professor Bloom was saying and, of course,
10 by this memo to all the members of the Medical
11 Advisory Panel we were, in fact, asking them whether
12 they supported that point of view as well.
- 13 Of course the Department of Health at no point
14 resisted the line we were taking or the line that we
15 were being advised to follow by Professor Bloom
16 himself.
- 17 Q. If we look then, Mr Watters, at the next Executive
18 Committee meeting, we can see it's HSOC0029476_024.
19 We can see the date is 12 May 1983 and if we go over
20 the page and look at the bottom half of the page we
21 can see there the heading "AIDS". So this is now
22 12 May and I think it's the first substantive
23 discussion of AIDS in Executive Committee minutes but,
24 again, I'm sure I will be corrected if I got that
25 wrong. It says this:

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- 1 Q. This policy position set out here is obviously --
2 I say obviously, sorry -- seems to have been formed
3 relatively quickly at this point in time. Did the
4 Society ever consult with its members about whether
5 this was the direction that it should take?
- 6 A. The Society's direction was determined by the
7 Executive Committee, who were elected by the
8 membership to carry out the duties of running the
9 Society and, on issues like this, (a) we advised
10 people to discuss their own situation with their own
11 Haemophilia Centre Director, because what we were
12 issuing was generalised advice and -- oh, I've
13 forgotten (b).
- 14 Yes, (b) we were responding to what we thought
15 was the best possible advice available to us at that
16 time.
- 17 Q. Sorry, just so that I'm clear, the Society didn't
18 consult with members on whether this was the line to
19 take. You explained, I think, why that was the
20 case --
- 21 A. Yes.
- 22 Q. -- but, as a matter of fact, they didn't; is that
23 right?
- 24 A. I don't think they did and, certainly, there was no
25 time between 1 May and 9 May to do that.

30

- 1 "The Chairman introduced the subject of present
2 AIDS scare in the UK ... referred to the dossier of
3 press cuttings which had been made available to all
4 members of the Executive Committee. It was agreed
5 that the Co-ordinator should take appropriate steps in
6 connection with 'The Mail on Sunday' ... it was noted
7 one Centre Director had already lodged a formal
8 complaint with the Press Council. The Chairman
9 outlined his action in mailing his letter of 4 May to
10 the entire membership ... it was agreed unanimously
11 that until there is evidence to prove otherwise the
12 Society's policy would be to encourage members to
13 continue with their present treatment programmes,
14 subject to the advice of their Centre Directors, and
15 that full support would be given to self-sufficiency
16 in blood products at the earliest possible date."
- 17 We can see there that the first topic of
18 conversation is the issue in relation to The Mail on
19 Sunday, but then the policy is until there's evidence
20 to prove otherwise, essentially carry on as at
21 present; is that right?
- 22 A. Correct.
- 23 Q. Then if we move to HSOC0014373, please, this is letter
24 from the Irish Haemophilia Society to you, Mr Watters,
25 dated 27 May 1983. If we pick it up in the second

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paragraph it says:

"The Society is presently concerned about the risk of AIDS to Haemophiliacs ... we would be most grateful for any information you could possibly supply or the names of anybody who could keep us informed of any new developments.

"The Society is under the impression that the risks of AIDS is being played down and we would be pleased if you could give us any information and we wondered what approach or steps if any, your Society is taking.

"At present concentrates which are used in this Country are mainly American Commercial products ... we are considering putting some pressure on the authorities to use products which are made here in Ireland to decrease the risks. I hope that you will be able to help us in this matter."

Then there's a reference to a possibility of a concentrate made from pig's blood.

Did this ring any alarm bells or cause any concerns with you that here was, as it were, a sister society in Ireland which was concerned that the risk of AIDS was being down played?

A. Not really, not at that time. Ireland's situation was slightly different in that they were almost --

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congress in Stockholm. Then it says this:

"It was reported that the 'confirmed' Cardiff case was now back at work and in reasonably good health."

Where would the Society have got its information about the Cardiff case from?

A. I would have to say I've got no idea because the minute doesn't say who reported the fact.

Q. Are you able to assist us with why the word "confirmed" is in speech marks?

A. Not at all. It was undoubtedly me who put the quotation marks there but why, I've got no idea.

Q. Is it reasonable to assume that any information about the Cardiff patient would have come from Professor Bloom?

A. That is quite possible but I think the Cardiff patient's parents were also known to the Society.

Q. If we then move to HSOC0029476_026. We can see this is the Executive Committee's meeting of 14 July 1983 and, if we go over the page, heading "AIDS", we can see the chair introducing the subject, commenting upon a report that had been presented in Stockholm. There's then a resolution presented by the Southern Group, which refers to the German Government having banned American imports, and then says that:

35

I think, they were entirely reliant on US product at that time and they were a very much younger organisation than we were at that time. But we certainly worked very closely together.

Q. Can you recall, and again I'm conscious I'm asking you about events, obviously, a number of years ago, Mr Watters, but can you recall whether, on receipt of this, there was any discussion within The Haemophilia Society, your Society, about the issues being flagged up here by the Irish Haemophilia Society? Was there an internal discussion about whether the risk of AIDS was being played down?

A. I think the Irish Society were, of course, commenting on the fact that the risk of AIDS was being played down in their own country. I don't think they were talking about globally or specifically in the United Kingdom but, you know, this is a very long time ago and specifics elude me.

Q. If we then move on to HSOC0029476_025, please, Soumik. This is Executive Committee minutes of 14 June 1983 and if we go to the top of the second page, look at the first few lines, we can see under the heading "AIDS" that there's a brief summary by the chair. It's agreed that further discussion should be deferred until the June meeting because of the forthcoming

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"The Southern Group is most concerned that we are still using Factor VIII imported from America."

There's then a comment to say that the German Government hasn't banned the import of American blood products and that:

"There is no other country ... in a position to supply sufficient blood products to meet current UK needs which can guarantee those products to be risk-free."

Then there's this passage:

"The Executive Committee were unanimous in their view that the position in the UK remains as it did on 4 May when the Chairman wrote to all Society members along with a statement from Professor Bloom. It was agreed that the Co-ordinator should write to Professor Bloom giving him an opportunity to write again amending any statements in that letter. In the meantime a meeting with Minister's Parliamentary Secretary -- Lord Glenarthur -- would be held on Thursday 8 September. The [Chair] and Mr Prothero would attend", et cetera.

Then below that:

"It was agreed that the ..."

Is that "atm session"? Not quite sure, sorry, "the am session", apologies:

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1 "... [morning] session at the next Council
2 meeting would be devoted to AIDS. The Chairman to
3 invite Professor Bloom to address this session."

4 This might suggest that the Society really was
5 depending very heavily indeed on Professor Bloom and
6 his views in shaping its own direction of travel; is
7 that right?

8 A. That's right. And at that time that was an entirely
9 reasonable situation because Professor Bloom continued
10 to be chair of HCDO, continued to serve on CBLA, and
11 so he was a respected figure in the community. And we
12 knew nothing other than that really.

13 Q. Was the Society effectively delegating its position to
14 Professor Bloom?

15 A. I think it would have been slightly ridiculous if
16 a patient had stood up and tried to address a meeting
17 of council on the background to HIV and AIDS, and it
18 was open to Professor Bloom, as chair of the
19 organisation, to delegate to anyone else. And we now
20 know from discussions within HCDO that there was
21 little resistance there to the line that
22 Professor Bloom was telling us, the one that he had
23 been told he had to follow.

24 Q. If we go to BART0002363, it's a letter of 15 July 1983
25 from Mr Prothero to Dr Brian Colvin, so it's not

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1 from affected blood donors to patients receiving blood
2 or blood products", and it's said to have been adopted
3 by the committee of members of 23 June 1983.

4 There are a number of preambles set out. I'm
5 just going to highlight a couple of them. So the
6 third paragraph down:

7 "Considering the growing importance of a new
8 and severe health hazard, Acquired Immune Deficiency
9 Syndrome (AIDS), that may be caused by an infectious
10 agent transmissible by blood and blood products ..."

11 Then there's reference to importance, amongst
12 other things, of national self-sufficiency. And then
13 if we go over the page, please, and we just look at
14 the top half of the page, we can see the actual
15 recommendations.

16 Now this is a recommendation, Mr Watters, to
17 Government rather than to any individual or any
18 individual organisation, but it says:

19 "Recommends ... to take all necessary steps and
20 measures with respect to [AIDS] and in particular:

21 "- to avoid wherever possible the use of
22 coagulation factor products prepared from large plasma
23 pools; this is especially important for those
24 countries where self-sufficiency in the production of
25 such products has not yet been achieved."

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1 a letter you wrote, but I wanted to ask you about one
2 passage in it and see if it was reflective, in your
3 view, of the Society's overall stance.

4 If we look in the main paragraph, we see he's
5 referring to the World Federation of Haemophilia
6 Congress, and he says this:

7 "The main feeling I got from most people was
8 that the minimal risk was, at present, just one more
9 that severe haemophiliacs had to accept, along with
10 the other risks they accept already in their
11 treatment, if they wished to avoid the inevitable
12 outcome of reducing treatment frequency or levels."

13 Now I'm not asking you to comment upon
14 Mr Prothero's own views or circumstances at all, but
15 just -- was that, ultimately, what underpinned the
16 Society's thinking at the time, that this was just one
17 more risk that severe haemophiliacs had to accept?

18 A. Well, Mr Prothero was an influential member of the
19 Executive Committee and it was the view shared by the
20 board, yes.

21 Q. If we then look at, please, PRSE0000372, you'll see,
22 Mr Watters, this is a Council of Europe committee of
23 ministers document. It's entitled "Recommendation ...
24 of the committee of ministers to Member States on
25 preventing the possible transmission of ... (AIDS)

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1 Then the second recommendation is:

2 "- to inform attending physicians and selected
3 recipients, such as haemophiliacs, of the potential
4 health hazards of haemotherapy and the possibilities
5 of minimising these risks."

6 Then the third is:

7 "- to provide all blood donors with information
8 on [AIDS] so that those in risk groups will refrain
9 from donating ..."

10 Now, first of all, do you have any recollection
11 of this recommendation coming to the Society's
12 attention or being discussed by the Society?

13 A. Not at all. I hadn't seen the document until it came
14 in a bundle the other day.

15 Q. So is it right that there were, as you described to us
16 yesterday, regular discussions with the Department of
17 Health at this time?

18 A. Indeed.

19 Q. Is this right, the Department of Health did not draw
20 The Haemophilia Society's attention to this
21 international recommendation?

22 A. That's correct.

23 Q. Then if we go next to some further correspondence with
24 Professor Bloom, so it's --

25 A. Could I just go back one step? I think it was

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possibly later that I was involved in the establishment of the European Haemophilia Consortium, but this document doesn't even ring any bells from those days. But my memory isn't what it used to be, it has to be said.

Q. Thank you.

I want to pick up your correspondence with Professor Bloom in July of 1983. So if we go to BPLL0001351_084. We looked at the Executive Committee minutes in which it was said you were going to write to Professor Bloom, and this is the letter you sent, 19 July.

If we go on to the fourth paragraph, because I think the first part of it is dealing with reorganisation of haemophilia centres, it says:

"I would like to continue on the subject of the AIDS. You will recall that early in May you were kind enough to provide us with the gist our statement which was issued to all members of The Haemophilia Society. While we do not believe that the situation has changed to any extent in the UK since that time, we did however wish to give you an opportunity to issue any amending statement which you may care to let us have particularly in view of the World Federation of Haemophilia Medical Board report on AIDS which was

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Were you aware -- to your knowledge, was the Society aware by this time of cases having been reported in other European countries?

A. All I can say is we probably were.

Q. Did it occur to or -- sorry, was there any discussion within the Society, as far as you can recall, about alerting your members to that fact?

A. I've got no recollection of that.

Q. Apart from asking Professor Bloom in the correspondence that we've just looked at if he wanted to say anything further, as far as you can recall did the Society seek advice at this stage from anybody else?

A. I've no recollection of doing that.

SIR BRIAN LANGSTAFF: Just before we leave this letter, can I just ask you for your view on one point. In the response, Dr Bloom, who was -- Professor Bloom, who was involved in the Medical Advisory Panel, that's advising on matters of medicine, he gives you his answer in the first three sentences, but the fourth sentence, at the end of it:

"... I don't think that we need emphasise this to the Society members and I am not convinced that much is to be gained by circulating them again at the present time."

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presented by Doctor Shelby Dietrich in Stockholm."

So that was your request as to whether Professor Bloom wanted to update his statement to you.

If we then look at his response, CBLA0000060_048. So it's a letter of 25 July to you, and he says:

"With regard to the status of AIDS in the UK I agree with you that there hasn't been any major change. The recommendations of the World Federation ... seem to me to be clearly benign and not very conscientious. If anything it errs in recommending too little but I don't think that we need emphasise this to the Society members and I am not convinced that much is to be gained by circulating them again at the present time. For your information I am enclosing a copy of a letter which Dr Rizza and I have circulated to Haemophilia Centre Directors. This is for the information of Society Officers when formulating their own advice to members and I do not think it would be appropriate to circulate this letter to the membership at large."

So we can see you've issued the invitation to Professor Bloom and he said he doesn't think that there's anything the further he wants to say at this stage.

42

That appears to be telling you or at least advising you as to what should be said to Society members.

Again, in the same vein, in the penultimate sentence, he says, in relation to a copy of letter which Dr Rizza and he had circulated:

"... I do not think it would be appropriate to circulate this letter to the membership at large."

Was it any part of his remit to tell or advise the Society what they should be telling their members?

A. It certainly wasn't part of his remit to tell us. It may have been -- it may have been part of his remit to advise, but the board were quite capable of making their own decision on advice received of that nature.

Are we going to see a copy of the letter that he and Dr Rizza circulated?

MS RICHARDS: We have a copy of it, Mr Watters.

A. But you're not going to ask me about it?

Q. I don't think it's in the material that's been sent to you. It may be perhaps we will send it to you after this morning's session and if you want to comment on it we can pick that up tomorrow, because I don't think it's been sent to you in advance of today.

I just want to ask you then about an exchange of correspondence that the Reverend Tanner had with --

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1 A. Could I ask a question? I must not discuss my
2 evidence with anybody. Does this mean that I can't
3 discuss those documents with my lawyer --
4 **MS RICHARDS:** I'm going to ask the chair to answer you --
5 A. -- after I receive them?
6 **SIR BRIAN LANGSTAFF:** You mean the document you haven't
7 yet seen?
8 A. Yes. Or, indeed, a document I received last night
9 which caused me some concern because as far as I was
10 concerned it was almost pure fiction, but ...
11 **SIR BRIAN LANGSTAFF:** Well, shall we revisit that at the
12 end of this morning because it won't arise during the
13 rest of the morning.
14 A. Yes.
15 **SIR BRIAN LANGSTAFF:** Thank you.
16 A. Thank you.
17 **MS RICHARDS:** Mr Watters, we know that in late July the
18 Reverend Tanner wrote to Professor Bloom. I'm not
19 going to take time in showing you his letter, but
20 there's one point in Professor Bloom's response
21 I wanted to ask you about. It's CBLA0000060_050.
22 So this is a response to an invitation by the
23 Reverend Tanner to Professor Bloom to address the
24 council in October, and he had been asked if there
25 were other physicians who might also participate. We

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1 Mr Prothero and yourself are going to attend. Then
2 you identify the points that you'll wish to raise, (1)
3 is an assurance about self-sufficiency, (3) is about
4 research into AIDS. I just wanted to ask you about
5 (2):
6 "That there will be no attempt to suspend the
7 importation of US Commercial Products that definite
8 evidence that this would be necessary."
9 Now, I think there might be some words missing
10 there but --
11 A. I think so.
12 Q. -- can I see whether I have correctly understood what
13 you were saying there. There should be no even
14 temporary ban -- suspend would suggest you are talking
15 about a temporary ban -- unless there is definite
16 evidence that this would be necessary. Is that what
17 the Society's position was?
18 A. Yes.
19 Q. Would you accept that's articulating a fairly high
20 threshold? The use of "definite" and "necessary"
21 suggests that the Society would need to see pretty
22 overwhelming evidence that there was no other course.
23 Is that a fair way of understanding the position?
24 A. That's a fair way of understanding it, as it was
25 understood by the Executive Committee members, most of

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1 can see that the answer given in the second paragraph
2 here is:
3 "For this sort of discussion may I take the
4 liberty of suggesting that you recruit persons with
5 mature experience. I hesitate to suggest names but
6 the two Charles, Forbes and Rizza, spring readily to
7 mind."
8 I just wanted to ask for your observations on
9 that, Mr Watters, in light of discussions we had
10 yesterday and the comments in your witness statement.
11 It appears Professor Bloom is steering the Society
12 towards recruiting, for this panel, established
13 directors. Is that how you understand this?
14 A. Oh, yes.
15 Q. Thank you.
16 Can we then move to the following month -- I'm
17 sorry?
18 A. I was just going to add: "We didn't want the views of
19 any young upstarts", you know, seemed to be the line
20 that Professor Bloom was taking.
21 Q. Later that month you wrote to the Department of Health
22 and we'll look at that, HSOC0020344.
23 So we can see it's letter of 15 August by you
24 to the DHSS in anticipation of a meeting with the
25 Minister on 8 September and the Reverend Tanner,

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1 whom had severe haemophilia, on the basis of the
2 advice we had been provided with.
3 Q. Understood.
4 Then just before we break, I just want to deal
5 with the issue of the meeting with Lord Glenarthur
6 that took place on 8 September. So, first of all, can
7 we look at HSOC0020347. This appears to be some form
8 of internal briefing note in advance of the meeting.
9 We can see point 1 is "Self-sufficiency in Factor VIII
10 concentrates: General outline of position", and then
11 there's a reference to Dr Owen and to new timescales.
12 Then the second paragraph picks up:
13 "In view of the death of a haemophiliac in
14 Bristol last week with AIDS, who, according to our
15 information sources was treated with NHS product apart
16 from a period in 1981, would the advancement of
17 synthetic product not appear more sensible?"
18 So the Society's obviously become aware of that
19 death. Then there are questions for the Minister, and
20 then point 2, "No suspension of imported products",
21 then this in brackets:
22 "(This is shakier than when first put on the
23 'agenda!')"
24 Then the paragraph continues:
25 "In spite of the recent death related to AIDS

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in a person with haemophilia, the Society would nonetheless hold firmly to their original persuasion that the availability of treatment far outweighs any conceivable AIDS risk. Can the Minister assure the Society therefore that there will be no suspension of the imported product."

Can you help us with that phrase in brackets, "This is shakier than when first put on the 'agenda'!"? It would tend to suggest that the Society had information which perhaps may have pointed in a different direction.

A. I didn't author this paper. This is a background prompting paper prepared by Ken Milne, I recognise his style. I'm not sure what was in his mind when he wrote the sentence in parenthesis.

Q. Is this right, you're not aware of any particular information to which he might be referring that had undermined the Society's position?

A. That's correct.

Q. Then if we look at the letter that followed the meeting, HSOC -- sorry, yes -- no, we will look at that. HSOC0008598_035.

DHSC0002071, thank you. So we can just see here Lord Glenarthur writing to the Reverend Tanner on 28 September confirming some of the information in the

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similar stocks intended for the USA market because to do so would cause a crisis of supply. The same considerations apply here."

Then the letter continues to discuss issues relating to research.

First of all, can you recall this meeting with Lord Glenarthur?

A. I've got a vague recollection of it, yes.

Q. So it would appear as though there was some discussion, at least at the meeting, of the issue of whether steps should be taken in relation to the pre-March plasma and the DHSS's position articulated here was not to ban the use of that stock. Do you recall anything about discussion on that particular topic?

A. None of the details, no.

Q. As far as you're aware, was that The Haemophilia Society's view that, even that pre-March product should not be banned?

A. I think we were possibly persuaded to be of that view.

Q. Persuaded by whom?

A. By the facts and possibly by Lord Glenarthur and his entourage of civil servants.

MS RICHARDS: Thank you. Sir, I note the time. Is this a convenient moment for the morning break?

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meeting. I am not going to take enormous time over it but just so that we can see the context of the discussion, there's a reassurance of the commitment to self-sufficiency in the second paragraph, there's a reference to issues about supply of raw material in the third paragraph, and then the issue of a ban is then discussed in the following terms:

"... until self-sufficiency in Factor VIII is achieved we shall be dependent upon additional material to make up the short-fall in the home-produced supply and this is imported primarily from the USA. The question whether these imports should cease has been widely publicised and is a cause of great concern to haemophiliacs, but against the possible risks of infection from AIDS must be balanced the obvious risks of not having enough Factor VIII."

Then there's reference to the FDA regulations in March of that year, and it says:

"Although future supplies of Factor VIII both for export and for use in America will be manufactured from plasma collected in accordance with these Regulations, there is still a quantity of stock, some already in the UK more in America awaiting shipment here, which has been made from 'pre-March' plasma. The FDA has recently decided not to ban the use of

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SIR BRIAN LANGSTAFF: It is, after I've asked two questions. The first relates to what is said in Lord Glenarthur's letter to you. It is the sentence beginning:

"Although future supplies of Factor VIII both for export and for use in America will be manufactured from plasma collected in accordance with these Regulations, there is still a quantity of stock, some ... in the UK and more in America awaiting shipment here, which had been made from 'pre-March' plasma."

Then he goes on to say that the FDA won't ban that for use.

This letter could be read, and I think may be intended to be read, subject to any further evidence I have about it, that the Government were aware that, despite saying that future supplies would be manufactured from plasma collected in accordance with the regulations, quite a bit of the supply which was still due to come would not be. Is that the way it was read by the Society?

A. That is indeed the way it was read.

SIR BRIAN LANGSTAFF: So the Society decided not to lobby against the dumping of pre-March stock in the UK?

A. I would just say that those were very, very difficult times for The Haemophilia Society. The pressures on

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1 our time were quite incredible and the ability to
 2 lobby on anything was extremely limited. But, in
 3 short, the Society decided not to lobby further on
 4 that.

5 **SIR BRIAN LANGSTAFF:** Yes, I see. The other question was
 6 to take you back to HSOC0020347. This is the briefing
 7 note for this meeting.

8 Thank you.

9 Just what caught my eye just before we left it
 10 was what is there at item number 3. Can we just have
 11 a look at that, please.

12 So let me just try to think or try to help,
 13 with your help, see what the position was insofar as
 14 AIDS, or the risk or the threat of AIDS, was
 15 concerned. The Society had decided to give three
 16 grants to support for AIDS research. You say that you
 17 understand that Her Majesty's Government was spending
 18 nearly a third of a million on researching it and
 19 asking that that be increased.

20 Now, The Haemophilia Society had no particular
 21 remit, did it, for a disease which was affecting
 22 people other than haemophiliacs; in other words, if it
 23 were a disease, for instance, which was amongst drug
 24 users or those who were homosexual, it would have no
 25 particular brief then, would it, unless it affected

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1 prepared to spend that much money -- it was a very
 2 small society, wasn't it?

3 **A.** Oh, tiny, tiny, tiny.

4 **SIR BRIAN LANGSTAFF:** And to call on the Government to
 5 spend as much as that, we get some idea, perhaps, of
 6 the way some, at any rate, in the Executive Committee
 7 must have thought how big a risk it was. Is that
 8 fair?

9 **A.** That's fair, yes.

10 **SIR BRIAN LANGSTAFF:** Thank you very much. That's all
 11 I ask.

12 We'll take a break now until 5 to 12.

13 **A.** Thank you.

14 **(11.25 am)**

15 **(A short break)**

16 **(11.55 am)**

17 **SIR BRIAN LANGSTAFF:** Yes, Ms Richards.

18 **MS RICHARDS:** Mr Watters, we were looking before the break
 19 at documents relating to the meeting with
 20 Lord Glenarthur. Can I ask you to look now at the
 21 next Executive Committee meeting, which reported back
 22 on that meeting. It's HSOC0029476_028.

23 You'll see it's the Executive Committee minutes
 24 of 15 September 1983. If we go to the next page,
 25 you'll see there's a heading:

55

1 haemophiliacs?

2 **A.** Correct, correct.

3 **SIR BRIAN LANGSTAFF:** So is the implication from this that
 4 the Society regarded it as appropriate to spend 17,000
 5 of its money on identifying a real -- something which
 6 it saw as a real risk?

7 **A.** I wouldn't be that precise in my recall. It was
 8 certainly spending money on something that was
 9 perceived as a possible risk.

10 **SIR BRIAN LANGSTAFF:** Well, as I said earlier, risk is
 11 a risk.

12 **A.** Yes.

13 **SIR BRIAN LANGSTAFF:** Nature of it we can argue about.
 14 But am I right in thinking or drawing the conclusion
 15 that the Society wouldn't be spending money, and nor
 16 would it be calling on Government to spend a lot of
 17 money, on research into something which it did not see
 18 as a real risk -- leave aside how serious a risk it
 19 was -- that it did not see as a real risk to
 20 haemophiliacs?

21 **A.** It certainly wouldn't spend money on something it
 22 didn't see as a risk.

23 **SIR BRIAN LANGSTAFF:** Yes.

24 So we get some idea, do we, of the seriousness
 25 with which the Society viewed the risk, that it was

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1 "Report of meeting with Lord Glenarthur: The
 2 Chairman outlined the content of the meeting held with
 3 Lord Glenarthur and his officials on 8 September ...
 4 The discussion had centred around ..."

5 Then there are three points. The first is
 6 "Self-sufficiency", and then the second is "Imported
 7 Factor VIII concentrates", and it reads as follows:
 8 "The Society and the Department agree that
 9 Factor VIII concentrates must continue to be imported
 10 from the USA. Any other course of action could only
 11 lead to people with haemophilia being exposed to even
 12 greater risks through lack of concentrates for
 13 bleeding episodes. This is still the view held by
 14 both parties in the knowledge of one recorded death at
 15 Bristol which was suspected on the day of the
 16 meeting."

17 Then the next paragraph discusses funding for
 18 research.

19 Then if we look below that, it says:
 20 "The Executive Committee went on to consider
 21 AIDS in the UK more generally ..."

22 There's reference then to the death of the
 23 patient in Bristol and discussion about issuing
 24 a statement to all members advising them of the death
 25 and pointing out all the steps taken so far by the

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1 Society in relation to AIDS, and then there's
2 a further discussion of that.
3 There doesn't appear -- if we go back, please,
4 Soumik. That's great.
5 If you look, in particular at point (2),
6 "Imported Factor VIII concentrates", indeed the whole
7 discussion, there doesn't appear to be anything
8 specifically being raised about the issue of the
9 pre-March 1983 concentrates and whether different
10 considerations might apply in relation to those.
11 Are you able to assist us with why that's not
12 reflected in the minutes? Does it follow it wasn't
13 discussed?
14 A. I've got no recollection of that at all. Of course
15 the minutes of the next meeting might show
16 a correction. I don't know.
17 Q. Perhaps I can put it this way: if it had been
18 discussed, that specific issue, given its importance,
19 would you expect to have recorded it in the minutes,
20 which as I understand it were kept by you?
21 A. I would expect to have recorded the meeting
22 accurately, yes.
23 Q. If we then move to the publication which these minutes
24 explain is going to be issued, and that's the next
25 Haemofact, that is PRSE0000088.

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1 haemophilia reported to the Public Health Laboratory
2 Service. The update then refers to media reaction to
3 AIDS, keeping the Society's office very busy. Then
4 you say -- or, sorry, the leaflet says this:
5 "We thought that you would like to know some of
6 the things we have done:
7 "A meeting has been held with Lord Glenarthur
8 ... and his officials. The Society was represented by
9 the Officers and the Co-ordinator ..."
10 And then it says this:
11 "... at the meeting we strongly emphasised our
12 members' views about AIDS in this country."
13 Now, given that, as you explained, there
14 hadn't, I think, been any process of consultation with
15 members, what was the Society's basis for knowing what
16 members' current views were?
17 A. I've got no specific recollection of that, of course,
18 but views would be collected from correspondence,
19 telephone calls and personal contacts between board
20 members and people they knew throughout the country.
21 Q. Okay.
22 Then the next paragraph refers to:
23 "Regular liaison had been established with the
24 Centre for Disease Surveillance and Control ..."
25 I don't think we've seen reference to that or

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1 As I understand it, it's issued in leaflet
2 form, so we look first at the right-hand side, and we
3 can see:
4 "Haemofact.
5 "AIDS.
6 "Release No. 2.
7 "This factsheet contains important information
8 concerning [AIDS]."
9 Then if we go to the next page, please, Soumik,
10 we can see the text of it:
11 "We last wrote to you in May and we now send
12 this leaflet to bring you up to date about the present
13 situation. We have to report that there has been one
14 death recorded in a person with haemophilia."
15 Then it says:
16 "There remains one other suspected case in
17 Cardiff."
18 So the Cardiff case is still being described
19 only as a suspected case.
20 Would it be right to infer from that that no
21 further information has been provided by
22 Professor Bloom or anyone else to the Society about
23 that case?
24 A. That would be correct, yes.
25 Q. Then there's a reference to no other cases relevant to

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1 any direct communications with that centre by the
2 Society in this period. Do you know who had
3 established that regular liaison?
4 A. I don't think that was a Haemophilia Society liaison,
5 but that's just my recall of the situation.
6 Q. Then it goes on to say:
7 "Constant contact has also been maintained with
8 officials of our own DHSS ..."
9 And we have obviously discussed that.
10 "... the Public Health Laboratory Service and
11 members of the Society's Medical Advisory Panel."
12 Again, who was it within the Society who was in
13 constant contact with the Public Health Laboratory
14 Service?
15 A. That would more than likely have been Mr Milne.
16 Q. Then we can see also in the next paragraph it refers
17 to:
18 "Close contact has been maintained with the
19 Pharmaceutical companies involved in the importation
20 of concentrates from America and their improved
21 methods of blood collection have been noted."
22 Again, who would that contact have been with?
23 Is that Mr Milne again?
24 A. Mr Milne again, yes.
25 Q. Then if we go to the next side of the same page, so

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the right-hand side, it starts a few lines down:

"To sum up ..."

Then there's reference to the Society establishing and maintaining:

"... close liaison with all relevant personnel and departments of government in order to keep all our members informed of developments", et cetera.

Then it says this:

"Blood collection in the USA has been improved to the satisfaction of the Federal Health Authorities and our own DHSS. Assuming blood to be a transmission agent, it is not yet possible to state that imported blood products are AIDS-free (nor indeed that UK product is so), the chances are that the risk involved in imported concentrates has been reduced considerably."

Just pausing there, Mr Watters, what was the factual or evidential basis for that view?

A. I wouldn't know. I didn't write this document. It was written by the editor and the Chairman, who I noticed in the minutes we just looked at were commissioned to provide this document.

Q. You're absolutely right. The minutes do say that they were going to be involved in it.

So you don't know the factual basis for that?

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was taking place with the DHSS?

A. Well, Professor Bloom's advice was largely seen as the advice of the MAP and the Haemophilia Centre Directors association.

Q. In fairness, I think I should refer to the next -- if we go back to the first page and look at the left-hand side, which I think would have been the fourth page of the leaflet, I should just identify it says:

"In the meantime please continue to discuss your personal position with your Centre Director. While we would urge you to remain on treatment, the final decision lies with you and your medical advisers. Their advice must always be given priority over any general advice which we may give."

I think you refer to that kind of language in one of your earlier answers.

A. I was going to have gone on to repeat it but thank you, yes.

Q. Can we then look, please --

SIR BRIAN LANGSTAFF: Are we leaving this?

MS RICHARDS: Yes, we are, sir.

SIR BRIAN LANGSTAFF: Could you go back to the previous page, please.

You were taken, on the right-hand side, to the pieces beginning:

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A. I would say it was a general gloss of the situation rather than a factual statement.

Q. Then we can see a few lines down it says this:

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

Then there's reference again to research and support for research.

Would you accept that that's conveying a very strong message of advice to members reading this, that they should continue to treat themselves with factor concentrates?

A. It is, and it's based on the knowledge we had at that time.

Q. Which again, I think, going back to your earlier answers, in turn depended largely on, as I understand it, the information and advice received from Professor Bloom and such conversations or dialogue as

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"Blood collection in the USA has been improved to the satisfaction of Federal Health Authorities and our own DHSS."

Leave aside the DHSS's knowledge of how the Federal Health Authorities had changed blood collection, this obviously relates back, does it, to the subject of Lord Glenarthur's letter to you which I touched on with you just before the break?

A. Yes.

SIR BRIAN LANGSTAFF: What is said:

"... not yet possible to state that imported blood products are AIDS-free (nor indeed that UK product is so), the chances are that the risk involved in imported concentrates has been reduced considerably."

That is reduced by the measures which the Federal Health Authorities have taken. That's how it reads in context.

A. Yes.

SIR BRIAN LANGSTAFF: Given that Lord Glenarthur had basically said we're going to go on getting the same product for quite some time because there's stocks of it in the US which are going to be given to us for treatment and we're not going to say no to it -- that's the subtext, I think -- how could that be said?

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1 A. I think it was an omission from the document.
 2 **SIR BRIAN LANGSTAFF:** Because it might be the case that it
 3 would eventually be reduced but in the immediate term
 4 it wasn't going to happen, was it?
 5 A. Correct.
 6 **SIR BRIAN LANGSTAFF:** Thank you.
 7 **MS RICHARDS:** Thank you, sir.
 8 Then if we could look at the minutes of
 9 Reference Centre Directors meeting on 19 September of
 10 1983, Soumik, it's PRSE0003196. So you will see
 11 Reference Centre Directors meeting -- Haemophilia
 12 Society, therefore, not present -- 19 September 1983.
 13 If we could go to the next page, please, you'll
 14 see a heading, point 4:
 15 "Discussion document on the designation of
 16 Centres."
 17 And it records Professor Bloom saying this:
 18 "Professor Bloom said that start had been made
 19 in drafting a new document but was not yet finalised.
 20 He understood that The Haemophilia Society had now
 21 modified their views on decentralisation of
 22 haemophilia treatment; the Society realised the
 23 distinct advantages of centralised treatment,
 24 especially when problems like AIDS arose."
 25 Again, Mr Watters, I'm conscious these are

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1 A. Not at all, no.
 2 Q. I'm not sure whether we have the text of the document
 3 that's referred to available and I'm not 100 per cent
 4 sure if you've seen it, Mr Watters, but I'll see if
 5 we've got it and if you haven't seen it before, please
 6 let me know. Soumik, I think it's CBLA0000009_036,
 7 sorry.
 8 We don't know, I think for certain, Mr Watters,
 9 if this is the document referred to but is this
 10 a document that you have any recollection of having
 11 seen at the time?
 12 A. No, and it's very much in a draft form.
 13 Q. It is.
 14 A. Corrections and amendments.
 15 Q. All right, okay. Well, I think if you've got no
 16 recollection of seeing it and I think we've got no
 17 evidence of it being sent, I don't think I can
 18 properly ask you anything further on that issue.
 19 Could we then, please, look at HSOC0029476_031.
 20 You will see, Mr Watters, these the are the minutes of
 21 the Executive Committee meeting on 6 December 1983,
 22 and if we just go to the top of the next page, and we
 23 look at the paragraph "AIDS":
 24 "While there were no new suspected cases, it
 25 was noted that the Cardiff case was now confirmed."

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1 minutes of a meeting that you were not present but is
 2 this a correct characterisation of The Haemophilia
 3 Society's position that it had changed its views about
 4 the centralisation or decentralisation of haemophilia
 5 treatment in part because of the arising of problems
 6 like AIDS?
 7 A. My recall is that The Haemophilia Society had
 8 certainly modified their views on the decentralisation
 9 but I've no recall of that being in any way related to
 10 HIV and AIDS.
 11 Q. Then if we go on, please, to page 5 of the document,
 12 we can see in the second paragraph it says this:
 13 "Mr Watters of The Haemophilia Society had
 14 asked Professor Bloom for an update of the AIDS
 15 circular which was sent out in May for distribution to
 16 all the Society's members. Professor Bloom read
 17 through the document he had prepared for the Society
 18 and this was approved by the Reference Centre
 19 Directors."
 20 Obviously, Mr Watters, we have looked at your
 21 July correspondence to Professor Bloom in which he
 22 responded to you that he didn't see the need for an
 23 update. Do you recall Professor Bloom coming back to
 24 you subsequently and suggesting that should be an
 25 update or providing you with any text?

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1 Do you know what the source of that information
 2 was, Mr Watters? Would that have been Professor Bloom
 3 or PHLS, or you don't know?
 4 A. I don't know. As I say, it could have been
 5 Professor Bloom, it could have been the family, yes.
 6 Q. Yes. I think it may be less likely it was the family,
 7 given what we know or we understand was or was not
 8 told to the patient at the time but, in any event, if
 9 you can't help us, you can't help us.
 10 There's then reference to a letter from The
 11 Mail on Sunday to Paisners, were those solicitors that
 12 the Society had engaged?
 13 A. Yes.
 14 Q. Was this on the issue of complaining about The Mail on
 15 Sunday's publication?
 16 A. Apparently, yes.
 17 Q. No further documents from 1983 that I want to ask you
 18 about, Mr Watters. Before we start to look at the
 19 documents in 1984, I want to see whether you agree
 20 with some general suggestions and, if you don't,
 21 please obviously say so. Would you accept that,
 22 looked at broadly, the Society's message during 1983
 23 to its members was that very strongly they should keep
 24 treating themselves with factor concentrates?
 25 A. Yes, subject to the advice of their own Haemophilia

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1 Centre Director.

2 Q. Would you regard the following as a fair criticism of

3 the Society in relation to 1983, that it saw it's role

4 predominantly as one of allaying concerns rather than

5 ensuring that members were properly informed of all

6 risks?

7 A. I wouldn't agree with that entirely. I mean, we were

8 concerned to allay concerns but we were also keen to

9 advise of known risks, established risks. I think

10 Sir Brian referred to it as "real risks".

11 Q. Would you accept that the publications produced by The

12 Haemophilia Society in the course of 1983, so the

13 Bulletins and the Haemofacts, would have given the

14 impression to those reading it that concentrates were

15 safe to use?

16 A. I don't think they gave the impression they were

17 entirely safe to use. There was a statement there

18 that the benefits outweighed risks; so we weren't

19 skirting round the fact that there were risks.

20 Q. Do you think that the Society's publications

21 downplayed the risks of AIDS in 1983, based on what

22 was known at the time?

23 A. Based on what was known at the time, no. I mean, we

24 were a tiny organisation. We had the equivalent of

25 two staff at that time. Where do we go for advice?

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1 real alternatives? Were there tangible alternatives

2 that could be made available, that would be as

3 effective as Factor VIII? I've got a ghost in the

4 corner of my screen.

5 To that extent, I think we went as near to

6 saying that as we felt we could comfortably say.

7 Q. You could have spelt out to members that AIDS itself

8 was a disease with a long incubation period and high

9 mortality rate.

10 A. We didn't know that to be the case in haemophilia.

11 Q. You could have conveyed uncertainty about how many

12 might be infected, rather than a strong message or

13 steer that very few would be infected.

14 A. If that had been advice we were being given by those

15 equipped to give us advice, we should have followed

16 that advice; we would have followed that advice.

17 Q. You could have spelt out to members, or advised

18 members generally, that they might want to raise with

19 their clinicians alternatives to factor concentrates

20 and explore that with their clinicians.

21 A. All our publications said "Discuss this with your own

22 Haemophilia Centre Director".

23 Q. I want to --

24 A. As I say, if we had known of a viable alternative that

25 could be produced in large quantities and been capable

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1 Who did we trust? We were small and vulnerable and

2 there weren't all that many people we could ask,

3 especially given the state of technology in those

4 days, and so on and so forth.

5 Q. Can I explore with you a possible different approach

6 the Society could have taken, what might have been

7 a more cautious approach, and invite your comments on

8 it.

9 The Society could have said, in the course of

10 1983, to its members:

11 AIDS is a condition which is probably

12 transmissible by blood. It's a disease with a high

13 mortality rate and known long incubation period. We

14 don't know how many people might end up being infected

15 but you may wish to explore alternatives to treatment

16 with factor concentrates with your clinicians.

17 A. That's a very long statement.

18 Q. Shall I take it bit by bit, Mr Watters?

19 A. Take it bit by bit, please.

20 Q. You could have made clear to members in the course of

21 1983 that it was likely that AIDS was transmissible by

22 blood and blood products.

23 A. I think that would have possibly been a slight

24 overstatement, that -- and we were always looking to

25 the fact that what were the alternatives? Were there

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1 of meeting the needs of the community, we would have

2 been publicising that.

3 Q. Do you know if the Society gave any particular

4 consideration in the course of 1983 to the position of

5 those who were mild haemophiliacs or moderate

6 haemophiliacs, and whether it considered if different

7 advice should be given to those cohorts of patients?

8 A. We would have assumed that that cohort of patients

9 would already have been receiving a priority for

10 home-produced product, and things like that, and that

11 was a reasonable assumption to make, given the

12 decisions made by the Haemophilia Centre Directors

13 Association and the Reference Centre Directors.

14 Q. I think you referred in the course of your evidence to

15 an understanding that there wouldn't be sufficient

16 quantities of cryoprecipitate. What was the source of

17 your understanding, or the Society's understanding,

18 about the availability of cryoprecipitate, which we

19 understand to have varied regionally in 1983?

20 A. It was, first of all, a very clumsy material, as far

21 as I understand, that lacked the convenience of ready

22 infusion and required storage in freezers and such.

23 But the advice would have come via the Blood Products

24 Sub-Committee from BPL, and from the blood services.

25 Q. I'm going to move then to 1984.

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1 A. That sounds ominous.

2 Q. In a non-Orwellian fashion, I hope, and ask you to

3 look at PRSE0002290. This appears to have been

4 a report prepared by the Blood Products Sub-Committee,

5 it's dated 9 January 1984. We can see it says in

6 paragraph 1:

7 "The last major review of the situation

8 relating to supply of blood products in the UK was

9 produced in January 1981. In view of developments

10 affecting this subject it now seems appropriate once

11 more to review the situation, and to consider whether

12 our policies should be revised in the light of events

13 since 1980."

14 There's then a discussion about production and

15 use of factor concentrates and if we then go over the

16 page -- I'm not going to go through it paragraph by

17 paragraph, Mr Watters -- we can see on that page

18 there's then a discussion about demand for Factor VIII

19 concentrate and then if we go to the next page we can

20 see that the Blood Products Sub-Committee say this:

21 "In view of this it seems worthwhile to

22 consider whether the arguments in favour of NHS

23 material compared with Commercial material which

24 applied when our present policy was formulated still

25 apply ..."

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1 The footnote reference for that is

2 a publication by Fletcher and a publication by

3 Dr Jones.

4 To what extent did the Society form a view

5 around this time that British material might be worse

6 than imported material in terms of hepatitis risks?

7 A. I have no idea.

8 Q. If we go over the page --

9 A. This document would have been authored by Mr Milne and

10 the Blood Products Sub-Committee.

11 Q. Yes, I anticipated that. If we go over the page, we

12 can see at paragraph 11, Mr Milne, if that's who the

13 "I" refers to, says:

14 "In view of the above I would submit there are

15 no grounds for favouring NHS Factor VIII over

16 commercial materials in the respects we have in the

17 past considered relevant. In addition, of course, the

18 marginal factors of stability and more convenient

19 presentation favour commercial material."

20 Then the annotation is:

21 "This won't help us convince RHAs!"

22 Then if we go down to the section on AIDS, we

23 can see he says this:

24 "No discussion of blood products can be

25 complete at present without referring to AIDS.

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1 Then their first consideration is "Ethical

2 considerations" and the desire to avoid exploitation

3 of third world countries. The second is "Price" and

4 then the third is "Hepatitis", and then we just see in

5 relation to hepatitis, if we can just look at that --

6 A. Could I just stop you for one second.

7 Q. Yes?

8 A. In the margin beside "Price" there's a handwritten

9 note, written by whom I'm sure we do not know, saying

10 that by going for the cheaper imported product

11 presumably "It also releases cash for [health

12 authorities]".

13 Q. Yes. That's not your handwriting then?

14 A. It's not my handwriting, no.

15 Q. You are right that is what it says. I just wanted to

16 ask you, first of all, about what's said in relation

17 to hepatitis. We can see the bottom of the page, last

18 paragraph:

19 "In the case of non-A, non-B hepatitis, no

20 screening test is available. Recent work, however,

21 suggesting that British material is no better (and may

22 be worse) than imported material in this respect.

23 Similarly, a considerable incidence of hepatitis has

24 been noted in Australian haemophiliacs, whose blood

25 products all originate from volunteer donors."

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1 Unfortunately facts are in very short supply. No

2 infective agent has been identified for AIDS, and

3 there is no reliable evidence that the disease is

4 transmitted through blood products (although this

5 still seems the most popular theory)."

6 Just pausing there, it might be said that the

7 suggestion that there's no reliable evidence is

8 something of an overstatement and Mr Milne seems to be

9 thinking we're all still in the territory of theories.

10 Do you have any observation to make on that?

11 A. Mr Milne was a scientist himself. I mean, again, with

12 the benefit of hindsight, we can see that that is

13 a strong statement but, at the time, feet on the

14 ground, it may have been a reasonable statement to

15 make.

16 Q. Do you think it's more --

17 A. The annotator has certainly noted it, I see.

18 Q. Do you think it's more broadly representative of the

19 Society's views at the time, late 1983/84, that it's

20 still of the view there's no reliable evidence that

21 the disease is transmitted through blood products and

22 this is just a popular theory?

23 A. That would be the Society's view based on the

24 information we were receiving at the time.

25 Q. Then he goes on to say:

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"If this is the case, however, the 'Mail on Sunday' reasoning -- that importation of American blood products should cease -- may prove to be an oversimplification, as AIDS could still be transmitted from the British donor population. Certainly the immunological abnormalities which may be associated with AIDS are observable in haemophiliacs not exposed to commercial concentrates ... We might then pass from the frying pan to the fire, as the NBTS has made no real attempt to screen high risk groups from donating blood as recommended by the WHO. The NBTS approach so far compares very unfavourably with the measures taken by the commercial companies."

Again, do you recall that featuring in the Society's overall thinking, that actually in terms of AIDS, NHS concentrates might be more risky than imported ones?

- A.** That certainly wasn't a widely-held view in the Society and this was a discussion document, if you like, being stimulated by a subcommittee of the Executive Committee.
- Q.** I understand it was a discussion document. Then if we go just to the next page and we look at the last paragraph, we see Mr Milne says this:

"The AIDS scare has given us the opportunity,

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I shouldn't -- I can't overstate the fact that the Society were not easy with their advice about continuing to treat. It was the least bad option, if you like.

- Q.** If we move then to HSOC00 --
- SIR BRIAN LANGSTAFF:** Just before you do that, can we go back to the previous page. Next page, please. Thank you, and bottom of the page, and over again. Next page. Right down to the bottom of the next page please. Stop there.

It's the discussion on AIDS. You say this is a discussion document. Was it actually discussed?

- A.** I've no recollection of it being discussed but it should be duly minuted if it was discussed.

SIR BRIAN LANGSTAFF: Thank you.

MS RICHARDS: Sir, we're going to come on to some correspondence which shows Mr Watters sending it out to the Medical Advisory Panel.

SIR BRIAN LANGSTAFF: I see, very well. In that case I shall ask no more about the third sentence. What I noted in looking at that sentence was that there is a running together of two different ideas. One is that no infective agent has been identified for AIDS. That's one idea; in other words, we don't know if it's a virus. Secondly, there is no reliable evidence that

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which we have not yet utilised; to campaign strongly for self-sufficiency in blood products. Given, however, that the original factors in our policy no longer apply or have reduced force, and that AIDS is still a great unknown, I submit that we should not undertake such a campaign. Now is not the time to ask that all our blood-product 'eggs' should be placed in one basket. Instead, without necessarily abandoning our long-term objectives, we should take Mr Asquith's advice 'Wait and see'. When more facts emerge about AIDS we would then be in a better position to press for whatever action these facts seems to demand."

Is it right to understand this, Mr Watters, is Mr Milne in this discussion document suggesting that the Society should hold back from campaigning for self-sufficiency in part because of the possibility that the national blood supply could also be contaminated? Is that how you understood it?

- A.** I think that would be Mr Milne's view and it would be the view of someone with severe haemophilia.
- Q.** Then the view of "wait and see", was that effectively the Society's policy at the time or approach at the time?
- A.** I think that was the view representative of the Blood Products Sub-Committee at that time. I think

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the disease is transmitted through blood products, which is rather wider because it suggests that, even if blood products don't contain viruses, they aren't the cause of AIDS in those who are having factor concentrate and that's something I was going to ask you whether the Society considered at all.

MS RICHARDS: We can --

- A.** I -- I wouldn't have a detailed recall of that but it may emerge in documents.

SIR BRIAN LANGSTAFF: Yes.

MS RICHARDS: The next document we're going to look at is, as I understand it, the Executive Committee's consideration of this paper, although whether it answers the Chair's question may be a separate matter. It's HSOC0029476_033 and it's the Executive Committee meeting on 9 February 1984. If we go to the second page, please, Soumik and we look at the top half of the page:

"AIDS: There was nothing new to report. The Co-ordinator advised the meeting that he had asked BBC Radio 4 to correct a statement to the effect that two patients with haemophilia had died as a result of AIDS. A recent paper on AIDS was also tabled."

I'm not sure what that refers to. Then there's this, Mr Watters:

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1 "AIDS Action Group: The Co-ordinator reported
2 on this Group which, amongst other things, monitored
3 press coverage of AIDS."

4 What can you tell us about the AIDS Action
5 Group, please?

6 A. From this distance, absolutely nothing at all.

7 Q. Was it something internal to the Society or
8 an external organisation?

9 A. I think it would have been internal to the Society but
10 I've got absolutely no recall of it at all. I have
11 recall about taking out the press cutting
12 subscription.

13 Q. Okay, let's move on. If we go back to the whole of
14 the first half of the page, the next section is "Blood
15 Products Sub-Committee" and we'll see reference here
16 to Mr Milne's paper. So the minutes recall, as
17 follows:

18 "Mr Milne's paper had been tabled at the
19 January meeting and was introduced for discussion. In
20 conclusion it was agreed unanimously that until the
21 situation became clearer in relation to blood
22 supplies, it would be wise for the society to 'wait
23 and see'. This affected, in particular, issues
24 surrounding AIDS and it was not yet clear whether
25 a self-sufficiency campaign based on this was

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1 "We would be glad to receive any comments you
2 feel you want to make on the paper. We are
3 particularly anxious about how the supply of blood
4 products may be affected by regional health authority
5 cuts and any comments you have to make in that
6 connection would be most welcome."

7 So that's the letter. I think we've identified
8 three responses from Dr Rizza, Professor Bloom and
9 Dr Colvin. If we just look briefly at those, in turn.
10 HSOC0020341, this is the response from Dr Rizza. He
11 says:

12 "It makes interesting reading and makes many
13 valid points. I have only a few comments."

14 Then I think most of the comments are on issues
15 that perhaps are of less central importance to the
16 issues we've been exploring but if we look at, towards
17 the bottom of the page, Dr Rizza's paragraph 5. He
18 says this:

19 "What evidence is there for the statement that
20 NHS material 'may be worse than imported material'?"

21 So he's questioning that. So that's Dr Rizza's
22 response.

23 We'll just look at, I think, all three of them
24 and then I'll see if there are any the further
25 comments or questions arising out of it.

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1 justified. The Chairman was particularly concerned
2 about the effect Health Authority budgets might have
3 of future supplies of blood products. This to be
4 investigated further. It was agreed that copies of
5 the Discussion Document should be circulated to
6 members of the Medical Advisory Panel for comment.
7 The Chairman thanked Mr Milne for his most thorough
8 paper", et cetera.

9 So that's what we pick up from the records, the
10 minutes, and we can see the Society adopting a wait
11 and see approach. Is there anything further you can
12 recall or assist us with, with the Society's
13 consideration of that discussion paper?

14 A. No, not at all. You're refreshing my memory of what
15 was in the minute, really, but I've got no further
16 recall.

17 Q. Let's --

18 A. You will appreciate this entire exercise has exercised
19 my grey cells more than a little.

20 Q. We can see then you sending out the discussion
21 document on blood products to the Medical Advisory
22 Panel, so that's CBLA0000062_065:

23 "To: Medical Advisory Panel, 17 February ...

24 "I enclose a discussion document on blood
25 products ...

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1 Professor Bloom's response is BPLL0001351_094. We can
2 see Professor Bloom says in the second line:

3 "In general I think this is an admirable
4 document although obviously I do have one or two
5 comments."

6 Then he has a number of comments about what is
7 said about supply and demand and usage, which I won't
8 go through. Bottom of the page, he says he agrees
9 with ethical considerations and he says:

10 "... [It's] worth bearing in mind that the BPL
11 (not the NBTS) has enabled us to compete effectively
12 in the commercial sector resulting in the
13 comparatively low prices paid for commercial
14 concentrates in the UK."

15 Then he says this:

16 "With regard to hepatitis I think Mr Milne is
17 somewhat complacent. Hepatitis is now the second
18 commonest cause of death in haemophilia after
19 bleeding. Since the ill effects of liver disease may
20 take [it looks like] 20 to 20 years to manifest
21 themselves we may well be in for progressive problems
22 from this disease. In this respect by the way,
23 although British material may be no better than
24 imported material I know of not the slightest evidence
25 that it is worse."

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1 Then the next point refers to one of the
2 references. Then in the last paragraph he says this:
3 "Although I can see a great deal of common
4 sense in Mr Milne's document, personally I am not
5 quite so complacent about importing American blood
6 products as he and presumably the Subcommittee feel.
7 We must bear in mind that we may not have had the AIDS
8 problem in the UK had we been self-sufficient in blood
9 products. At least we certainly wouldn't have this
10 niggling worry about the importation of a hypothetical
11 AIDS virus or other unknown viruses from the New World
12 in the future. Thus, although we must still use
13 imported materials I would not be happy about
14 accepting this situation forever and I think it would
15 be nice if the Society could continue to press for an
16 increase in facilities for producing all the necessary
17 Factor VIII concentrates within the UK. It is
18 impossible to look too far into the future and to
19 guess the long-term effects of heated Factor VIII
20 concentrates or the future impact of biogenetic
21 material."

22 So that's Professor Bloom putting a perhaps
23 slight different complexion on matters.

24 Then if we go to BART0002310, we can see
25 Dr Colvin's response of 22 February 1984. If we just

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1 concentrate or the plans to expand NHS production at
2 the present time. Since we agree that commercial
3 concentrate will continue to play a major part in the
4 treatment of haemophiliacs in the United Kingdom for
5 the foreseeable future I would advocate a policy of
6 continued support for the expansion and improvement of
7 NHS production while maintaining a close interest in
8 technical advances in the commercial sector."

9 So that's the information you got back from
10 three members of the Medical Advisory Panel, but
11 before I look at one further document which is
12 a response from Mr Milne to Dr Colvin, can I ask you
13 this: on this occasion you have decided, or the
14 Society has decided and you have carried it out, to go
15 not just to Professor Bloom but to all members of the
16 Medical Advisory Panel, which in the course of 1983
17 we'd seen perhaps had greater reliance on
18 Professor Bloom alone.

19 Was there anything which led to that? Was that
20 conscious change of approach, as far as you can
21 recall?

22 A. I can't recall but I see it as part of the Society
23 learning to consult more widely possibly.

24 Was the Society still at 16 Trinity Street then
25 or had we moved?

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1 look at his paragraph 3(a), he poses the question:

2 "Are we absolutely certain that no US
3 concentrate originates in the Third World? The
4 Mexican border is not far away."

5 He then talks about pricing. If we go over to
6 the next page, he raises the same point as the other
7 letters:

8 "I know of no evidence that British concentrate
9 carries a greater hepatitis risk than commercial
10 concentrate although I accept that the risk is no
11 lower. Nevertheless I agree that if a commercial
12 concentrate was shown to carry a low or absent
13 hepatitis risk this would create a difficult dilemma
14 for Centre Directors in the treatment of some
15 patients."

16 Then at 5 he says:

17 "I agree that we know little about AIDS at
18 present. In my opinion there is no reason to spurn
19 commercial concentrate and we have to keep an open
20 mind on the risk associated with NHS material.

21 "6. I agree with the 'wait and see'
22 conclusion to the paper but for different reasons.
23 The expansion at Elstree is already going ahead and
24 should, in my opinion, be supported. I don't think it
25 would be good policy for the Society to criticise NHS

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1 Q. You were still at 16 Trinity Street, judging by --
2 well, at least the heading of Mr Milne's response to
3 Dr Colvin gives that address.

4 A. Yes. Because we were on the point of moving. Because
5 in the midst of all this our lease came up for renewal
6 and we decided we wanted larger premises and more
7 staff.

8 Q. Let's just, for the sake of completeness, look at
9 Mr Milne's letter back to Dr Colvin.

10 It is BART0002309.

11 It's 29 February 1984, and he says:

12 "Dear Brian,

13 "Thank you for your letter of 22 February,
14 a copy of which has been passed to me as the author of
15 the discussion paper."

16 Then he wants to follow up various points.

17 If we look at his fourth paragraph, he says:

18 "... fair point -- we don't know whether any US
19 Factor VIII originates in Mexico (or even further
20 south, I suppose!)."

21 Then if we go over the page, second paragraph
22 he says this:

23 "I should probably not have referred to
24 a possible greater hepatitis risk from NBTS
25 concentrate -- this was a subjective view mentioned to

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1 me by a Centre Director, and is probably not supported
2 statistically."

3 Do you know which centre director voiced that
4 view?

5 A. I don't know. I could only speculate it would have
6 been his own Haemophilia Centre Director; and he was
7 a patient at St Thomas' Hospital, which would take it
8 to Professor Savidge.

9 Q. Then the last main paragraph he says:

10 "... I certainly have no wish to criticise NHS
11 concentrate or the plans for Elstree or even to change
12 our long-term policy. My view is simply that we
13 should for the time being place rather less emphasis
14 on this problem, for example at the meetings with the
15 Minister of Health."

16 Having gone to the effort of obtaining these
17 responses at least from three members of the Medical
18 Advisory Panel, and obviously they have been shared
19 with Mr Milne, what, in terms of the Society's
20 processes and structures, would have been the next
21 stage? Would these comments be expected to be shared
22 with all of the Executive Committee?

23 A. The letters, I noticed just from the heading on one,
24 in my handwriting, said "Copy to Alan Tanner and to
25 Ken Milne". My expectation would have been that it

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1 was for Mr Milne's view that, in terms of hepatitis,
2 there was improved Factor VIII quality as a result of
3 better donor selection and improved testing?

4 A. That was BPL product or commercial product?

5 Q. I think he's talking here about commercial product.

6 A. "Medical evidence shows that NHS Factor VIII is no
7 better than commercial material as regards hepatitis
8 risk."

9 That was the view endorsed by all three
10 respondents to the consultation.

11 Q. Yes, I was looking really at the sentence before that.
12 And I know you didn't write this, Mr Watters, so it
13 may be you can't assist, but it appears Mr Milne was
14 of the view that there was -- in relation to the risk
15 of hepatitis, that the situation had improved in terms
16 of commercial concentrates because of donor selection
17 processes and testing. Now, testing may refer to
18 hepatitis B but do you know any more about what his
19 understanding might have come from or where he's taken
20 this?

21 A. Reading the whole of that paragraph, he was really
22 principally addressing BPL Factor VIII rather than
23 imported Factor VIII, was my reading of it, and,
24 therefore, I assumed he was referring to NHS
25 Factor VIII.

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1 would have come up for discussion at a future meeting
2 of the Executive Committee.

3 Q. Okay. Well, I can double-check if that's the case.

4 A. Memory does not tell me it did, but ...

5 Q. There's a further document authored by Mr Milne I want
6 to invite you to look and it's in The Bulletin. It's
7 number 1 of 1984. In fact, I think it was the only
8 Bulletin issued in 1984. It's PRSE0002925.

9 If we look at the second page under the heading
10 "Blood Products", halfway down the page, we can see
11 the first part of an article authored by Mr Milne. So
12 he starts by talking about good news, the foundation
13 having been laid by the Secretary of State at Elstree.
14 Then if we pick it up the last ten lines or so of
15 that:

16 "There were early doubts as to the quality of
17 commercial Factor VIII. In particular, it was feared
18 that commercial material gave a greater risk of
19 hepatitis infection. While this may once have been
20 the case, better donor selection and improved testing
21 have resulted in improved Factor VIII quality.
22 Medical evidence shows that NHS Factor VIII is no
23 better than commercial material as regards hepatitis
24 risk."

25 Just pausing there, do you know what the basis

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1 Q. Okay, you may be right.

2 Then if we look at the bottom of the page:

3 "We have no evidence as yet to whether AIDS may
4 be acquired more readily from ..."

5 Then we go to the top of the next page:

6 "... commercial Factor VIII than from the NHS
7 product but, of course, if AIDS becomes established in
8 the UK then NHS blood and plasma supplies are just as
9 likely to transmit AIDS as commercial materials. All
10 things considered, haemophiliacs have no reason to be
11 worried about using commercial concentrates."

12 Then he goes on to talk about the benefits of
13 commercial concentrates in terms of home treatment and
14 surgery, and then he talks about redevelopment of
15 Elstree and possible genetic engineering techniques.

16 I just wanted to go back to the top of that
17 page. Now, Mr Milne, I think you told us, he was
18 a scientist but he wasn't, as I understand it,
19 a clinician?

20 A. No, no.

21 Q. Here is the Society publishing an article by one of
22 its own, its own Executive Committee, saying
23 haemophiliacs have no reason to worried about using
24 commercial concentrates in early 1984. Is that
25 a statement which you think, on the basis of what you

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1 knew at the time, was a justifiable statement?
 2 A. It would not be a justifiable statement. As we had
 3 acknowledged in various other publications, like
 4 Haemofact.
 5 Q. Thank you.
 6 If we then -- and I think I -- again it's
 7 a further -- we do have some further Executive
 8 Committee consideration of the discussion paper issue,
 9 so let's just look at that for the sake of
 10 completeness.
 11 It's HSOC0029476_034.
 12 We can see there it's a meeting of the
 13 Executive Committee on 15 March 1984.
 14 If we go over to the second page, we can see
 15 that in relation to "AIDS", at the top of the page,
 16 the only discussion there is in relation to press
 17 reporting and the Society's response to press
 18 reporting, so no further discussion of any matter
 19 relating to AIDS.
 20 Then if we look at "Blood Products
 21 Sub-Committee", we can see:
 22 "Mr Milne [reporting] that he had received
 23 replies from Professor Bloom, Doctors Rizza, Colvin,
 24 Forbes and Tuddenham."
 25 I think we haven't looked at what Drs Forbes

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1 the Society agreed to take the necessary steps to
 2 ensure adequate supplies of plasma, which I take it
 3 would also include the earlier reference to
 4 development at Elstree.
 5 Q. Okay.
 6 Then, moving on in the course of 1984, I wanted
 7 to look at the next Haemofact publication with you.
 8 It's DHSC0001264. We can see it's the Haemofact AIDS
 9 Release No. 3. If we go to the next page, we'll see
 10 it's a document authored by Christine Lee, then
 11 a senior registrar at the Royal Free, and it says
 12 this -- I won't read every line but I just want to
 13 read some of it and ask your comment. So she says:
 14 "The occurrence of ... (AIDS) in haemophilic
 15 patients has strongly suggested transmission of
 16 the ..."
 17 It says "of the order", perhaps disorder:
 18 "... by blood products and epidemiological
 19 studies have suggested it may be related to
 20 a transmissible agent."
 21 Then there's reference to the developments in
 22 the US and Paris in terms of isolating a virus. She
 23 says:
 24 "These reports should be received with
 25 optimism."

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1 and Tuddenham said but, leaving that aside:
 2 "Reference was also made to Dr Kernoff's
 3 lecture at the Seminar. Following discussion it was
 4 agreed that the following priorities should be
 5 retained ..."
 6 Then we can see:
 7 "(i) The establishment of relationships with
 8 the Blood Transfusion Service ...
 9 "(ii) Ensure that the BPL development at
 10 Elstree be kept on target ..."
 11 (iii) is looking at plasmapheresis, (iv) is the
 12 Society taking advice on steps necessary to ensure
 13 adequate supplies of plasma. And:
 14 "(v) We should explore further the involvement
 15 of the Society in the recruitment of donors for whole
 16 blood and plasmapheresis."
 17 So it doesn't appear that there was any
 18 discussion about risks in relation to hepatitis or
 19 AIDS or relative risks in terms of NHS versus
 20 commercial concentrates in that regard.
 21 If there had been discussions about the risks
 22 of hepatitis or AIDS, would you expect that to have
 23 been recorded by you in the minutes?
 24 A. Being a very faithful taker of minutes, I would have
 25 recorded if it had been discussed. But I do note that

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1 The next paragraph it says:
 2 "... the number of haemophiliacs who have been
 3 reported with AIDS remain at 2. Thus the incidence is
 4 less than 1 in 1,000 patients at risk."
 5 And she refers to immunological abnormalities
 6 found in heavily treated haemophiliacs.
 7 "... clear from studies ... that these changes
 8 occur whether the plasma source ... is [voluntary] or
 9 commercial."
 10 She then goes on to talk about the possibility
 11 that:
 12 "... immune suppression produced by repeated
 13 exposure to clotting factor concentrates lowers the
 14 threshold for infection with the putative AIDS
 15 [virus]."
 16 And goes on to talk, towards the bottom of the
 17 page, about the prospects for haemophiliacs being
 18 brighter than for other high-risk populations because
 19 of the possibility of removing or inactivating causal
 20 agents. Then the next column, so on the right-hand
 21 side, she says:
 22 "... the really good news is the announcement
 23 from the Royal Free Hospital, Speywood ... and
 24 Genentech, San Francisco, that the gene ... has been
 25 cloned ..."

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1 Now I'm not going to ask you to explore this in
2 detail but, first of all, whose decision would it have
3 been to ask Dr Lee to provide this update?
4 A. That would have been the decision of the editor of
5 publications.
6 Q. I don't know whether you can answer this or not,
7 Mr Watters, but was it the practice of the editor to
8 give any kind of steer to the clinicians being asked
9 to provide an article about either the subject or the
10 content or the tone or was it completely left to the
11 clinician?
12 A. Completely left to the clinician. I mean, they would
13 have been asked in very general terms to provide an
14 update or provide information about, you know, but
15 there was no attempt to influence what they wrote.
16 Q. Am I right in understanding from what you told us
17 yesterday, I think, that there would have been no
18 separate check upon what was written to whether the
19 Society agreed with it or sought to challenge it? It
20 would essentially be published as provided?
21 A. Unless it raised eyebrows.
22 Q. Would you agree finally that the overall tone and
23 message of this is a fairly positive and upbeat one,
24 again seeking to provide reassurance to haemophiliacs?
25 A. It's a mixture of reassurance and fact, really.

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1 A. It was purely informal and it would relate to any
2 problems in their supply in the same way that we
3 talked to BPL about its supply.
4 Q. So would it comprise meetings or telephone discussions
5 that Mr Milne would have with pharmaceutical
6 companies?
7 A. Yes.
8 Q. Do you know if pharmaceutical companies were invited
9 to attend meetings of the Blood Products
10 Sub-Committee?
11 A. No, they were not.
12 Q. Then I think perhaps one more document before we go.
13 Yes, it's HSOC0029476_040.
14 I'm sorry, in fact, we can skip that and go to
15 HSOC0019923_010. So this is an Executive Committee
16 meeting of 15 September 1984. We just look at the
17 bottom of the page --
18 A. Sorry, it's a council meeting.
19 Q. My apologies. Yes, I was going to show you the
20 Executive Committee meeting but I thought we'd just
21 look, for the sake of convenience, at the subsequent
22 council meeting. So 15 September 1984, bottom of the
23 page. We can see, as I understand it, the Society's
24 policy in relation to AIDS being briefly articulated:
25 "The Chairman reported that the Executive

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1 Professor Lee, as she became, was not someone to beat
2 about the bush really.
3 Q. I'm going to skip over the Executive Committee
4 meetings from June and July of 1984. There's no
5 particular consideration of any changes to policy in
6 those meetings. But I want to ask you something about
7 the August '84 meetings.

8 So that's HSOC0029476_039. This is the
9 Executive Committee meeting on 9 August 1984, and if
10 you go over the page we'll see it says -- in relation
11 to AIDS it simply says:

12 "... nothing new to report on AIDS in the UK,
13 as it affects people with haemophilia ..."

14 Then the death of a Brazilian doctor from AIDS
15 is noted in that paragraph.

16 Then we see "Blood Products Sub-Committee", and
17 at (a) and (b) there are some updates from Mr Milne,
18 and then this:

19 "A brief discussion followed on the involvement
20 of the pharmaceutical companies in the work of the
21 Blood Products Sub-Committee and it was agreed that
22 this should remain on an informal basis."

23 Can you assist us with what involvement
24 pharmaceutical companies had in the work of the Blood
25 Products Sub-Committee?

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1 Committee continued to monitor the AIDS situation in
2 the UK as it affects people with haemophilia. That
3 situation remains unchanged and a new Haemofact will
4 appear in the next week or so."

5 Is that the continuation of the wait and see
6 policy, Mr Watters?

7 A. My guess is that it is, yes.

8 Q. Then if -- no, in fact, I don't need to ask you
9 anything further about that meeting.

10 Last document then, I think, for today,
11 Mr Watters, is the Haemofact referred to in that
12 council meeting, so the fourth Haemofact, which is
13 PRSE0002824. We can see it's release number 4,
14 24 September 1984. If we go to the second page we can
15 see this article is written by Dr Kernoff. Would we
16 be right to understand that the same process would
17 have been adopted as you previously described, the
18 editor would have decided who to ask --

19 A. Indeed.

20 Q. -- and there would have been no, as it were, vetting
21 of the article unless there was anything that raised
22 particular eyebrows?

23 A. Correct.

24 Q. Then we can see Dr Kernoff saying here:

25 "The possibility that [AIDS] might be caused by

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1 an unusual virus has always been a strong one."
 2 Then he refers to recent scientific
 3 developments. If we go to the top of the right-hand
 4 side column, he says this:
 5 "The presence of antibodies is usually taken as
 6 evidence of immunity to infection ..."
 7 Then this:
 8 "... and perhaps one reason why the risk of
 9 AIDS in haemophilia is so low (around 1 in 1,000) is
 10 that many patients are immune to it."
 11 Do you recall whether there was any eyebrow
 12 raised about what Dr Kernoff was saying there as to
 13 the risk of AIDS and haemophilia?
 14 **A.** There was certainly discussion about it because he was
 15 reflecting a widely-held view at that time about the
 16 lack of certainty about the meaning of antibody
 17 positivity. He wasn't representing a wild view of his
 18 own. It was one that was circulating in among medics.
 19 **MS RICHARDS:** Sir, I note the time. There's a few further
 20 documents for 1984 which we can pick up tomorrow.
 21 **SIR BRIAN LANGSTAFF:** Yes, we can. Let me just, while
 22 this is still on the screen, ask you what occurs to me
 23 about this and ask if there's any discussion about it.
 24 Dr Kernoff here in the brackets describes the risk of
 25 AIDS as being around 1 in 1,000. That, if you read it

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1 which you haven't seen before you study them.
 2 **A.** Yes.
 3 **SIR BRIAN LANGSTAFF:** But in the case of the document
 4 which you had last night and the Rizza/Bloom
 5 correspondence which was referred to this morning,
 6 yes, of course you may talk to your lawyer about that
 7 and give it proper and due consideration.
 8 The same will apply should you get any further
 9 document which you had not expected which is sent to
 10 you by the Inquiry. You don't need to ask again about
 11 that. But you mustn't discuss anything else.
 12 **A.** Yes. I also noted yesterday that my signature
 13 appeared on the document --
 14 **SIR BRIAN LANGSTAFF:** Ah.
 15 **A.** -- on screen.
 16 **SIR BRIAN LANGSTAFF:** Yes, it did. You're right. And you
 17 would rather that didn't happen?
 18 **A.** I would rather that didn't happen -- not that my
 19 signature is worth anything or is a great secret
 20 but ...
 21 **SIR BRIAN LANGSTAFF:** The reason I noticed it was when
 22 I looked at it I thought it's "David..." and your
 23 surname rather tails away a bit.
 24 **A.** Yes, it's the initial G.
 25 **SIR BRIAN LANGSTAFF:** I read it on the page. I don't

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1 too casually, appears, or may appear, to reflect the
 2 statistic quoted by Dr Lee (as she was) in her earlier
 3 Haemofact or Bulletin where she says that the
 4 incidence of AIDS was around 1 in 1,000.
 5 Was there anyone who realised that one was
 6 talking about incidence (that is, what's come out of
 7 the tap) and the other was talking about risk (which
 8 is essentially what is in the pipeline)?
 9 **A.** I don't think anyone had a mind as acute as yours,
 10 Sir Brian, on that subject.
 11 **SIR BRIAN LANGSTAFF:** The answer is: there's no discussion
 12 along those lines at all.
 13 **A.** No.
 14 **SIR BRIAN LANGSTAFF:** Nobody spoke of it.
 15 **A.** No.
 16 **SIR BRIAN LANGSTAFF:** Thank you. Now, you asked me
 17 earlier, Mr Watters, about whether you could talk to
 18 your lawyer about documents and the answer is yes, of
 19 course. The reasoning is this, so that others may
 20 understand: when you come to give evidence you are
 21 shown documents. It seems to me unfair that
 22 a document should be sprung on you by surprise without
 23 a chance to reflect properly on it. What we want is
 24 your best, most considered, most reflective evidence
 25 that you can give. So this applies only to documents

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1 think I would ever have realised it. But since you
 2 told me, we will make a point of ensuring that that is
 3 removed from the document at this stage.
 4 **MS RICHARDS:** Sir, before we rise for the morning, can
 5 I just say that there's no mystery to those who are
 6 listening about what the two documents are that
 7 Mr Watters had not been shown prior to his evidence
 8 starting and which he is, therefore, at liberty to
 9 discuss with his lawyers.
 10 **SIR BRIAN LANGSTAFF:** You're breaking up a bit on my
 11 transmission. Can you just say that again?
 12 **MS RICHARDS:** So that there's no mystery for those
 13 listening, I am just going to identify the two
 14 documents that Mr Watters is at liberty to discuss
 15 with those representing him.
 16 The first as you have referred to, sir, is the
 17 June 1983 UKHCDO letter to Haemophilia Centre
 18 Directors, which Mr Watters expressed an interest in
 19 seeing when we looked at Professor Bloom's reference
 20 to it, and we'll provide that to Mr Watters this
 21 afternoon.
 22 The document that was provided to Mr Watters
 23 yesterday, and which, as I understand it, he wants to
 24 be able to consider, is the note we looked at in the
 25 course of the Newcastle presentation. It was a note

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1 provided to the Inquiry by Dr Jones and it's headed
2 "Meeting with David Watters 13 June 1989" and
3 I understand that to be the document that Mr Watters
4 wanted to be able to reflect on further. I wanted to
5 make that clear so that those listening know exactly
6 what it is we're talking about. There's no mystery to
7 it at all.
8 **SIR BRIAN LANGSTAFF:** Thank you for helping to make that
9 extra clear.
10 Mr Watters, we'll see you again at 10.00
11 tomorrow. Thank you so far and look forward to seeing
12 you then.
13 **A.** Thank you.
14 **SIR BRIAN LANGSTAFF:** And for everyone else there is no
15 further proceedings in public this afternoon, though
16 of course the work of the Inquiry proceeds as it
17 always does. So 10 o'clock tomorrow. Thank you very
18 much.
19 **A.** Thank you.
20 **(1.09 pm)**
21 **(Adjourned until 10.00 am the following day)**

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1	I N D E X	
2	MR DAVID WATTERS (continued)	1
3	Further questions by MS RICHARDS	1
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