

Thursday, 11 February 2021

(10.00 am)

SIR BRIAN LANGSTAFF: Let's begin in the usual way.

You're at home still, I take it, Mr Watters, with your dog and partner?

A. I am, indeed.

SIR BRIAN LANGSTAFF: You, Ms Richards, are in the hearing chamber in Fleetbank House?

MS RICHARDS: Yes.

SIR BRIAN LANGSTAFF: Can you give us a brief update on who is there.

MS RICHARDS: The same as previously. We have Ms Fraser Butlin, myself from the counsel team, one member of the Inquiry solicitor team, our document display engineer, and two members of the Inquiry team to ensure the smooth running of the processes here.

SIR BRIAN LANGSTAFF: And I remain at home. Yes.

MR DAVID WATTERS (continued)

Further questions by MS RICHARDS

MS RICHARDS: Mr Watters, we looked yesterday as our last document at the Haemofact number 4 from 1984 written by Dr Kernoff. Before I ask you about documents and events in the last part of 1984, there's some further general questions I want to ask you and a handful of 1983 documents to look at.

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National Haemophilia Foundation in the United States. Would the Society in '81, '82, '83 have been reasonably up-to-date with resolutions or announcements or decisions being taken by the National Haemophilia Foundation, do you think?

A. No, we would not.

Q. So how --

A. But we didn't exchange minutes or anything like that, and it was more in the form of when we were able to meet that we exchanged information.

Q. So there was no --

A. Communication, again, was not what it is now in those distant days.

Q. So you would perhaps meet at the World Federation of Haemophilia congress, you might meet representatives of the National Haemophilia Foundation at those congress meetings?

A. Yes.

Q. And was there any system for any written exchange of information for documents of mutual interest to be shared?

A. That would all be done through the World Federation of Haemophilia itself, rather than directly with any national member organisation.

Q. Then you told us about attending the UKHCDO annual

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First of all, you've told us about your dealings with the Department of Health in London. Given The Haemophilia Society was a UK-wide organisation, can you assist us with what interactions, if any, you had with the Scottish Home and Health Department?

A. Very little, and none that I can call to mind.

Q. So there were no regular meetings, in any event?

A. No.

Q. Did The Haemophilia Society, as far as you can recall, have any correspondence with the Scottish Home and Health Department in the early '80s?

A. None that I recall, but, of course, remember at this time we were two staff.

Q. Can you recall whether you ever had any dealings in the course of the '80s with the Welsh Office or the Northern Irish office?

A. No recollection at all.

Q. Secondly, you touched, or we touched, on Tuesday I think on the World Federation of Haemophilia, and you indicated that The Haemophilia Society had a relationship with them, had liaised with some of the national haemophilia organisations?

A. Correct.

Q. I wanted to ask you just specifically about the

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general meetings, and you've already indicated to us that the Society didn't receive the minutes of those meetings afterwards.

Did you -- as far as you can recall, when you attended those meetings, you and your colleagues, were you given copies of the reports that were being talked about at the meeting? So if there was an update from Dr Craske or a report of the Hepatitis Working Party or Home Therapy Working Party, would you be given copies of the materials that other attendees at the AGM had?

A. To the best of my recollection, no, we did not.

Q. Can --

A. We were there as observers rather than participants.

Q. Can I then ask you to look at a handful of documents from 1983 which we didn't look at earlier in the week. One is a document which I hope was sent to you yesterday afternoon after we finished. So it's additional to the documents that we mentioned yesterday. I'm going to put it up on screen. If you haven't seen it, please let me know. It's CBLA0000060_067, Soumik.

You will see, Mr Watters, it's a letter from Alpha Therapeutic dated 16 March 1983 to Professor Bloom, and it draws his attention to and

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attaches a transcript of a press release issued by Alpha in January 1983. If we go over to the press release, Soumik, which I think is either on the next page or -- the next page is blank. It's the page after.

We can see here this is 7 January '83 Alpha Therapeutic press release. The first paragraph refers to Alpha taking steps intended to protect haemophilia patients and other blood product users from AIDS, the deadly new epidemic, and it says:

"Alpha has taken steps to exclude from its donor pool persons who may be at high risk of transmitting the disease to others."

Then if we just go to the bottom half of the page, please, Soumik, the penultimate paragraph, Mr Watters, reads:

"The evidence suggests, although it does not absolutely prove, that a virus or other disease ... was transmitted to them ['them' being haemophiliacs infected with AIDS] in the Factor VIII concentrate derived from pooled human plasma which they rely on for life and for sustaining a relatively normal lifestyle."

Then it goes on to refer to surveys being conducted by the National Haemophilia Federation

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is this something you would have expected the Blood Products Sub-Committee to be aware of?

A. Not necessarily because this was communication from a pharmaceutical company to doctors, and I think there was generally tiered communication.

Q. Did the Society, as far as you can recall, even if it didn't see this specific document, have any awareness in 1983 that a commercial pharmaceutical company was warning publicly that its own product might transmit AIDS?

A. I have no recall of that at all.

Q. Do you think this is something that Professor Bloom should have shared with you?

A. I think it's something that the Haemophilia Centre Directors Organisation, through Professor Bloom, should most certainly have shared with us.

Q. If the Society had seen this and seen, for example, Alpha itself saying the evidence suggests that the haemophiliacs infected in the States were infected as a result of the Factor VIII concentrate they were taking -- if you had seen that, do you think that might have affected the Society's stance and its public message in the course of '83 and '84?

A. It could well have, and I know that Alpha product gained market share in the '80s. Whether it was

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producing other disquieting findings:

"AIDS has jumped from the seventh to the second most common cause of death in haemophiliacs within a year. The case rate appears to be rising."

I don't think we need to look at the rest of it, but, first of all, do you have any recollection of the Society receiving this document at the time?

A. Not at all.

Q. You --

A. The other observation I would make immediately which leaps off the page at me is that in the United States, they didn't have a data collection system in the same way that we had in the United Kingdom through Oxford, and this was run by the National Haemophilia Foundation on a national basis, and, as such, it didn't have the high status necessarily that one looked after by doctors would have. Like us, the NHF were not a huge organisation. They were a larger organisation, but not a huge organisation.

Q. You told us yesterday, I think, about there having been a degree of liaison between the Society and pharmaceutical companies, at least through Mr Milne's Blood Products Sub-Committee.

Given the Society's established relationships with pharmaceutical companies producing concentrates,

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directly related to this or not, I have no recall.

Q. We can take that down, Soumik. The next document from 1983 I wanted to ask you to look at is this. Again, it's a document that's been sent to you recently. It may only have been yesterday. It's CBLA0000043_040.

Mr Watters, this is a document the Inquiry's looked at quite a lot in the course of its hearings. It's a letter from Dr Spence Galbraith, director at the communicable disease surveillance centre in Colindale, to the DHSS, dated 9 May 1983. You will see, if we look at the first paragraph of the letter, it contains an update of cases including a reference to three cases being reported in Spain. Then you will see, in the second paragraph, it contains Dr Spence Galbraith's conclusion, having reviewed the literature, that all blood products made from blood donated in the US after 1978 should be withdrawn from use until the risk of AIDS transmission by those products has been clarified.

Then we can look over the page and see the paper that he sent to the DHSS entitled "Action on AIDS", advocating a temporary withdrawal of all blood products and setting out a number of reasons.

I am not going to go through the detail of the reasons with you, Mr Watters, but can I ask this: is

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1 this a document that The Haemophilia Society, to the
2 best of your recollection, saw at the time?

3 A. We did not see it.

4 Q. Had you seen it, had you seen the leading public
5 health or a leading public health official at CDSC was
6 advocating a temporary ban, do you think that might
7 have affected the Society's policy and advice in the
8 course of 1983/84?

9 A. I would, first of all, have wanted to find out how
10 much Dr Galbraith knew about haemophilia itself and
11 the results, the consequences, of the withdrawing all
12 the product. Once I'd satisfied myself on that,
13 I would then listen. But what he writes suggests to
14 me he has no knowledge of the benefits of treatment
15 and the problems likely to arise as a result of the
16 withdrawal of treatment, because that's what this
17 would have led to.

18 Q. Mr Watters, may I just probe that a little further
19 with you.

20 It might have led to the withdrawal of -- it
21 would have led to a temporary cessation of the use of
22 commercial concentrates. That's not necessarily to be
23 equated, is it, with the complete withdrawal of
24 treatment? There would have been both NHS
25 concentrates on this approach and cryoprecipitate

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1 the Department of Health.

2 Q. The next document I wanted to ask you about from 1983
3 is HCDO0000270_004. You will recall, Mr Watters, we
4 touched on this -- I think it was yesterday -- when we
5 looked at your exchange of correspondence from
6 mid-1983 with Professor Bloom, in which you had asked
7 if he wanted to update his May statement, and he
8 responded to you saying he didn't -- I paraphrase, he
9 didn't at that stage see any need to. But he sent you
10 a copy of this letter and this is the letter which he
11 was suggesting didn't need to be shared with your
12 membership and I think you raised a question about
13 that.

14 A. Yes.

15 Q. You have now had an opportunity to see the letter and
16 you can see that it refers to a special meeting of
17 Reference Centre Directors in May 1983 and it refers
18 at points 1 and 2 to two general recommendations for
19 the treatment of mildly affected patients, patients
20 with von Willebrand's, patients with minor lesions,
21 the treatment of children and the treatment of
22 patients previously unexposed to imported
23 concentrates.

24 Having now seen it, and you would have seen it
25 presumably at the time but having now seen it to

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1 available, for example.

2 A. Not a lot is the answer, and cryoprecipitate was
3 hardly being produced then, I feel. That's my recall.

4 Q. This is a document The Haemophilia Society should have
5 been provided with, would accept, by either
6 Professor Bloom, UKHCDO, or the Department of Health?

7 A. Did Professor Bloom see the letter?

8 Q. There's some evidence to suggest that, by reason of
9 his participation in meetings with the Department of
10 Health, he may have done.

11 If he had it -- let me put it that way -- if
12 Professor Bloom had this letter, should he, in your
13 view, have provided it or shared it with the Society?

14 A. He should most certainly have shared it with HCDO and
15 thereafter shared it with us.

16 Q. We know the Department of Health had it because it's
17 addressed to the Department of Health, and we know
18 from what you have already told us that the Society
19 had regular meetings with the Department of Health.

20 Should the Department of Health have shared
21 this with the Society, in your view?

22 A. I don't know how much my view counts at this late
23 stage, but it would have been helpful to the overall
24 cause, had the information -- both this information
25 and other information -- been shared more widely by

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1 refresh your memory, do you think this is a document
2 that should have been shared by the Society with its
3 membership, so that your members could know what
4 recommendations were being given to their centres and
5 ask questions if those recommendations were not being
6 followed?

7 A. I rather thought we did share not the letter but some
8 of the content in a subsequent Haemofact or in
9 a Bulletin, I may be mistaken.

10 Q. We can check that, Mr Watters.

11 A. Yes.

12 Q. I think there may be certainly a later Haemofact which
13 picks up upon this. What the date of it was I'd have
14 to double-check.

15 A. Yes.

16 Q. Would you accept, as a matter of principle, the broad
17 nature of the recommendations here are recommendations
18 that patients were entitled to know about?

19 A. Yes.

20 Q. Then if we could go next, please, Soumik to
21 HSOC0019923_006.

22 This is a council meeting from 8 October 1983.
23 If we could go, Soumik, I think it's to the second
24 page -- if we can go down the page. It's the bottom
25 paragraph. So you'll see here it refers to the talk

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by Professor Bloom at the morning session of the council's meeting on AIDS and then it refers to the publication Haemofact, and we can see this:

"The [Chair] also spoke about the new publication Haemofact and thanked Mr Clive Knight and the Co-ordinator for their initiative in producing this leaflet."

That would suggest you had a direct role in the production of Haemofact, Mr Watters, and so I just wanted to ask you by reference to that if you can outline to us what your role was in relation to Haemofact?

A. My role was largely a facilitative one, in as much as I did what was necessary to obtain the articles on the directions of Clive Knight, make sure they arrived, were forwarded to him for his approval, overseeing the construction of the publication in the office and making sure that it went to the Chairman for his clearance before wider distribution. My role was not editorial in any sense.

Q. Thank you.

Then building on this meeting on 8 October, can we look at a letter you wrote to Professor Bloom afterwards. Soumik, I've got two reference and I'm not sure which you've got, so we will try one and,

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were upset and wanted to know the truth.

Q. Truth can be upsetting, Mr Watters, can it not? This letter appears to suggest that a motivation, prescribes the primary motivation, on behalf of the Society, had been to allay concerns rather than spell out full facts. What would you say in response to that?

A. I think the word that governs that is "unfounded" facts, or unfounded fears, because there were plenty of them about, I can assure you, generated in the community by schools who wouldn't accept children with haemophilia, by employers who wouldn't allow people with haemophilia to come to their place of employment, by the abuse people with haemophilia were suffering in the streets, in their homes, having slogans painted on their doors. Goodness me, all that does lead to great, great fear and that was the fear that was entirely without foundation.

Q. The Inquiry's heard much evidence to that effect, Mr Watters, but was that the position as at autumn 1983 however?

A. Oh, yes.

Q. What did you mean by people had AIDS put into a helpful perspective?

A. I think -- I can only assume that I meant it was

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failing that, the other. CBLA0000060_030.

If you don't have that -- try DHSC0001248. We can see here your letter of 10 October 1983 to Professor Bloom. It records that you have been asked by the Chair on behalf of the council to write expressing deep thanks for the talk on AIDS. Then you say this in the second paragraph:

"As I am sure you have gathered, this was a most useful session and did help us considerably to allay unfounded fears held by a large number of our members. I happen to know that people arrived at the meeting quite prepared to take up cudgels and create war within and against the Executive Committee! Happily, in the event, this did not happen since people [who] had AIDS put into a helpful prospective which can only benefit relationships between the Society, its Groups, and its members."

Can you assist us with what your knowledge was of people having arrived at the meeting "prepared to take up cudgels and create war". What does that refer to please?

A. I think people arrived having collected a lot of information from the popular press, which was, of course, alarmist and designed to sell newspapers rather than necessarily convey facts, and that they

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putting the known facts of that time to those who were present, to support them through what they were suffering in the community.

Q. Can I ask you to look at an extract from a document produced by Professor Bloom a number of years later. It's his litigation report where he refers to this meeting. Again, Soumik, I've got two references I'm not sure which is the correct one. DHSC0001297?

A. We wouldn't have had access to this report at the time, of course.

Q. No, I understand that. Soumik, it's a very long document. I'm looking for the page numbered 174 in the internal pagination at the top of the page, please. If we go three pages further on ... yes.

So you'll see this is a section of Professor Bloom's litigation report which refers to interactions he had with The Haemophilia Society and, Soumik, if we go further on to page 177 using the internal pagination?

SIR BRIAN LANGSTAFF: Just before you leave, what's suddenly caught my eye is the second sentence on the page:

"... [the Society] circulated their members [this is the first sentence] and Haemophilia Centres with a series of pamphlets on AIDS called 'Haemofact'

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1 which contained relevant information and advice."
 2 Then this:
 3 "These pamphlets were produced by the Society
 4 but not with [input] from the Medical Advisory Panel."
 5 I thought from what was said yesterday that,
 6 insofar as it dealt with issues of frequent medicine
 7 and the AIDS risk, there had been some input. Do you
 8 have anything to say about that?
 9 **A.** Well, most of them were written by members of the
 10 Medical Advisory Panel.
 11 **SIR BRIAN LANGSTAFF:** That's what I thought. So this is
 12 simply untrue?
 13 **A.** It strikes me as an untruth, yes.
 14 **MS RICHARDS:** I should perhaps draw your attention to the
 15 next page, where Professor Bloom does deal with
 16 4 May 1983 document and says that he drew up that
 17 statement.
 18 **SIR BRIAN LANGSTAFF:** Yes, but he's not dealing with the
 19 Haemofacts, is he?
 20 **MS RICHARDS:** No, but he's not disavowing any knowledge of
 21 that.
 22 **SIR BRIAN LANGSTAFF:** No.
 23 **MS RICHARDS:** If we then go on, Soumik, to page 177 --
 24 that's it. Mr Watters, could you look at what's said
 25 here about 8 October 1983 meeting. Professor Bloom in

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1 relation to both dosages and lifestyle
 2 modifications --
 3 **A.** I think it was only a month earlier he had said he
 4 didn't need to revise what he had written in the
 5 original Haemofact and ... I've got no recall of this
 6 detail of the meeting at all, nor do I think it
 7 diminished the relationship because he continued for
 8 some time after that to hold the position of Chair of
 9 the Haemophilia Centre Directors Organisation and the
 10 Reference Centre Directors.
 11 **Q.** So you say you have got no recollection of what he
 12 says here. I don't know whether you can answer this
 13 but do you think it's correct, do you think you would
 14 have remembered or recorded in some form of document,
 15 if Professor Bloom was giving advice different from
 16 the advice which he had previously given the Society?
 17 **A.** Most definitely.
 18 **Q.** You've got no recollection, in any event, of this
 19 somehow changing your attitude to or the Society's
 20 attitude towards Professor Bloom?
 21 **A.** The Society's attitude, I would say, did not change.
 22 **Q.** Thank you, Mr Watters. I'm now going to return to
 23 where we were in late 1984. Soumik, could we have
 24 HSOC0029476_041, please.
 25 These are the minutes of an Executive Committee

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1 his 1990 litigation report says this:
 2 "I addressed the Council and a large meeting of
 3 The Haemophilia Society in London on the subject of
 4 AIDS. I do not have a record of the meeting or of my
 5 address, but Drs Rizza and Forbes were also present.
 6 I was now more circumspect than previously with regard
 7 to the role of blood products in AIDS and suggested
 8 that until their role became more clear it would be
 9 wise to revise dosages and for haemophiliacs to modify
 10 their lifestyle to prevent bleeding. This was met
 11 with a very poor reception by the audience. Several
 12 patients or parents spoke from the floor and the gist
 13 of the response was that they did not wish to, nor did
 14 they intend to, reduce demands for therapy using
 15 current products.

"Although I received an appreciative letter of
 thanks from Mr Watters [that's the document we've just
 looked at] my impression is that my relationship with
 The Haemophilia Society changed from this date and
 they sought my advice on fewer occasions."

Mr Watters, can I, first of all, ask for your
 observations on what Professor Bloom says here about
 the meeting itself and what he says about the meeting.
 He says he was more circumspect about the role of
 blood products in AIDS and was advising caution in

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1 meeting on 11 October 1984. You'll note this was at
 2 the Kennedy Hotel, Mr Watters, and I know you've got
 3 a recollection of a meeting at the Kennedy Hotel in
 4 which you and Mr Knight raised issues.

If we go over the page, and we can see top of
 the page is the reference to "AIDS":

"It was noted that there was a new case of AIDS
 in Scotland."

Then there's a discussion about response to The
 Mail on Sunday and an agreement that the Society's
 solicitors should write to The Mail on Sunday about
 something that they had said.

It doesn't appear that any action or decision
 or revision of policy was contemplated,
 notwithstanding the new case of AIDS in Scotland. Do
 you have any recollection of that? Can you assist
 with why nothing else was being done at that stage?

A. I have no recollection at all.

Q. If we then move on to two letters you sent in
 November 1984, Mr Watters. The first is at
 HCDO0000677. You'll see there it's a letter dated
 14 November '84. It's from you, and it's to all
 centre directors and local groups, and it's drawing
 attention to an article or a series of articles about
 the numbers who might be infected with AIDS, and you

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are drawing attention to various matters relating to that particular -- or the origin of those articles.

Then you say this in the penultimate paragraph:

"In the United States, as in the United Kingdom, the majority of haemophiliacs tested positive for HTLV-III. It's important, therefore, to remember that testing positive for HTLV-III establishes the presence of antibodies against the virus and does not suggest a diagnosis of AIDS."

Two matters I wanted to ask you about, Mr Watters, arising from this letter. First of all, this, I think, is one of the first letters we've seen in which you are not simply writing to the Medical Advisory Panel, but you're actually writing directly to all centre directors and to local groups.

Why was it that you took what appears to be a different course of communicating with that much wider audience at this stage?

A. I wouldn't know, at this stage.

Q. Would that have been your decision, or the Chair's, or are you unable to say?

A. It would have been the decision of the Chair that a letter like that should be written.

Q. And then in the paragraph that I drew attention to, you say there:

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SIR BRIAN LANGSTAFF: Yes. That doesn't really answer my question because what you are telling me, I had thought, was that there was controversy about what the presence of antibodies signified.

A. Well, I think the controversy possibly occurred later because, at this stage, they were saying it didn't indicate a diagnosis, whereas later it became clear that it did indicate a diagnosis.

SIR BRIAN LANGSTAFF: Now, just going on from that, if, indeed, there had been the controversy at this time, as I'd thought your earlier answer suggested (you have now corrected that I think, perhaps), then you would have reflected that, would you, in this letter?

A. Yes.

SIR BRIAN LANGSTAFF: That would have been your choice and not the Chairman's?

A. A letter like this would have been seen by Father Tanner before it went out.

SIR BRIAN LANGSTAFF: By "seen by", does that mean he exercised a degree of editorial control over it?

A. Oh, yes. It would have gone by fax to his office.

MS RICHARDS: And then if we look at a second letter of the same date, ARMO0000335. If we zoom in to the text of the letter a little more closely, we can see, again, it's 14 November 1984, and it's from you. This

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"In the US, as in the UK, the majority of haemophiliacs tested positive for HTLV-III."

Now, bearing in mind I think that many or most haemophiliacs had not been tested at all by that stage, although there had been some testing written up in a published study, can you assist us with why you were saying in the UK the majority of haemophiliacs tested positive?

A. I've got absolutely no recall of this at all. What I do recall is that there was controversy and a lack of agreement on what the presence of antibodies meant.

Q. Then there's a second letter of the same date --

SIR BRIAN LANGSTAFF: Just one moment.

Where is the confusion or the disagreement or the controversy about what an antibody status meant in the letter? The letter rather suggests the opposite, doesn't it?

A. It says it doesn't suggest -- I can't read it. It's gone too small.

SIR BRIAN LANGSTAFF: Can we have the bit back at the bottom? It's the penultimate paragraph.

A. "The presence of antibodies against a virus does not suggest a diagnosis of AIDS."

And that was the point that Dr Kernoff made in a Haemofact we looked at yesterday as well.

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is to all centre directors and transfusion centre directors, and you're drawing attention to a special report from CDC, an MMWR report about heat-treated products and inviting responses.

If we just go over the page, please, Soumik, and we just look at the top half of the page, we can see it's the MMWR, October 26, 1984. We can go back to the letter -- the previous page, please.

It would appear that, by this time at least, the Society, therefore, is receiving copies of MMWR; is that fair?

A. I think we would receive them spasmodically if someone sent them to us. We did not subscribe to it.

Q. We can see here, again, rather than going simply to the Medical Advisory Panel or Professor Bloom, you're writing here to all centre directors and all transfusion centre directors.

Are you able to assist with why, again, you had taken that wider course than simply going to the Medical Advisory Panel?

A. To me, it would suggest that we were looking for a speedier response from a wider audience, rather than waiting for the next meeting of the Haemophilia Centre Directors Organisation and all the formalities entailed in that.

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1 Q. If we then, continuing in November '84, look at the
2 council meeting in November. It's HSOC0019923_011.
3 So if we look at the top, first of all, we can see
4 it's a council meeting, 24 November '84 at the Kennedy
5 Hotel. If we go down to the bottom of the page, we
6 can see under the heading "AIDS" it says:

7 "This subject had received detailed
8 consideration at the morning session (see appendix 1
9 to these minutes), and the following courses of action
10 for groups and individuals were approved by those
11 present."

12 And if we go over the page, we can see, at the
13 top of the next page, the courses of action. One is:

14 "(i) Demand that heat-treated product now from
15 centres. This is possible on a named patient basis.

16 "(ii) Ensure the transfusion centres maintain
17 the highest possible standards in blood collection ...

18 "(iii) Immediately write to MPs about AIDS
19 risk, heat treatment, and plasma collection."

20 Then if we look at the appendix, that's page 5
21 of this document, please, Soumik. No, sorry, it will
22 be the page after. My apologies. That's it. If we
23 go to the top half of the page, first of all:

24 "AIDS. The Chairman introduced this as the
25 first item on the morning agenda of the council

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1 Q. Does it suggest that, at least that the Society's
2 previous policy, which was treatment -- the benefits
3 of treatment far outweighed the risk of AIDS remained,
4 at this stage, the Society's policy? There's no
5 change to that fundamental underlying position?

6 A. No change to that fundamental policy, but I wouldn't
7 know that that's what the minute meant.

8 Q. Understood. This is -- it would appear the Society is
9 going to take the direction now of pressing for
10 heat-treated products to be made available to all.
11 I'm sorry, we didn't --

12 A. But it is important to remember that, at this time, we
13 were involved in -- clearly involved in a media
14 campaign which took up huge amounts of time. In order
15 to get an inch of space in a newspaper, you've got to
16 give them at least half-an-hour, I should think, and
17 we were still one person with a secretary.

18 Q. Look, then, at, I think, the last document for 1984
19 which is the Haemofact number 5. That's HCDO0000675.
20 We can see there it's AIDS release number 5. The date
21 is 3 December 1984.

22 If we go over the page and look at the top half
23 of the page first of all, we see it says this: so it
24 refers to widespread publicity about AIDS arising from
25 the death of a patient at the Newcastle Haemophilia

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1 meeting. He outlined briefly the action taken by the
2 Society to date with particular reference to the
3 forthcoming meeting with the minister. The Chairman
4 stressed that, despite the media coverage of the past
5 week, nothing [underlined] had changed."

6 There's then a discussion by Mr Knight talking
7 about how the Society had been able to use the *media*
8 *to make political mileage*.

9 Then if we look further down, we can see a list
10 of the points that it's proposed to make or raise with
11 the minister.

12 Point 1 is about taking steps to import
13 heat-treated products to treat everybody now.

14 2 was about national plasmapheresis programmes.

15 3 was about the position in transfusion centres
16 and advocating testing of donors.

17 And 4 was about seeking funding from the
18 Department of Health.

19 Now, if we just go back to the top of the page,
20 please, see there in that first paragraph the Chairman
21 stressing that nothing had changed. Do you know
22 what's meant by that suggestion, that nothing had
23 changed?

24 A. From this distance and with the pressure of work we
25 were handling at that time, I have got no idea.

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1 Centre. And then we can see three lines further down
2 in capital letters:

3 "It's essential to note that, despite the
4 current publicity, little has changed."

5 And then reference is made to the position
6 outlined in Haemofact 4, that those are the following
7 numbered paragraphs, and we looked at that yesterday,
8 the Haemofact which contained an article by
9 Dr Kernoff.

10 If we go to the next page, please, we can see
11 it says:

12 "The Society has taken action as follows ..."

13 Point 1 refers to a meeting with
14 Lord Glenarthur and picks up the points we've seen in
15 the council meeting.

16 And then I just wanted to ask you a little more
17 about point 2. It says this:

18 "We have (a) kept in close touch with our own
19 medical advisors, other healthcare professionals, the
20 DHSS, the NBTS, and other charities and organisations
21 with interests in the problem of AIDS."

22 So just pausing there. Can you assist us -- we
23 know, obviously, and we've explored the communications
24 you had with members of the Medical Advisory Panel.
25 What other healthcare professionals had the Society

28

1 been keeping in close touch with in 1984?

2 A. Nurses, social workers, and so on.

3 Q. But not other clinicians, as far as you can recall,

4 other than as we've seen mapped out in the

5 publications that we've looked at?

6 A. We may have kept in touch with people like

7 Tony Pinching and Richard Tedder, but that wouldn't be

8 at the same level of intensity as we would be keeping

9 in touch with those directly involved in the

10 management of haemophilia.

11 Q. DHSS is self-explanatory. The NBTS -- what can you

12 recall about the level of communication and liaison

13 the Society had with the NBTS in 1984 to enable it to

14 say that close touch had been kept with that

15 organisation?

16 A. This should be available in Haemophilia Society files

17 which I left in a pretty immaculate condition,

18 considering my hasty departure. But we did have

19 concerns about the retention to donors and how

20 carefully donors were selected and asked questions

21 about their lifestyle and so on.

22 Q. Were there --

23 A. Because, as we read in the council minutes, reports

24 were coming to us that there were no leaflets in

25 transfusion centres and things like that.

29

1 distributed copies of the report we just saw.

2 Q. (c) is fund-raising. And then(d) is this:

3 "We have made a major effort to provide the

4 media with the facts [underlined] about AIDS."

5 Now, picking up on that, Mr Watters, it might

6 be said, if one looks at the documents, some of which

7 we've explored in '83/'84, that one of the Society's

8 main preoccupations had been responding to or

9 complaining about media reports. Is that fair, do you

10 think?

11 A. I think, as a point of fact, we only complained about

12 one media report and that was The Mail on Sunday.

13 Q. Then if we look further down the page, just below --

14 A. Could I say on point(d), I would have been referring

15 there, or we would have been referring there, to AIDS

16 as it related to haemophilia because it was kind of

17 time to bash everybody, whether they were gay, whether

18 they were drug abusers, whether they had haemophilia,

19 and so on and so forth, and we were very keen to get

20 away from this heavily tainted and biased approach of

21 the media, although having said that, there were

22 people with haemophilia and HIV who were also gay and

23 there were people with haemophilia and AIDS who were

24 also drug abusers. But the vast majority fell into

25 neither of those categories and were simply the

31

1 Q. Yes, and there is correspondence which we haven't

2 looked at in which that's referred to.

3 But was there any system of regular meetings or

4 regular liaison with the NBTS?

5 A. That would have been in Mr Milne's gift, and subject

6 to the pressures of his own employment, of course.

7 Q. So that would have been through the route, you think,

8 of the blood products subcommittee if it took place?

9 A. Yes.

10 Q. (b) you say:

11 "Continued to monitor AIDS developments

12 overseas, especially through the World Federation of

13 Haemophilia and World Haemophilia AIDS Centre in

14 Los Angeles."

15 I just wanted to draw your attention to that in

16 light of a discussion a little earlier this morning.

17 As I understand it from your earlier answer,

18 Mr Watters, monitoring AIDS developments overseas

19 largely meant what you could pick up at the annual

20 congress. Is that right, or by November/December '84,

21 was there more going on in terms of international

22 liaison?

23 A. Not a lot. The World Haemophilia AIDS Centre was the

24 corner of Shelby Dietrich's desk I think, and I think

25 it would have been her office that occasionally

30

1 victims of the products that the UK Government

2 destined them to receive.

3 Q. Thank you. I just wanted to look then what is said

4 underneath paragraph(e):

5 "We ENDORSE [in capital letters] our earlier

6 advice to everyone with haemophilia, however mildly

7 affected, to continue to accept medication as

8 prescribed by medical staff."

9 Then there are three additional recommendations

10 which include asking for heat-treated product as soon

11 as possible. So is this right, that as at

12 December 1984 when this publication is being sent out,

13 it firmly remained the Society's policy that all those

14 with haemophilia should continue to be treated

15 essentially as they had been, save that they should

16 press for heat-treated products to be given to them as

17 soon as possible; is that correct?

18 A. Correct. We also took action on that at some time in

19 the future, but no doubt you'll draw to our attention.

20 Q. Then if we go over the page and we look at the top of

21 the next page, the Haemofact refers to this:

22 "Current practice at major Haemophilia Centres

23 in the UK is that cryoprecipitate is used in

24 Factor VIII deficient newborn infants and children

25 under 4 years of age and in newly identified patients

32

never treated with Factor VIII concentrates; whenever possible fresh frozen plasma is used in Factor IX deficient patients in the same categories, and [DDAVP] wherever possible, is used in the patients with moderate or mild haemophilia and von Willebrand's Syndrome. It is, as already state, the Society's recommendation that heat-treated product be made available as quickly as possible for all other groups of people with haemophilia."

Now, I should say, Mr Watters, the Inquiry's heard evidence which might suggest that this was not universal current practice. As far as you can recall, what was the factual basis for the Society's understanding that what is described here was current practice at major haemophilia centres?

- A. I think that understanding would have come from the statement of Professor Bloom. I can't now recall whether it was in writing or at a conference but I think it was in writing.
- Q. We looked at the June 1983 letter this morning, which certainly refers to some elements of this, but you think that when you say this is current practice it would have been from Professor Bloom that you gained that understanding, through some route or another, either UKHCDO meetings or written communications?

33

A. Memory doesn't give me that at all. I can remember that there was an apparent lack of communication and there were differences.

Q. Between Haemophilia Centre Directors or between --

A. Yes, between Haemophilia Centre Directors.

Q. Then if we can go, please, to DHSC0000684, we can see here reference to a press release, if we look further down the page -- keep going, Soumik -- we can see:

"This Press Release, issued subsequent to the announcement that Scottish Factor VIII had been shown to be contaminated with HTLV-III virus, is embargoed until [a minute past midnight] on Thursday 20 December 1984."

Then there's a handwritten note at the bottom:

"Please do not circulate until released by the Society -- advance copy."

Then if we go over the page, if we look at the top half of the page it says:

"Press Release.

"The Haemophilia Society drew the attention of officials to the Department of Health to its concern about donor screening in the [UK] some months ago and we are therefore not surprised by the news that Scottish Factor VIII has been found to be contaminated with HTLV-III virus."

35

- A. Correct, and again, there's the strapline about talking to your own centre director.
- Q. I think I promised that was the last document for December but, inevitably, there's two more from December, I'm sorry.

HSOC0029476_043. We can see at the top it's an Executive Committee meeting 6 December 1984 at the Kennedy Hotel. If we go to the next page, and we look at where it refers to AIDS, it says the Chair reported that there was going to be a meeting with Lord Glenarthur the following day. There's then reference to you having written to The Mail on Sunday, and then this:

"There was a lengthy discussion on the current position relating to AIDS and concern was expressed about the apparent lack of communication between the various professionals on the subject and, in particular, in relation to the reporting of cases. The Chairman and the Co-ordinator are to consider setting up a meeting with the Medical Advisory Panel to discuss those points further."

Are you able to assist us with what the concerns were about an apparent lack of communication between professionals, and which professionals were being referred to?

34

Now, just pausing there. First of all, can you assist with this. Clearly, this press release was prepared in advance of its intended circulation just after midnight on 20 December 1984. How and when had the Society found out about the infections in Scotland; can you recall?

- A. I have no recall of that at all. Possibly through our Scottish group, possibly through a centre director.
- Q. We know or understand there to have been a meeting in Edinburgh on 19 December 1984 at which this information was going to be shared for the first time with patients. This might suggest that the Society had some knowledge of this prior to that meeting, in order to have been able to prepare a press release.

It might be unlikely to have come through the local group as patients were not yet aware.

- A. Yes.
- Q. Do you recall, was there any direct communication that you can recall between the Society and Professor Ludlam at the Edinburgh Royal Infirmary or any of the other Scottish NHS clinicians?
- A. We were in regular touch with all the clinicians in Scotland.
- Q. But you can't recall how you came to know about this?
- A. No.

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1 Q. Then can I just ask you about:
 2 "... we are therefore not surprised by the news
 3 that Scottish Factor VIII has been found to be
 4 contaminated with HTLV-III virus."
 5 If that news came as no surprise to the
 6 Society, do you think the Society's concerns that this
 7 might happen should have been shared with its members
 8 prior to this?
 9 A. What would the -- sorry, I'm not here to ask
 10 questions. I ask myself the question: what benefit
 11 would have accrued from that sharing of information?
 12 Q. Patients might have decided not to treat themselves,
 13 taken an informed decision in the knowledge that their
 14 representative organisation, The Haemophilia Society,
 15 had concerns about possible risks of infection.
 16 A. Any medication we treat ourselves with carries risks
 17 and I think that this press release is written in
 18 order to attract the attention of the press to it
 19 rather than giving factual information to patients.
 20 **SIR BRIAN LANGSTAFF:** May I just ask about that. This
 21 isn't talking about the inevitable side effects of the
 22 treatment. This is talking about a way in which the
 23 treatment could be made safer. The purpose of donor
 24 screening, after all, is to screen out the donations
 25 which are or might well be of high-risk, isn't it?

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1 We've seen some documents from November and
 2 December which refer to The Haemophilia Society's
 3 views on that issue.
 4 Can you assist with this: prior to late 1984,
 5 in the years that preceded that, had The Haemophilia
 6 Society been lobbying, in any respect that you're
 7 aware of, pharmaceutical companies or others, to work
 8 on measures such viral inactivation -- sorry, to work
 9 on viral inactivation measures such heat treatment?
 10 Had that ever been part of the Society's thinking, as
 11 far as you can recall?
 12 A. As far as I can recall, it was. But they were all in
 13 very early, early stages of development, and the
 14 effect on the efficacy of the product and things was
 15 called into question, and it was a question of waiting
 16 until the time was right to generate an effective
 17 product.
 18 Q. Then if we look at the fourth paragraph, it says this:
 19 "While we remain of the opinion that treatment
 20 by prescribed medication is the first priority for
 21 anyone with haemophilia, based on the firm conviction
 22 that haemophilia, itself, is more dangerous than AIDS,
 23 in the light of the recent development of heat-treated
 24 product we urge our members to press for these
 25 concentrates at the earliest possible moment."

39

1 A. Yes.
 2 **SIR BRIAN LANGSTAFF:** So that's what this is concerned
 3 with. It's concerned about taking greater protection
 4 to ensure that the product is a rather better product.
 5 It's a bit like heat treating the product in order
 6 to -- very significantly, one hoped, the chance that
 7 it might transmit the virus of interest.
 8 A. It was a subject that we were aware of and we were
 9 trying to deal with directly with the Department of
 10 Health and the Blood Transfusion Services.
 11 **SIR BRIAN LANGSTAFF:** So the answer, perhaps, is it, to
 12 counsel's question about why not alert the membership,
 13 is that at that stage you thought that lobbying behind
 14 the scenes might be more effective than the membership
 15 generally to take part in a campaign, let their voice
 16 be heard?
 17 A. Right, yes.
 18 **SIR BRIAN LANGSTAFF:** Is that the case?
 19 A. That would be the case, sir, yes.
 20 **MS RICHARDS:** If we look at the next paragraph of the
 21 press release, Mr Watters, it says:
 22 "This underlines for the great urgency attached
 23 to the immediate introduction of heat-treated
 24 concentrates which The Haemophilia Society has been
 25 pressing for since yearly November."

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1 So is it right to understand this as being --
 2 the Society's underlying message and policy was not,
 3 at this stage, altered at all it remained the
 4 Society's view that members should continue to treat
 5 themselves with concentrates, albeit they should try
 6 and get heat-treated ones as soon as they could; is
 7 that correct?
 8 A. Based on the information we were receiving at that
 9 time from the Department of Health, and the
 10 Haemophilia Centre Directors Organisation, and our own
 11 medical advisers, yes, that was the position.
 12 Q. Are you able to assist us with any particular medical
 13 advice or evidence that you were receiving from any of
 14 those sources in the last few months of 1984? We
 15 obviously looked at the Haemofacts, and the
 16 communications with Professor Bloom and the like, but
 17 was there any other evidential basis the Society had
 18 that led it to remain firm in its commitment that the
 19 dangers of bleeding outweighed the risks of AIDS even
 20 in December 1984?
 21 A. If I hadn't left -- been required to leave the Society
 22 at quite the speed I did leave, having been
 23 declared -- my post having been declared redundant,
 24 I might have been able to refresh my memory but, not
 25 having access to documentation, I've got absolutely no

40

1 recall whatsoever and it is a little unreasonable to
 2 expect me to remember things from this distance.
 3 **Q.** I understand, Mr Watters, you don't remember. You
 4 understand I need to ask the question because
 5 sometimes people will have recollections; sometimes
 6 they won't.
 7 **A.** Yes, I appreciate that very much, Ms Richards.
 8 **Q.** The next letter I want to ask you about is a document
 9 from January 1985, Mr Watters. It's BPLL0001351_103.
 10 We can see it's a letter from Professor Bloom,
 11 2 January 1985. It's responding to a letter from you
 12 in December, 20 December 1984. He says this:
 13 "I think that our meeting went reasonably well,
 14 although some patients and families may have had their
 15 worries increased. I can't see any realistic way of
 16 avoiding this. However, like you, I am glad that the
 17 meeting was held before all the publicity."
 18 Just pausing there. Professor Bloom, I think,
 19 is referring to a meeting held in Cardiff for
 20 patients, a group meeting in the way that -- same way
 21 that we know that Professor Ludlam had held a group
 22 meeting in Edinburgh on 20 December, and we've heard
 23 evidence of some other haemophilia centres doing
 24 likewise.
 25 To the best of your recollection, did you or

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1 unfavourably with the greater usage in some other
 2 countries.
 3 This appears to be suggesting Professor Bloom
 4 saying the patients and The Haemophilia Society had
 5 pressurised clinicians/UKHCDO for commercial
 6 Factor VIII. Do you have any observations on that,
 7 and does that reflect your recollection of events?
 8 **A.** The pressure wasn't for the purchase of commercial
 9 Factor VIII at all; it was for the -- the pressure was
 10 to meet the gap between the inadequate supply from Bio
 11 Products Laboratory and the actual need for treatment.
 12 That did entail using commercial Factor VIII. But we
 13 weren't pressing for the purchase of commercial
 14 Factor VIII. We were at the same time exerting much
 15 greater pressure in the right place in order to
 16 facilitate the development of the Blood Products
 17 Laboratory at Elstree.
 18 **Q.** Then if we go over the page, top paragraph,
 19 Professor Bloom says this:
 20 "We are now in a situation in which we're being
 21 driven to administer large volumes of heat-treated
 22 Factor VIII without adequate clinical trial. We do
 23 not know the short- or medium-terms effects, leave
 24 alone the long-term effects of such treatment; for
 25 example, immunological effects on inhibitor

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1 anyone else representing The Haemophilia Society ever
 2 attend any of those group meetings that were taking
 3 place at this time in centres?
 4 **A.** I wonder if this was referring to a group meeting or
 5 a meeting called by the centre itself.
 6 **Q.** Sorry, I misused the word "group". It's referring,
 7 I think, to a meeting called by the centre, and I'm
 8 sorry, I should have clarified. My question is not
 9 about the Society's local groups, but did members of
 10 the Society representing the Society, as opposed to
 11 being individual patients, ever attend any of those
 12 centre-organised meetings that were taking place
 13 around this time?
 14 **A.** I don't think so, but my recall isn't 100 per cent, of
 15 course.
 16 **Q.** Then if we look to the bottom of the paragraph on this
 17 page, Professor Bloom says this:
 18 "With regard to the general situation regarding
 19 AIDS, the whole thing is worrying. We are in
 20 a catch-22 situation. In the past, my committee has
 21 always been under pressure from patients and from the
 22 Society to seek increased funding for the purchase of
 23 commercial Factor VIII."
 24 Then he goes on to referring to usage of
 25 Factor VIII for patients in the UK being compared

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1 development, immune complex disease, liver and kidney
 2 impairment. We do not know if these effects or indeed
 3 protection from AIDS may be dose-related. I am
 4 therefore writing in my private capacity, not as
 5 Chairman of the Haemophilia Directors Organisation, to
 6 ask you to draw the attention of your colleagues to my
 7 fears. Perhaps you could consider the advisability of
 8 introducing a note of caution concerning dosages of
 9 Factor VIII and free usage of heated materials until
 10 more experience is obtained with their use. You may
 11 like to solicit the views of your other medical
 12 advisors on these aspects."
 13 Then, before I ask you about that, if we just
 14 look at the last paragraph, he says this:
 15 "As a haemophilia physician, I feel somewhat
 16 guilty that my therapeutic endeavours have resulted in
 17 exposure of patients to this newly discovered HTLV
 18 virus. I do not wish to see this type of process
 19 repeated in the future, albeit with a different
 20 hazard. For this reason, I wish to draw your
 21 attention to the need for caution. I realise the
 22 desire of haemophiliacs to lead a normal life, but, at
 23 the same time, one must realistically conclude that
 24 ideal treatment is not available."
 25 Then if we pick it up in the last few lines, he

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1 talks about expectations being balanced against
2 informed reality and says:

3 "I leave it to you and your colleagues to
4 consider the best ways by which this particular nettle
5 may be grasped; always accepting that there is, in
6 fact, a nettle."

7 Now, it would appear that Professor Bloom is
8 here expressing a desire for caution, regarding the
9 use of heat-treated products and inviting, not on
10 behalf of UKHCDO but on his own behalf, the Society to
11 take some steps in that regard.

12 Can you recall what, if any, discussions took
13 place within the Society in relation to the issue on
14 receipt of Professor Bloom's letter and whether any
15 such steps were taken?

16 A. I've got no direct recall but I know what the process
17 would have been. The letter would have been copied to
18 the Chairman and the Chair of the Blood Products
19 Sub-Committee, and it would have been discussed there
20 and action taken as necessary. I don't know whether
21 there's correspondence or not relating to consultation
22 of other members of the Medical Advisory Panel or
23 whether they were telephoned and if that was recorded
24 in an Executive Committee meeting.

25 Q. I don't know the answer to that, Mr Watters, without

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1 I don't think we can tell from this version which one
2 it was but, in any event, if we look we can see that
3 there's an article headed "UK self-sufficiency
4 confirmed for 1986", and then if we can look at the
5 bottom of the page, if we go just a little further
6 down, if we're able to zoom in on where it says "AIDS
7 Problem", we can see it says this:

8 "... although the press has been dramatising
9 the AIDS problem and the risk of imported blood coming
10 into this country, I think it is very important not to
11 forget that without the imported product the quality
12 of life of those who need Factor VIII and Factor IX
13 would have been much poorer."

14 Then you talk about good news. This is
15 a direct quote from you, according to The Bulletin
16 article. We're now in 1985, the precise date,
17 I think, we don't know. You're still talking about
18 press dramatising the AIDS problem at a point in time
19 when the Society would have known, presumably, that
20 the AIDS problem for haemophiliacs was certainly more
21 extensive than had previously been thought. Why did
22 you talk about the press dramatising the AIDS problem
23 still at that stage?

24 A. I would tell you if I could recall it but I can't.
25 I can only imagine that it was because of the evidence

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1 double checking. But that's the process you would
2 expect to have been triggered, in any event, by this?

3 A. That's the process I'd expect to have been followed,
4 especially with a lengthy letter like that that gives
5 opinion on a number of subjects.

6 Q. Mr Watters, I don't know whether you can help with
7 this. It's a more general question, rather than
8 focused on any particular document -- we can take the
9 document down, Soumik.

10 We've seen references, for example, in the
11 Haemofact articles authored by Dr Lee and then by
12 Dr Kernoff, references to numbers of cases and
13 a suggestion from Dr Kernoff that the risk in terms of
14 numbers of cases may not be of a great magnitude. Can
15 you recall when and how the penny dropped for the
16 Society that this was not going to be a handful of
17 cases?

18 A. I've got no clear recollection of that at all but,
19 again, the records should show that.

20 Q. Then if we can look at one further document before we
21 break, perhaps, from early 1985, it's PRSE0001088.

22 A. I've great fun trying to decipher the codes that
23 precede documents and it's not always the code of the
24 recipient of the document that's used.

25 Q. No, it's not always. So this is a 1985 Bulletin.

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1 presented in the press every day and the problems
2 being encountered once again by haemophilia -- people
3 with haemophilia in the community, because in those
4 days we were still at 16 Trinity Street, I notice,
5 which meant there was me and one secretary, two
6 telephone lines, and they rang off the wall from about
7 8.30 every morning until 5.30/6.00 every evening, and
8 in between times I was required to deal with
9 everything else.

10 MS RICHARDS: Sir, I note the time. Is that a convenient
11 point for a break?

12 SIR BRIAN LANGSTAFF: Let's take a break, shall we, until
13 11.45.

14 A. Thank you.
15 (11.14 am)

(A short break)

16
17 (11.45 am)

18 SIR BRIAN LANGSTAFF: Yes, Ms Richards.

19 MS RICHARDS: Mr Watters, I'm going to ask you next to
20 look at some Executive Committee meeting minutes from
21 February 1985. Soumik, it's HSOC0029476_045, please.

22 If we look at the top of the page we'll see the
23 date, 7 February 1985, and if we go over the page
24 please, Soumik, if we look at the top of the page,
25 please, Mr Watters, it says this:

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1 "AIDS:
2 "The Co-ordinator introduced a discussion on
3 AIDS under the following headings:
4 "(a) The apparent lack of direction from
5 Reference Centres to Centres and Associate Centres
6 "(b) The varied and unco-ordinated approaches
7 by Centres to the present situation, stressing in
8 particular the difficulties caused by (a) and (b) in
9 dealing with enquiries from members
10 "(c) The lack of confidentiality from hospital
11 staff with personal details about AIDS patients being
12 apparently freely available."
13 Mr Watters, clearly a number of concerns there
14 that the Society has identified from somewhere. Are
15 you able to assist any further with what those
16 concerns were or where the Society was hearing this
17 from?
18 A. We would be hearing it from members who were attending
19 reference centres, centres and associate centres.
20 That would be our principal source of information.
21 Q. Lack of confidentiality probably speaks for itself.
22 Do you recall any more about what the issue was in
23 terms of lack of direction or unco-ordinated
24 approaches?
25 A. No, no.

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1 large-pool plasma products (eg concentrates) within
2 the past five years have been exposed to the putative
3 agent of AIDS, HTLV-III."
4 Now, that's a fairly huge acknowledgement or
5 fact, Mr Watters, that the Society now understands and
6 is explaining that virtually all patients receiving
7 concentrates have been exposed to the agent of AIDS.
8 Can you recall whether that led to any discussions or
9 soul-searching within the Society whether the course
10 that had previously been taken by the Society had been
11 the right one?
12 A. Again, I go back to my oft-quoted statement we acted
13 on the information we had available to us at the time
14 from Haemophilia Centre Directors Association or
15 Organisation, our own Medical Advisory Panel and the
16 Department of Health and --
17 Q. No, I --
18 A. -- this was a mind-changing moment, really, and
19 I notice that the content came from the World
20 Haemophilia AIDS Centre in Los Angeles and is authored
21 by Shelby Dietrich.
22 Q. I understand what you say, Mr Watters, about where the
23 Society had got its advice and information from and
24 I understand what you say about this being
25 a mind-changing moment. My question was a slightly

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1 Q. Then if we could look at the bottom of the next page
2 please, Soumik, if we look at the very bottom of the
3 page, this is in relation to grant applications, we
4 can see applications having been made by Dr Tedder and
5 Dr Mortimer supported, it would appear, by Reference
6 Centre Directors for assistance with funding for their
7 work relating to ongoing testing for HTLV-III
8 positivity. I don't think we need to go over the page
9 but the recommendation was the grant should be made.
10 Do you have any recollection as to why it was
11 this important work being undertaken by Dr Tedder and
12 Dr Mortimer was not being sufficiently funded
13 centrally, such that they had to make an application
14 to a charitable organisation for assistance?
15 A. I've no recollection but I remember being fairly
16 shocked at the time, as indeed I am now.
17 Q. I'm going to ask you to look next at the Haemofact
18 from May 1985. Soumik, it's DHSC0001268, please.
19 You'll see the date, Mr Watters, bottom of the page,
20 22 May 1985, Haemofact number 7, and if we could go
21 over the page, please, Soumik, we can see in the first
22 paragraph on the left-hand side, as in the first
23 paragraph of the main text:
24 "All the evidence now points to the fact that
25 virtually all Haemophilia patients who have received

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1 different one. This being, as you describe it,
2 a mind-changing moment, can you recall whether, as
3 a matter of fact, there were discussions or
4 soul-searching exercises of some kind within the
5 Society to look back at how the Society had perhaps
6 not got things right. Was this consciously grappled
7 with?
8 A. It wasn't really a question of the Society not getting
9 things right, the Society acted on the basis of the
10 information it received and, of course, it was
11 a matter of regret. It remains a matter of regret to
12 this day that we were ill-advised and, of course, we
13 had already, by now I think, if we're being
14 sequential, arrived at the point where heat-treated
15 products were available and coming on-stream and, of
16 course, it created soul-searching.
17 Q. Do you recall whether there came any point at which
18 the Society said to itself, as it were, we've been
19 badly advised and we're going to take up that issue
20 with Haemophilia Reference Centre Directors or the
21 Department of Health to say why didn't you give us
22 more information. Did that point come?
23 A. I think the point of that long view was not then. We
24 were under so much pressure. I cannot over-emphasise
25 the pressure we worked under.

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1 Q. Then if we just look further down the document, it
 2 said in the next paragraph:
 3 "Individual interpretation of the results of
 4 the ... test on any given patient is NOT an indication
 5 of AIDS ... At the moment the potential value is
 6 scientific ... we would urge those who feel able to do
 7 so to continue to co-operate with their doctors in
 8 such tests."
 9 That message is repeated later in the same
 10 document.
 11 Do you recall whether there was any particular
 12 issue, that the Society was aware of, of patients not
 13 wanting to be tested or is this just a reproduction of
 14 something that had been produced by the World
 15 Haemophilia AIDS Centre?
 16 A. It was a direct reproduction of something produced by
 17 WHA Centre.
 18 Q. Could we then, please, look at --
 19 A. There was a very real issue that people were being
 20 tested without knowing they had been tested.
 21 Q. It may be that we come to some discussion of that. If
 22 not, I will ask you about that in the course of the
 23 morning, I hope, Mr Watters.
 24 Can we look at PRSE0002619. This is Bulletin
 25 number 2 of 1985, and you'll see under the heading

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1 the Haemofact some headlines, in particular I think,
 2 relating to the position of children in schools, and
 3 if we go to the next page we can see there reference
 4 to recent publicity in Hampshire, and then we can see
 5 that the Haemofact sets out this:
 6 "... we want to let you know our position on
 7 the question of HTLV-III antibody status as it affects
 8 both children and adults with haemophilia."
 9 Then there is reference to status being
 10 private, this being confidential medical information,
 11 and if we go to the bottom of the page, you can see at
 12 point 3 you say:
 13 "... decision about disclosing your antibody
 14 status is entirely up to you, we advise against
 15 sharing this information ... with anyone outside your
 16 immediate family apart from your local authority
 17 medical staff or, at your own discretion and in
 18 absolute confidence, the headteacher at your child's
 19 school."
 20 I just wanted to, really through the vehicle of
 21 this document, ask you to explain to us what the
 22 Society was learning from its members at this time
 23 about the issues set out here, the release of
 24 confidential information and the impact that was
 25 having upon members.

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1 "New funds to fight AIDS, £90,000 for Reference
 2 Centres", it says:
 3 "The six English Haemophilia Reference Centres
 4 have been given £90,000 by the DHSS as part of new
 5 funds provide to fight AIDS. The £90,000 is earmarked
 6 'for counselling', and on top of this The Haemophilia
 7 Society gets £32,000. These new funds have been
 8 described as a 'one-off' payment."
 9 This is recording what we've seen from other
 10 documents, payments to the reference centres as
 11 a one-off assistance with counselling. As this
 12 records, this is just the six English reference
 13 centres. Do you recall whether The Haemophilia
 14 Society was involved in any lobbying to try and secure
 15 equivalent payments to any Scottish, Welsh or Northern
 16 Irish centres, or any English non-reference centres?
 17 A. I have no recall of that at all.
 18 Q. Then if we go --
 19 A. Could I see the banner on the top of that?
 20 Q. Yes, of course.
 21 A. Yes. I was just verifying where we were and what our
 22 staffing levels were at that time.
 23 Q. Then if we go, please, to PRSE0001207, this is
 24 Haemofact AIDS Release number 9, 24 September 1985,
 25 and if we go over the page we can see there set out in

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1 A. I mean, most people had never withheld information
 2 about their involvement with haemophilia and
 3 everything else and the Great British public were very
 4 quick to put two and two together and make six and
 5 decide that every child with haemophilia must have
 6 HIV. Kids were being excluded from school and, as
 7 I described earlier, you know, homes were being
 8 tampered with and interfered with, and while we left
 9 disclosure as a matter for the individuals we did
 10 advise against it, just in view of everything that was
 11 coming our way. We had hate telephone calls, awful
 12 messages left on the answering machine, and that
 13 was -- that was nothing to us compared to what it was
 14 to the families who were receiving abuse in the
 15 community.
 16 Q. We can take that down but before we look at one
 17 further document from 1985, can I then pick up on
 18 something you said a few minutes ago, Mr Watters. You
 19 referred to the issue of patients being tested for
 20 HTLV-III without their consent. Is that something
 21 that the Society became aware of --
 22 A. Oh, yes.
 23 Q. -- in the course of the 1980s?
 24 A. Both in terms of live testing and in retrospective
 25 testing of stored serological samples.

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1 Q. Can you recall -- again you may not be able to -- but
 2 can you recall what action, if any, the Society took
 3 as a society on those issues?
 4 A. We most certainly raised it with the Haemophilia
 5 Centre Directors Organisation and our medical advisers
 6 as an issue that could be open to litigation in due
 7 course.
 8 Q. That was something is that was being raised with you
 9 by your members, was it?
 10 A. Indeed, yes -- also especially by members of the
 11 Executive Committee.
 12 Q. Then if we go to HCDO0000524, these are the minutes of
 13 a meeting that the Society wouldn't have attended.
 14 It's the AIDS group of the Haemophilia Centre
 15 Directors Organisation. This was a meeting on
 16 1 October 1985. If we go, please, to page 6 and we
 17 look at paragraph 7, "Information exchange", you will
 18 see this item at (iii):
 19 "The content of the Haemophilia Society's
 20 Hemofact sheets was discussed and it was not thought
 21 to be of a high standard or very useful. It was
 22 agreed that the Chairman would approach the Society to
 23 see if the quality of the sheets and the facts given
 24 in them could be better."
 25 Do you recall any approach from either the

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1 intention that this information would replace the
 2 medical advice of the clinicians."
 3 Then you refer to a paragraph in some of the
 4 Haemofacts. Obviously, that's your reflection having
 5 heard some of the evidence that the Inquiry has heard.
 6 A. Yes.
 7 Q. Looking back to the 1980s, did the Society, as far as
 8 you can recall, ever think that a doctor's
 9 responsibility to advise or inform their patients had
 10 somehow been devolved to the Society in whole or part?
 11 A. Indeed, indeed, and -- well, the responsibility
 12 clearly lay with the physicians and we made that
 13 clear, especially in the Haemofact publications, which
 14 were highly sensitive.
 15 Q. So is this right, the Society in publishing this
 16 material -- and I don't want to put words in your
 17 mouth but I want to check I'm correctly understanding
 18 your evidence, Mr Watters -- was not intending in any
 19 sense to replace or take the place of the doctor
 20 advising the patient?
 21 A. Absolutely. The final decision lies with you and your
 22 medical advisers. This advice must always be given
 23 priority over any general advice which we may give.
 24 Q. Would you accept, nonetheless however, that as
 25 a matter of fact, some members may have relied upon

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1 Chair, who was Dr Forbes at this point, or from UKHCDO
 2 more generally about the content of the Haemofacts?
 3 A. I've no independent recall of it and the thought that
 4 occurs to me now, of course, is it was the height of
 5 cheek to talk like that behind our backs when they
 6 were constantly saying "Oh, The Haemophilia Society
 7 tells you all you need to know, just read the
 8 Haemofact sheets", and things like that, as if we were
 9 the ultimate authority whereas, in fact, it was them
 10 who was the ultimate authority and it was they,
 11 indeed, who authored most of the sheets.
 12 Q. That leads to the next question I wanted to ask you
 13 about very neatly, Mr Watters, and I'm going to pick
 14 it up from your statement. Soumik, could we have
 15 WITN3429001, please, and if we could go to page 38.
 16 If we look at paragraph 87, you say this:
 17 "I am aware that a number of clinicians have
 18 provided evidence to the Inquiry in respect of what
 19 information they provided to their patients regarding
 20 the risks associated with blood products. A number of
 21 clinicians have stated that in addition to any
 22 information they provided, the patients had
 23 information disseminated by The Society. Whilst it is
 24 accepted that The Society posted copies of its
 25 publications to most of the centres, it was never the

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1 The Haemophilia Society as an important source of
 2 information about treatment and risks and AIDS?
 3 A. Yes, it always puzzled me that here we were struggling
 4 in a little ground-floor office that would have been
 5 a two-bedroomed flat in South East 1, and people tend
 6 to think we were some massive tower block with staff
 7 running all over the place and sat back having lazy
 8 conversations mulling through points, rather than
 9 being people under huge, huge pressure.
 10 I used to think that their view of the Society
 11 was that we were Greenpeace or some other big
 12 organisation and, in fact, we were tiny, tiny, tiny,
 13 and certainly not equipped to replace the medical
 14 advice of clinicians.
 15 I may have strayed from answering your
 16 question.
 17 Q. No, no. Really, I suppose I wanted to understand
 18 absolutely what you say about the function of the
 19 clinicians. I just wanted to, I suppose, get
 20 an understanding of what the Society would have
 21 understood the purpose and effect of its publications
 22 being. You presumably sent out Bulletins and
 23 Haemofacts in the expectation that they might be read
 24 by your members and that members might find them
 25 informative. That was presumably the purpose, in

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1 part?

2 A. That is almost the entire purpose. I can let the

3 Inquiry know that Haemofact was described as the

4 least-read publication issued by The Haemophilia

5 Society because it usually contained bad news.

6 Q. Moving to 1986, and I'm just going to ask you about

7 some of the Society's actions over the years that

8 followed in the second half of the '80s.

9 If we look at HCDO0000271_066. This is another

10 meeting of the UKHCDO's AIDS group -- so, again, not

11 a meeting at which the Society would have been

12 present -- 2 July 1986. And if we go to the second

13 page, please, first paragraph, so top half of the

14 page, you'll see there's reference there to

15 a counselling day for haemophilia centre staff. And

16 if you look about seven lines down, it records the

17 Chair saying this:

18 "He received frequent complaints via The

19 Haemophilia Society about apparently appallingly low

20 standards of counselling at some centres."

21 And then there's a further discussion about the

22 counselling day, including involvement of possibly

23 a lawyer in the process.

24 It would appear from this that the Society was

25 receiving complaints about what's described here:

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1 Then if we go a little further down, you will

2 see a paragraph (b):

3 "Legal advice should be taken to ascertain if

4 The Haemophilia Society's agreement in 1968 to

5 patients' names being entered into the Oxford

6 secretariat's national computer file was blanket

7 approval on behalf of all patients."

8 Now, whether or not the date of 1968 is

9 correct, I don't know, but do you recall any issue

10 ever being brought to your attention in 1986 or

11 thereafter when this issue was being discussed by

12 UKHCDO about the question of consent for data to be

13 retained by Oxford?

14 A. I remember it vaguely, and this was part of the

15 Professor Savidge big fall-out with the centre

16 directors organisation and why he would not submit his

17 records.

18 Q. But you don't have any particular recollection of it

19 being suggested that somehow The Haemophilia Society

20 had consented on patients' behalf to the retention of

21 this?

22 A. It was certainly 1968 because nothing like that ever

23 happened during my time, and the date, '68, comes up

24 twice in the same set of minutes which would imply it

25 wasn't a typo.

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1 appallingly low standards of counselling at some

2 centres. Can you recall that as a feature of the

3 complaints that you were receiving and dealing with?

4 A. I've got no immediate recall of it. I think the

5 counselling services were just on the point of being

6 introduced then by the time grants filter through and

7 appointments are made and things like that.

8 Q. If we go to the next page and we look at the bottom of

9 the page, there's an overall heading

10 "Confidentiality". And then if we look at the bottom

11 half of the page, I just wanted to ask you about two

12 items which refer to The Haemophilia Society.

13 Looking at the very top of what you can see on

14 screen, there's a reference to patients' access:

15 "He [that's, I think, Dr Jones -- that's

16 Peter Jones] thought that patients had a right to know

17 that their names and other personal details were held

18 on a computer file. He thought that the fact that The

19 Haemophilia Society's representatives had been present

20 at the 1968 AGM of Haemophilia Centre Directors when

21 the use of computing facilities by secretariat in

22 Oxford was discussed and had agreed to patients' names

23 being included in the file might be regarded as

24 authorisation on behalf of all the patients, but this

25 would need to be confirmed by a legal expert."

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1 Q. Then if we look at the very bottom of the page, it

2 says:

3 "Referring to a letter he's received dated

4 26 June, the Chairman said that The Haemophilia

5 Society were more concerned about the confidentiality

6 of patients' notes at centres than they were about

7 data held in the Oxford computer."

8 Again, I don't want to have to go through lots

9 of different correspondence, but do you recall your

10 members raising with you concerns about the

11 confidentiality of their notes? We're now mid-1986.

12 It has been flagged up in an earlier Haemofact. Do

13 you recall this being a continuing problem about

14 medical confidentiality in centres?

15 A. It was certainly a concern, and if we continue to read

16 the minutes, we see that participants in Milan, WFH

17 conference, were able to identify patients who had

18 been referred to because their initials were used as

19 the reference point.

20 There were other things like the colour of

21 sticker on your file to indicate whether you had HIV

22 and AIDS and things like that, which was kind of open

23 to public interpretation within the hospital.

24 Q. Then if we could go to WITN3429021. This is an

25 exhibit to your witness statement. Can we go to the

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next page. It should be the minutes of a council meeting. So we can see there it's minutes of the meeting of the Council of The Haemophilia Society on 14 March 1987. And if we could go to the next page, please, Soumik. It may be the third page. Back a page. I'm sorry. Top of that page.

So we're now March 1987, and we've seen issues of confidentiality being flagged '85/'86:

"Questions were also raised concerning confidentiality of HIV test results and the reactions of some doctors, GPs, and dentists to all patients with positive antibody test results. It was stressed that all instances of questionable practice by healthcare professionals should be reported directly and urgently in writing to the general secretary."

Now, it sounds from this, and please correct me if I'm wrong, Mr Watters, as though now by the spring of 1987, issues of confidentiality are a continuing concern being brought to the Society's attention, and some doctors and dentists reacting adversely to patients with positive test results? Can you recall any more detail about that?

- A. I know that dentists always treated people with haemophilia and HIV at the end of the day, but I think time has shown that that was practice with anyone who

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lists those present, and then there's a discussion about blood products over the page; discussion about a range of different matters.

I want to ask you about something on the next page. So it's paragraph 7d. So under "any other business", we have this:

"The problems over hepatitis C were raised. A number of people are known to be hepatitis C positive from blood tested from stored samples. This brought up the old ethical dilemma of how to inform people of a test result that they have not asked for."

Now, you referred to that earlier, Mr Watters, in the context of what the Society was hearing in the mid-'80s in relation to HIV.

- A. Yes.
- Q. It would seem from this that the same issue was repeating itself now in 1990, in relation to hepatitis C testing and people being tested without being told. Was that the Society's understanding?
- A. Yes.
- Q. Do you know what, if any, steps the Society took -- and, obviously, it's here being flagged up in the MAP meeting -- but can you recall whether the Society took any steps in particular in response to that?
- A. I can't remember distinctly, but I've got vague

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is HIV positive.

I think there was more concern about confidentiality in centres, as I recall it, than with individual doctors and dentists. Although, my memory is prompted, and I think there are instances where I remember GPs and dentists just refusing to treat people with haemophilia and HIV.

- Q. Can you recall what, if any, process the Society set up to deal with that? So we can see here there's a recommendation, a strong recommendation it was stressed, that any examples should be reported directly and urgently to you.
- A. Yes.
- Q. What was the expectation on you as to what you would then do with that information?
- A. I would take it and raise it with the appropriate authorities, I guess. By this time, I notice we've moved to Westminster Bridge Road. I did have more staff available to help with things like this.
- Q. Then there's one further document I want to ask you to look at, moving forward to 1990 now. Soumik, its WITN3429030. Go to the next page. Next one. If we look at the top of the page, Mr Watters, you'll see these are the minutes of the Medical Advisory Panel meeting, 27 April 1990, at the Kennedy Hotel. It

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recollections of some actions following from that because it's still alive in my memory as a kind of issue that we dealt with.

- Q. I want to ask you next, Mr Watters, about the Society's involvement in issues relating to litigation and campaigning for compensation. I'm going to be inevitably selective in the documents I go to because there's a large number of documents which refer to that, and your statement's described, to some extent, the Society's involvement in campaigning for compensation.

There's just a number of documents I want to ask for your observations on. The first is HSOC0023234. If we go to the fifth page, please, of this, you can see there it's a letter from you to the National Haemophilia Foundation in the States. We can't see the full date, but -- I'm sorry, I'm told this letter needs to come down. There may be an issue with redactions.

Would you give me a moment please, sir, and Mr Watters?

I think we're all right. It's a page that we're not going to look at that may be a cause for concern.

So if we look at HSOC0023234 again and go back

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to the fifth page. So we can see, if we just look at the text of the letter, if we zoom in on "Dear Mr Carman", so we go lower down, you can see here -- and I can tell you this is, I think, October '85 that you're writing:

"We are at the moment investigating the possibility of taking legal action against someone in relation to AIDS in haemophilia. While it is perhaps the case that our best course of action would be against those persons supplied non-heat-treated concentrates after heat-treated concentrates became available, and HTLV-III seroconversion and development of AIDS has subsequently occurred, we are also interested in pursuing a case against our own National Blood Transfusion Service. It would be very helpful to us if we could know of any actions being taken by the National Haemophilia Foundation in the United States or, indeed, by individuals."

Now, the response you got -- just in case there's a problem with the document, I'm not going to show you the response, but the response was: the National Haemophilia Foundation's not initiating any legal action.

Could we go to the third page of this document. I just want to ask you about the letter you then wrote

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of compensation should be pursued on an urgent basis. The importance of not raising the expectations of members was stressed since the issue could take years to resolve with no guarantee of the outcome."

Really, I wanted to ask you using this as a spring board, Mr Watters, just to provide us with an overview of the steps that The Haemophilia Society took following the decision here by the Executive Committee to pursue the matter of compensation on an urgent basis. The steps The Haemophilia Society took in pursuit of that objective, what can you tell us about the steps taken?

A. I mean, I can tell you very little in detail that would not be available in a huge amount of documents. But we -- first of all, I think this was about the time that Simon Taylor became a member of the Executive Committee and his speciality was in public relations and crisis management.

We also, very soon after that, obtained the *pro bono* services of GJW Government Relations, and we fostered our relationships and links with the press and the media, in particular Andrew Veitch at The Guardian and The Sunday Times came forward and dedicated two reporters to our campaigns. However, which time-frames they fell into has gone from my

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back. This is 14 January 1986. You have received a letter saying that there wasn't any action being undertaken by the National Haemophilia Federation, and you say this in the second paragraph:

"I am grateful to you for this information which will be most useful in killing a rising tide in opinion in the UK."

I wanted to ask you, if you can assist us, with what you meant in that second paragraph.

A. I've got absolutely no idea. There were several rising tides of opinion around at that time.

Q. Okay. All right. Well, if you can't assist us any further, obviously then you can't.

If we then go to HSOC0029476_058, we can see it's an Executive Committee meeting on 1 March '86. We just need to look at the last paragraph on this page, please. You'll see there under the heading "Compensation":

"The Chair reported that further steps had been taken in connection with pursuing the question of compensation for those who had come into contact with HTLV-III virus. Executive Committee noted that action against pharmaceutical companies had been abandoned in the USA by the National Haemophilia Foundation. The Executive Committee agreed unanimously that the matter

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memory.

Q. If we look -- I'll just --

A. We motivated members to write to their MPs on the issue and up the profile at that level, as well as putting pressure on the Department of Health through meetings with ministers and things. I recall a meeting with the John Moore, whose wife I knew in another connection, and I remember his opening words were "It's so good to meet you, Mr Watters, you have ruined my breakfast every morning when my wife tells me what I should and should not be doing in relation to your campaign".

But it was at that meeting that we were suddenly confronted with the question, well, how many people are involved in this, just so that they could get a grasp on the numbers, and we had not had time to deal with this question of trying to evaluate the exact number of people, and this was in relation to HIV and Alan Tanner and I agreed it would be in the region of 1,200 people. You know, my memory has big gaps in it.

Q. We can take that document down. Before I show you a few further documents and ask for your comment on them, you have referred in your statement, I think, to meeting ministers or MPs, to discuss issues of

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1 compensation on a number of occasions. You touched
2 then on meeting with John Moore. I think your
3 statement refers to meetings with Kenneth Clarke and
4 with Edwina Currie. Can you recall any more detail
5 about any of those?

6 A. When we met Edwina Currie, it was to receive the first
7 cheque for £10 million, and the most memorable thing
8 about that was the Paymaster General's cheque wasn't
9 big enough for £10 million to be written in numbers.
10 The bank manager also received me very warmly that
11 day, I remember, when I went to pay it in.

12 Meeting with Kenneth Clarke, yes, we went to --
13 Father Tanner and I went to a meeting with
14 Kenneth Clarke and we were ushered into his very
15 comfortable office where he had two cigars going at
16 the same time. I'm a great fan of Kenneth Clarke,
17 I have to say, possibly because we both like jazz, but
18 Father Tanner, as we sat down, said "It's very kind of
19 you to make time available to meet us to discuss the
20 situation", and Kenneth Clarke said "Discuss the
21 situation, I've invited you here to tell you how it's
22 going to be, not for any discussion", which kind of
23 put us back in our corner.

24 Q. Just to try and assist with understanding that
25 a little further, was that when Kenneth Clarke was

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1 from Counsel that there is no case that the Society
2 can pursue on behalf of our members, either
3 corporately or individually. As each individual's
4 circumstances are different it would be necessary for
5 them to discuss their particular position with
6 a solicitor before it can be established whether it is
7 worth pursuing such an action through the Courts.
8 While we sought this advice generally, and not based
9 on any particular set of personal circumstances, we
10 have to say that, on present known facts and upon our
11 judgment of the advice we received, the prospect of
12 the majority of claims succeeding is remote. There
13 are two importance reasons for this: the difficulty of
14 proving negligence and the difficulty of identifying
15 the proper body or person from whom compensation might
16 be sought."

17 Now, the purpose of showing you that at this
18 stage, Mr Watters, is just to understand that, is this
19 right, in the course of 1986, is this correct, the
20 Society sought advice from counsel about whether it,
21 the Society, could bring a legal claim and the advice
22 it received was that it would be unlikely to be able
23 to do so; is that correct?

24 A. That's correct.

25 Q. If we then go to --

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1 Secretary of State for Health?

2 A. Yes, yes.

3 Q. Was that during the course of the HIV litigation, as
4 far as you recall?

5 A. It was.

6 Q. Can you recall anything further about that discussion
7 and that meeting?

8 A. No. I mean, we also met with many other MPs, like
9 Roger Gale, Peter -- Peter ... Bottomley, Tony Newton.
10 Tony Newton had a patient in his constituency which
11 alerted his interest. But, of course, in all those
12 things we were very reliant on members in their own
13 constituencies writing to their MP and we provided
14 model letters and things like that.

15 Q. Just going back, I'm going to ask you just to look at
16 a handful of documents in chronological order, just to
17 try and pick up on some of the issues that arose.

18 If we go to HCDO0000276_033 --

19 A. I take it I've seen all those documents already.

20 Q. Yes.

21 A. Yes.

22 Q. So, this is the annual report from 1986 and if we go
23 to page 8, we can see from the top of the page it
24 says:

25 "It is clear from the advice we have received

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1 A. I think it's important to note the paragraph that
2 follows, as well, where we are continuing to present
3 to the Government the very special needs of people
4 with haemophilia.

5 Q. Yes, and I'm going to pick that up --

6 A. Yes.

7 Q. I'm going to pick that up in the very next document,
8 just to understand what it was the Society was saying
9 publicly and to Government about the issues of
10 compensation. If we go to HCDO0000279_025, this is
11 Haemofact 13 from May 1987, and if we go over to the
12 second page, it says at the top:

13 "Members of the Society have asked for
14 a statement of the Society's position regarding
15 compensation for people with haemophilia who have
16 become HIV positive as a result of receiving
17 contaminated blood products."

18 We can see there the Society's position was
19 that people with haemophilia who are HIV positive
20 deserve special financial support from the Government,
21 and then you refer in the next paragraph to the
22 Government having a clear moral duty to provide
23 recompense, and you make the observation about the
24 extent of the problem would have been considerably
25 reduced if successive governments had honoured their

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pledges to make the UK self-sufficient and if steps had been taken sooner to screen donations and heat-treat products.

Then you go over, two paragraphs further down: "We are now able to give more details of how we can pursue our claim against the Government."

If we look at "The Next Move", down the bottom of the page, you see the Society sets the various steps it's going to take persuading the Government to pay a special financial benefit, the Society will be holding a meeting with MPs:

"We will then formally call upon the Government to pay a special weekly benefit ..."

Further detail is there provided. We go to the next page, there's a paragraph at the top "Winning Support", and that talks about Simon Taylor and Dr Peter Jones appearing on television programmes calling for action from the Government, and it refers to there being essentially a media campaign and political campaign rallying MPs.

Then under the next heading, "We Need Your Help", it asks for members to write to the Society in confidence so that hard evidence can be presented.

This is obviously a description of the position as at 1987. Does this broadly, accurately describe

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which may be provided by the courts will not be available in the short term. However, the needs of families are immediate.

"The Society is therefore looking to Government as the only available source of support, recognition and recompense."

There are two questions I wanted to ask you about that, Mr Watters. The first is this appears to say that it was the Government which suggested that the Society explore the question of legal redress. Is that right and, if so, who in Government proposed it?

A. I would have no recall.

Q. Second point is that this is a document that is addressed to the Government, on the next page it is called "Submission to the Government", and yet you are here telling the Government of the Society's advice that claims are most unlikely to succeed. It might be thought that's not the best negotiating tactic in the world, Mr Watters. Can you recall why the Society decided to share the outcome of its legal advice with the Government?

A. I think we did -- this is, you know, my thought today looking at it, it wasn't necessarily the fact on the day itself. I think we did it to increase the urgency of the situation for some kind of settlement to help

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the decision and steps that the Society had decided to undertake to try and secure compensation from the Government?

A. Correct, and we were immediately discouraged from using the word "compensation" and instead using the word "recompense" because compensation would imply liability.

Q. If we then look at HSOC0003459, you will see there, Mr Watters, it's a document, "AIDS, Haemophilia and the Government, A submission from The Haemophilia Society calling for financial provision for people with haemophilia infected with the AIDS virus", October 1987, and if we go over the page we can see "AIDS, Haemophilia and the Government, Summary". I want to pick it up in the third and fourth and fifth paragraphs, it says this:

"We are asking the Government to help restore the quality of life of people with haemophilia and HIV infection.

"At Government's suggestion the Society has already explored the question of redress through the legal system and has been advised that claims for compensation as such are most unlikely to succeed because of the difficulty of proving negligence. In any case, the Society is advised that any solution

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with the predicament that we were finding individuals and families in. I mean, elsewhere, you'll see that the Society had expended £23,000 of its own money prior to anything else becoming available and that, in those days, was absolutely unsustainable as an ongoing process to help people with their immediate financial problems.

Q. If we go to HSOC0023111, you will see here, Mr Watters, it's a letter -- I don't think this one is dated but there's a letter to Dr Aronstam, which we'll look at in a moment, which is dated January 1987. In any event, this is to Professor Bloom:

"Dear Arthur

"In strictest confidence

"I enclose a copy of the provisional Opinion which we have received from the barrister involved in looking at the legal case for compensation in respect of people with haemophilia. I also enclose a short commentary on that which I have extracted. It is essential that you regard both documents in the very strictest confidence and do not discuss them with anyone apart from the named recipients who appear at the end of this letter."

We can see the recipients are Dr Aronstam, Dr Rizza, Dr Colvin and Dr Forbes and, if we go over

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the page, we can see a letter in similar terms, not identical, dated 29 January 1987 from you to Dr Aronstam, again enclosing a copy of the provisional opinion and your commentary. You say you're sending the documents to him in particular, since he's involved in some capacity with the Merseyside case and, again, you ask for it not to be discussed with anyone other than the recipients of the letter.

Now, why was it that the Society decided to share its opinion, which suggested that litigation would not be easy to achieve, with members of the Medical Advisory Panel, or with the specific clinicians named here, I should say?

A. I've got no recall at all.

Q. Was the Society aware that some clinicians -- it was clearly aware of Dr Aronstam's involvement -- that some clinicians were involved in the course of the '80s as either directly, because their regional health authority was being sued, or indirectly as experts for the defendants in the litigation, or that that might happen?

A. We may well have been aware of that, yes.

Q. It might be thought somewhat odd that a society representing individual members trying to do its best to get compensation or recompense for individual

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that time had to be that cases should proceed on an individual basis. Some 250 individuals have started actions during the last two years. The Society has now reviewed the situation, and it's our belief that the Government must recognise the need for compensation now, rather than in five to ten years' time."

Then if we look at the bottom of that column, "What should do now?":

"We believe that infection through medicinal products is one which both demands and deserves compensation. There is strength in numbers, and it is therefore important that everyone who is considering a claim should register this intention by consulting a lawyer. We can let you have the name and address of the lawyer nearest to you ..."

I just want to understand the chronology that emerges from the documents, Mr Watters, and you can tell me, please, if I'm wrong.

The first compensation or recompense campaign that we looked at a few minutes ago resulted in or perhaps came to an end when the Government provided the £10 million fund that was provided to the Society and led to the initial establishment of the Macfarlane Trust.

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members would share its negative advice about the prospect of litigation with those who might, as it were, end up being on the other side of that litigation. Do you have any comment on that?

A. With hindsight, that's a particularly accurate point.

Q. But not something that you thought about at the time?

A. No.

Q. If we then go to HCDO0000276_407, please. This is a Haemophilia Society publication update, June 1989, so I've moved on towards the end of the 1980s. And if we can look at the article headed "Compensation questions" it says there:

"Later in the year, the Society will be launching a new campaign designed to achieve an out-of-court settlement of compensation from the Government. This announcement was made by the general secretary [that's you] on Newsnight on 6 June 1989.

"The Society is no stranger to campaigning on issues affecting people with haemophilia. In November '87, the Society led a campaign resulting in the establishment of the Macfarlane Trust, funded by the Government with a grant of £10 million. This fund is unique not only in the UK but the whole of Europe.

"At the same time, we investigated the legal position of claims for compensation. Our advice at

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A. Yes.

Q. Is this right, that by 1989, the Society has formed the view that that's not enough, and it's now, as it were, voicing support for the individual litigation that had been brought by a number of patients? Is that broadly accurate?

A. Indeed, but my recall is that the pursuit of litigation was somehow orchestrated by us. It was certainly aided and facilitated by us through knowing experienced lawyers in similar cases around the country and things like that.

Q. Then there are two specific documents I want to see whether you can assist us in understanding more. HSOC0023179. This is a fax from your secretary to Tony Mallen. It says:

"David asked me to let you know that you may receive a telephone call from a doctor wishing to remain anonymous. He says he has vital information. Would not tell us, but wanted to speak to lawyers involved. Would be prepared to speak at hearing. He said his element of surprise would be important. If the DHSS knew what he is prepared to say, they would take evasive action."

That's being drawn to the attention of one of the solicitors involved.

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1 Do you recall anything further about this or
2 what the information was?

3 A. I recall the information. We got many strange calls,
4 I have to say, at that time, and this was just
5 alerting a particular lawyer to the fact of one call.

6 Q. Can you assist us with what the information was that
7 this unnamed doctor was proposing to share?

8 A. I think the unnamed doctor, if he existed, never
9 actually made the phone call.

10 Q. Then I can't ask anything more about that. Then
11 I want to ask you about a document that you have been
12 provided with in the course of the week. It's
13 PJON0000134_001.

14 A. I know the document. I've read it so many times.

15 Q. We'll just wait -- I might have given the wrong
16 reference, but I'm hoping not. Do you still have the
17 Newcastle documents on? If you go into the Newcastle
18 documents, Soumik, we looked at it last week.

19 A. You looked at it on Tuesday afternoon.

20 MS RICHARDS: PJON0000134_001. Great. So it should come
21 up in a moment, I hope.

22 So I know you've seen this document,
23 Mr Watters, this week, I think for the first time; is
24 that right?

25 A. For the first time, yes.

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1 was because at one time it's saying "I this, I that,
2 I the next thing", and then it's referring to "we".
3 "We suspect that the Scottish Bloody Transfusion
4 Service ..." you know.

5 I don't recall an interview going along those
6 lines, and I think I would have remembered it because
7 I would have considered a leaking civil servant in
8 Norman Fowler's office a real gift from God in the
9 situation we were in. I've got no recall of that at
10 all.

11 Q. So this is a document provided to the inquiry by
12 Dr Peter Jones. It's not clear from the document if
13 it's a document written by Dr Jones or not, but that's
14 how the Inquiry has obtained it.

15 You did, I think, work quite closely with
16 Dr Peter Jones in the second half of the '80s on the
17 campaign?

18 A. Yes.

19 Q. Do you recall a meeting with either Dr Jones or anyone
20 else at which a discussion along these lines took
21 place?

22 A. No.

23 Q. And then if we just pick up some of the individual
24 points. The first is the one I think you have already
25 commented on. Civil servant working for

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1 Q. It's entitled "Meeting with David Watters
2 13 June 1989" and says this:
3 "Everything points to some Central Government
4 secret, possibly in the late '70s early 1980s,
5 involving members of the Cabinet. The solicitors
6 acting on behalf of the haemophiliacs are going for
7 disclosure of Government records assumed to be within
8 the Committee on Safety of Medicines in the hope
9 they'll embarrass Government to give an out-of-court
10 settlement."

11 And then it refers to:
12 "Remarks made by David [and the document would
13 suggest that's referring to you] suggests that present
14 members of the Cabinet are vulnerable ..."

15 It refers to:
16 "A civil servant working for Norman Fowler
17 having let it be known to David [so I'm assuming again
18 that's you] that it's considered within the department
19 that Government is vulnerable and an out-of-court
20 settlement should be made. A similar message given
21 ... at the meeting at the Ministry by Tony Newton ..."

22 Just pausing there. Do you have any
23 recollection of the meeting to which this apparently
24 relates?

25 A. No, and I'm even more puzzled to know who the author

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1 Norman Fowler. Do you have any recollection of being
2 told by a civil servant working for Norman Fowler the
3 Government's inside views?

4 A. I do not, but if that had actually happened, it was
5 the sort of thing that would stick in one's mind
6 forever because it would have been a real gift.

7 Q. Then it refers to a similar message being given at
8 a meeting at Ministry by Tony Newton. You've referred
9 to meetings with Mr Newton.

10 Do you recall anything about meetings with
11 Mr Newton which, as it were, suggested or hinted at
12 the Government being enthusiastic for an out-of-court
13 settlement?

14 A. Not at all.

15 Q. The document then continues, we know -- and you're
16 right, Mr Watters, it doesn't clearly show who the
17 "we" are. But did you know or understand the decision
18 about the 10 million payout to have been taken by
19 Mrs Thatcher on the afternoon the question was raised
20 in the House? Was that something you understood to be
21 the position at the time?

22 A. Rings no bells at all.

23 Q. And then do you recall any meeting or discussions
24 which shared information along the lines set out in
25 what follows about the Scottish Blood Transfusion

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1 Service?

2 A. Again, it rings absolutely no bells and sounds to me

3 like a fiction.

4 Q. If we go over the page, if we look at the second

5 paragraph, it refers to Peter Bottomley having made

6 initial moves towards David Watters with regard to

7 further financial help for haemophiliacs.

8 Can you recall anything that might fall within

9 that description; Mr Bottomley approaching you?

10 A. We approached every MP in the House, and most of

11 them -- well, not most of them, but a handful of them

12 responded and made approaches to us and made sounds

13 that were they were willing to be helpful, and

14 Roger Gale springs particularly to mind.

15 Peter Bottomley doesn't spring so readily to mind.

16 Q. All right. Thank you. Those were the questions

17 I wanted to ask you about the document. Were there

18 any other observations --

19 A. I did have another concern because when I received

20 this document, there were other papers attached to it

21 that indicated it may have been associated somehow

22 with Armour Pharmaceutical, and Oleander Project was

23 mentioned, or something like that.

24 Q. I think that's just the form in which the Inquiry has

25 received it.

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1 secretary. It refers in the first paragraph to media

2 speculation about the possibility of an out-of-court

3 settlement. In the second paragraph, you say:

4 "It's being implied that negotiations are

5 taking place between lawyers representing both

6 sides -- i.e. your lawyers and the Government

7 lawyers -- to establish an acceptable out-of-court

8 settlement. The Haemophilia Society is not and cannot

9 be involved in those negotiations. If they are taking

10 place, they are being held between the lawyers."

11 Then the next paragraph refers to settlement

12 figures reported in the press being speculative. Then

13 you say this:

14 "The role of the Society throughout has been to

15 make it politically expedient for the Government to

16 settle our case out of court now rather than in three

17 or four years' time. The other point, of course, is

18 that money paid out now is guaranteed, whereas there

19 is certainly no guarantees associated with the final

20 outcome of the legal case."

21 What was the purpose of writing this letter and

22 what in particular did you mean by the Society's role

23 being to make it politically expedient for the

24 Government to settle the case out of court?

25 A. I'm finding it very difficult to recall that.

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1 A. Yes. That raised some disturbing questions in my

2 mind.

3 Q. So that nobody is under any misapprehension as to what

4 you are talking about, can you go to the next page,

5 please, Soumik. Is that what you're referring to?

6 A. That's what I'm referring to, yes.

7 Q. That's the form in which the Inquiry has the

8 documents, so that's why you've received it in that

9 form.

10 A. It's the comment at the bottom is the one that

11 concerned me.

12 Q. Was there any other observation you had on what

13 purports to be some form of record or account of

14 a meeting with you or prepared for a meeting with you?

15 A. Well, when I first read it, I thought this is a work

16 of fiction, and I kind of remain of that persuasion.

17 Q. Okay.

18 A. It almost suggests titbits of gossip rather than an

19 actual interview.

20 Q. Can I ask you to look next at just a handful of

21 further documents relating to the issue of

22 compensation and campaigning.

23 If we could go to RFLT0000004. This is

24 a letter from you, dated 24 October 1990. It's an

25 urgent letter to all Society members from the general

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1 I remember the letter and political expediency was

2 always something that we had on our map because it's

3 political expediency that makes governments move in

4 things, and settling out of court, I may as well have

5 said now rather than in 34 years' time, because that's

6 where we are today and there has still been no real

7 settlement, no meaningful settlement, by Government.

8 Q. Can I ask you about two further documents then around

9 this time and that may, after that, be the right

10 moment to break.

11 The first is DHSC0002536_061. Now, this is

12 an internal departmental document. It's the previous

13 year, so it's November 1989, and this refers to -- it

14 says the author -- if we just go down the page so we

15 can see the author -- it's a Tracy Farr, and it says:

16 "... I have today received a telephone call

17 from David Watters of The Haemophilia Society in which

18 he states that having again consulted with their

19 lawyers the sum of £86 million -- on average around

20 £71,000 a case -- would be required to bring legal

21 action to an end."

22 Now, that seems somewhat at odds with what is

23 set out a year later in a letter to members, which is

24 saying the Society can't get involved in negotiations.

25 This records you telephoning the Department of Health

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1 to, as it were, set out a settlement figure. Can you
2 recall your involvement and why you might be
3 contacting the Department of Health in that way?

4 **A.** None at all. I knew Strachan Heppell. He was
5 a senior civil servant involved in the establishment
6 of the Macfarlane Trust. But even if then I had any
7 right to make such a statement, I've got no recall of
8 having made it. It's the sort of thing one wouldn't
9 do in a telephone call.

10 **Q.** One further document on the theme of the Society's
11 involvement in negotiations is HSOC0017272. I should
12 say this is a letter from -- if we go to the second
13 page, first of all, just to see who it's from, it's
14 not from you, it's from the Vice-Chair of the Society.
15 If we go back to the first page, 3 November 1990, and
16 it's written to William Waldegrave, who has taken over
17 as Secretary of State for Health, and we can see from
18 the first paragraph that's a new appointment, and then
19 in the next paragraph, it says:

20 "I ... want to take this opportunity to correct
21 some false impressions which appear to be present
22 within the thinking of the Department in relation to
23 people with haemophilia and HIV or are seeking
24 compensation. The most serious of those relates to
25 the fact that it has been alleged from within the

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1 political and public support. It is also surprising
2 that, in recent weeks, those 'ex gratia' payments have
3 suddenly become payments made from a sense of moral
4 responsibility.

5 "We believe that there is a great deal to be
6 gained on both sides by an out of court settlement --
7 not least for people with a haemophilia themselves:
8 they are currently dying at the rate of at least one
9 a week and that, of itself, is a telling factor about
10 the overall urgency of our unique situation. However,
11 more importantly for you, and for the Department it
12 would mean that a settlement could be made without any
13 admission of liability for negligence.

14 "It is also, in our view, most unfair that the
15 Department should continue to make direct comparisons
16 between people with cancers, heart conditions, renal
17 failures, et cetera, and people with haemophilia and
18 HIV. None of those people acquired their condition as
19 a result of treatment prescribed by the NHS. It is
20 this fact which makes the position of our affected
21 members so tragically unique.

22 "We are deeply concerned that there now appears
23 to be little or no negotiating taking place between
24 yourselves and the plaintiffs' lawyers."

25 So if we can just go back to the first page,

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1 Department that 'The Haemophilia Society' has named
2 an acceptable sum for an out of court settlement.
3 This is not the case: our position is very simply
4 this -- we have not, nor do we intend to, put forward
5 a settlement figure. Proposals of this nature are
6 entirely for the lawyers acting for those plaintiffs
7 who are pursuing a claim for legal compensation. It
8 must also be pointed out that those who are pursuing
9 this course are doing so at the behest of the
10 Government who have, again and again, insisted that
11 this was the only course available to those seeking
12 compensation: those who have chosen this route have
13 done so because of Government policy."

14 Then it goes on in the next paragraph to say:

15 "It has been open to the Government since 1986
16 to settle this matter in an open-handed manner without
17 the need for litigation: the matter only became one of
18 public and political interest because of the piece
19 meal fashion in which the Government has chosen to
20 deal with it. Contrary to the view which has been
21 expressed by the Department in recent weeks I would
22 want to quietly remind you that the payments which
23 have so far been made to the Macfarlane Trusts have
24 only been made as a result of very hard campaigning by
25 ourselves. This, in turn, generated widespread

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1 that first main paragraph, beginning "I also want" is
2 describing what's said to be The Haemophilia Society's
3 role, so not its role to participate in the
4 negotiations or put forward settlement figures. Was
5 that your understanding of the Society's role at the
6 time?

7 **A.** Yes, that's why I'm quite puzzled by the previous note
8 that was circulated internally, that I'd never --
9 well, had I seen it before? I don't know.
10 I certainly hadn't seen it until this Inquiry.

11 **Q.** Then the second theme, as it were, emerging from this
12 letter is, and I paraphrase, a sense of concern or
13 frustration that the Government is not making
14 sufficient attempts to address what the Society saw
15 an injustice.

16 Can you recall that being the Society's view?
17 Was it frustrated and concerned about the Government's
18 stance and, if so, can you just give us any details
19 you can recall?

20 **A.** I mean, we were deeply frustrated because the grant of
21 £10 million, which was a reasonable sum of money --
22 I think in those days it would have bought a 737
23 airliner or something -- it was really a cynical
24 attempt by the Government to dismiss us and put us off
25 the scent for all time, and I'm very proud of the fact

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1 that that was not the case. We did not accept
 2 a £10 million one-off payment as being something that
 3 would meet the needs for all time of people who were
 4 so sadly impacted upon by this dreadful disease.
 5 **Q.** Do you recall anything further in particular -- we're
 6 now at the end of 1990. Do you recall anything
 7 further about the interactions that the Society had
 8 with Government at the time? You've told us about
 9 a meeting with Ken Clarke. Do you recall, for
 10 example, any meetings with Mr Waldegrave as Secretary
 11 of State for Health?
 12 **A.** I cannot recall.
 13 **Q.** Okay.
 14 **A.** I can't recall in detail any further meetings.
 15 I would need prompting with documentation.
 16 **Q.** Fine.
 17 Sir, I note we're now just past 1 o'clock.
 18 I have still got some topics to cover with Mr Watters
 19 and of course we need the opportunity for recognised
 20 legal representatives of Core Participants to put
 21 forward further questions; so would this be
 22 a convenient point to end for today and pick up again
 23 at 10.00 tomorrow?
 24 **SIR BRIAN LANGSTAFF:** Yes, it would, subject just to one
 25 matter. Can we go back to the document you were

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1 In terms of the questions I have for you and those
 2 further questions I anticipate receiving from
 3 recognised legal representatives should fit within the
 4 course of tomorrow morning.
 5 **A.** Thank you.
 6 **SIR BRIAN LANGSTAFF:** It is certainly my intention that we
 7 should, Mr Watters.
 8 **A.** Thank you.
 9 **(1.06 pm)**
 10 **(Adjourned until 10.00 am the following day)**
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1 looking at before this, which DHSC0002536_061. Do we
 2 happen to have or know what is in Mr Heppell's minute
 3 of 10 November 1989 which is referenced there at
 4 paragraph 2?
 5 **MS RICHARDS:** Sir, we certainly don't have it to hand now.
 6 It may be that we can locate it for tomorrow.
 7 **SIR BRIAN LANGSTAFF:** Yes. I think it might be
 8 interesting to see what that is because it may help to
 9 prompt Mr Watters' recollection, if he has one. It
 10 might, for instance, be that this is not a case of
 11 Mr Watters phoning up and saying, "By the way, we'll
 12 take 86 million" but Mr Heppell saying, "You've got
 13 close connections with those who are carrying out the
 14 litigation. You're looking for an settlement. Can
 15 you give me any idea about what they're looking for";
 16 something along those lines. I don't know, but it may
 17 be that the minute helps.
 18 **MS RICHARDS:** I'll see if we can find it for tomorrow and
 19 of course, if we do, we'll provide a copy for
 20 Mr Watters.
 21 **SIR BRIAN LANGSTAFF:** Yes, thank you very much. On that
 22 note, let's take a break then until 10.00 tomorrow
 23 Mr Watters.
 24 **A.** Could I just check that we will finish tomorrow.
 25 **MS RICHARDS:** That's certainly my expectation, Mr Watters.

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<p>MS RICHARDS: [14] 1/9 1/12 1/20 17/14 17/20 17/23 23/22 38/20 48/10 48/19 85/20 98/5 98/18 98/25 SIR BRIAN LANGSTAFF: [24] 1/3 1/7 1/10 1/17 16/20 17/11 17/18 17/22 22/13 22/20 23/1 23/9 23/15 23/19 37/20 38/2 38/11 38/18 48/12 48/18 97/24 98/7 98/21 99/6</p> <p>'</p> <p>'68 [1] 63/23 '70s [1] 86/4 '80s [7] 2/12 2/16 7/25 61/8 67/14 81/18 87/16 '81 [1] 3/2 '82 [1] 3/2 '83 [4] 3/2 5/6 7/23 31/7 '83/'84 [1] 31/7 '84 [6] 7/23 20/22 25/1 25/4 30/20 31/7 '85 [2] 65/8 69/4 '85/'86 [1] 65/8 '86 [2] 65/8 70/15 '87 [1] 82/20 'ex [1] 95/2 'for [1] 54/6 'Haemofact' [1] 16/25 'one [1] 54/8 'The [1] 94/1 'them' [1] 5/19</p> <p>'</p> <p>... [4] 5/19 16/14 19/5 74/9</p> <p>0</p> <p>001 [2] 85/13 85/20 004 [1] 11/3 006 [1] 12/21 011 [1] 25/2 025 [1] 76/10 030 [1] 14/1 033 [1] 74/18 040 [1] 8/5 041 [1] 19/24 043 [1] 34/6 045 [1] 48/21 058 [1] 70/14 061 [2] 92/11 98/1 066 [1] 61/9 067 [1] 4/22</p>	<p>1</p> <p>1 March '86 [1] 70/15 1 o'clock [1] 97/17 1 October 1985 [1] 57/16 1,200 [1] 72/20 1.06 pm [1] 99/9 10 million [7] 73/7 73/9 82/22 83/23 88/18 96/21 97/2 10 November 1989 [1] 98/3 10 October 1983 [1] 14/3 10.00 [4] 1/2 97/23 98/22 99/10 100 per cent [1] 42/14 103 [1] 41/9 11 February 2021 [1] 1/1 11 October 1984 [1] 20/1 11.14 [1] 48/15 11.45 [2] 48/13 48/17 13 [1] 76/11 13 June 1989 [1] 86/2 14 January 1986 [1] 70/1 14 March 1987 [1] 65/4 14 November '84 [1] 20/22 14 November 1984 [1] 23/25 16 [1] 48/4 16 March 1983 [1] 4/24 174 [1] 16/12 177 [2] 16/18 17/23 19 December 1984 [1] 36/10 1968 [4] 62/20 63/4 63/8 63/22 1978 [1] 8/17 1980s [4] 56/23 59/7 82/10 86/4 1983 [16] 1/25 4/16 4/24 5/2 7/8 8/3 8/10 11/2 11/6 11/17 12/22 14/3 15/21 17/16 17/25 33/20 1983/'84 [1] 9/8 1984 [20] 1/21 1/23 19/23 20/1 20/20 23/25 24/7 27/18 27/21 29/1 29/13 32/12 34/7 35/13 36/4 36/10 39/4 40/14 40/20 41/12 1985 [13] 41/9 41/11 46/21 46/25 47/16</p>	<p>48/21 48/23 50/18 50/20 53/25 54/24 56/17 57/16 1986 [9] 47/4 61/6 61/12 63/10 64/11 70/1 74/22 75/19 94/15 1987 [8] 65/4 65/7 65/18 76/11 77/25 78/13 80/11 81/2 1989 [6] 82/9 82/17 84/2 86/2 92/13 98/3 1990 [7] 18/1 66/21 66/25 67/17 90/24 93/15 97/6</p> <p>2</p> <p>2 January 1985 [1] 41/11 2 July 1986 [1] 61/12 20 December [1] 41/22 20 December 1984 [3] 35/13 36/4 41/12 2021 [1] 1/1 22 [1] 42/20 22 May 1985 [1] 50/20 23,000 [1] 80/3 24 November [1] 25/4 24 October 1990 [1] 90/24 24 September 1985 [1] 54/24 250 [1] 83/2 26 [1] 24/7 26 June [1] 64/4 27 April 1990 [1] 66/25 29 January 1987 [1] 81/2</p> <p>3</p> <p>3 December 1984 [1] 27/21 3 November 1990 [1] 93/15 32,000 [1] 54/7 34 years' [1] 92/5 38 [1] 58/15</p> <p>4</p> <p>4 May 1983 [1] 17/16 407 [1] 82/8</p> 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