

Tuesday, 25th May 2021

(10.00 am)

**SIR BRIAN LANGSTAFF:** This week we have evidence relating to the Haemophilia Society for the first three days, hearing days. A number of people will be in the hearing room. Can I just remind people, it's been some time since we started -- before we started last week, since we had a number of people in the hearing room, for obvious reasons.

But there was an occasion last week when somebody took a photograph which later on appeared in the media, which appeared to be within the hearing room. Can I just remind people to be very, very careful. No photography should take place within the hearing room. And outside, be careful only to take photographs which may include individuals who have been at the Inquiry with their permission. This is something which we regard as being important, and everyone has complied thoroughly so far, with the odd lapse.

But I just thought I ought to remind people, as I've been asked to do, of what is our general rule in principle.

I'm sorry to have interfered with the start of your evidence, Mr Wetherell. But you're due to give evidence before us. The people you see in front of you are only

1

**A.** Yes.

**Q.** Can I start by just sketching out with you some dates of your involvement with the Haemophilia Society, so that we all have the chronology in our minds. You became an ordinary member of The Haemophilia Society in late 1978?

**A.** Correct.

**Q.** And that was following the diagnosis of your son with haemophilia B?

**A.** Correct.

**Q.** Then in 1981, you became the chairman of your local branch?

**A.** Possibly a little earlier. But certainly in 1981, I was the chairman of the local branch of the Cambridge Haemophilia Society, yes.

**Q.** And you might have become the chairman slightly before that but we know that in '81 you certainly were the chair by then?

**A.** Absolutely, yes. I was the chairman in '81.

**Q.** And you remained as chairman of the branch until 1983, when you joined the Executive Committee of the Society?

**A.** Yes, I believe that's correct.

**Q.** And it's right, isn't it, you were elected at the 1983 AGM which was in the April?

**A.** I was elected on 23 April 1983.

**Q.** And the first Committee meeting you attended was on

3

a small proportion of the numbers you are really speaking to. Last week we had an audience ranging between about 200 to over 700 on the various days of the hearings. It may very well be something very similar this week.

So you're talking to a large audience, but immediately to those in front of you, and your lawyers to your left.

Mary, will you ask Mr Wetherell please to take the oath.

**PETER CLAUDE WETHERELL (affirmed)**

**SIR BRIAN LANGSTAFF:** Mr Wetherell, if you feel it more comfortable to do so, please feel free to remove your mask.

**A.** Thank you.

**SIR BRIAN LANGSTAFF:** Whilst you're giving evidence, anyway.

**Questions by MS FRASER BUTLIN**

**MS FRASER BUTLIN:** Thank you, sir.

Mr Wetherell, I can see that in front of you you've got a file next to you and some notes. Just to confirm that the file is the documents that were sent to you by the Inquiry in case the electronic copy is difficult for you to see on the screen.

**A.** It is.

**Q.** And the notes are just as a memory aid?

2

12 May 1983?

**A.** That would have been the first full formal Committee meeting I attended. I believe there was an informal gathering shortly after the AGM, but only to say hello and introduce ourselves. But yeah, the first formal meeting I attended was on 12 May 1983.

**Q.** And your time on the Executive Committee ended in April 1985?

**A.** No, it ended in June 1985, because the annual general meeting of 1985 took place a little later that year. And it was in St Thomas' Hospital in June 1985.

**Q.** Your involvement in the Society is as a volunteer, wasn't it? You weren't a paid member of staff?

**A.** Yes, I was a volunteer.

**Q.** And you were doing this role with The Haemophilia Society alongside your full-time job working at the Department of Health and Social Security, is that right?

**A.** Correct. But, I would say, by then it was the Department of Social Security. The health bit had become detached.

**Q.** Can you tell us just briefly what your role in your full-time job was?

**A.** Right, okay. I was employed in the executive grade. My duties were consistent with that grade over a number of years. I was also a lay officer for the Society of

4

1 Civil and Public Servants, that became the National  
 2 Union of Civil and Public Servants. And in that role  
 3 I had various negotiating tasks in relation to our  
 4 membership with the appropriate levels of management in  
 5 the London north region at that time.  
 6 Q. Was there ever any overlap between what you were doing  
 7 in your full time role, your paid work, and what you  
 8 were doing with the Society?  
 9 A. No.  
 10 Q. I'd like to go back to when you were the chairman of the  
 11 Cambridge branch --  
 12 A. Yeah.  
 13 Q. -- in 1981, and you have described for us in your  
 14 statement that part of your role was to provide  
 15 "fellowship, advice and support to families with newly  
 16 diagnosed children", "subject to consent being obtained  
 17 by the Centre Director"?  
 18 A. Correct.  
 19 Q. Can you help us by what you mean by "subject to the  
 20 consent of the Centre Director"?  
 21 A. The consent would have to be obtained from the Centre  
 22 Director's patients in order for the local branch of The  
 23 Haemophilia Society, the members of that branch, to  
 24 approach those individuals.  
 25 Q. So it was consent to have contact with the families

5

1 more comfortable for people in the corridor.  
 2 We had no clinical relationship with him as group.  
 3 Only individual patients had that relationship.  
 4 Q. And when you gave advice to families, what sources of  
 5 information did you rely on to give that advice?  
 6 A. The text we usually referred to and recommended was by  
 7 Dr Peter Jones, Living with Haemophilia. And of course  
 8 we had our own experiences of dealing day-to-day with  
 9 haemophiliac children.  
 10 Our relationship with the Centre Director was really  
 11 based upon that two-strand approach: one, raising money  
 12 to improve the facilities; two, being available to those  
 13 parents of newly diagnosed children, boys, so that we  
 14 could provide some measure of support. I won't use the  
 15 word "reassurance", because that's a very difficult  
 16 thing to try and -- to deal with, for people who are  
 17 dealing with the shock of having their lives completely  
 18 changed by this event, but providing them with some  
 19 information that may help them, and to offer them the  
 20 services of the group, such as it was at that time.  
 21 Encourage membership, and involvement in our small  
 22 group.  
 23 In terms of actual advice in relation to how they  
 24 should, you know, manage their lives, that wasn't really  
 25 something that we were qualified to do, certainly not in

7

1 rather than consent about what you said to those  
 2 families?  
 3 A. Correct.  
 4 Q. Can you describe for us how the local branch interacted  
 5 with the local Centre Director?  
 6 A. Yeah, at the relevant time, the Centre Director was --  
 7 can I mention his name? Is that appropriate?  
 8 Q. Yes, absolutely.  
 9 A. I think it has been redacted in documents but is it  
 10 correct for me to mention his name?  
 11 Q. I understand so.  
 12 A. Yeah, is that all right? Dr Chalmers was the Centre  
 13 Director at the Addenbrooke's Hospital director at the  
 14 Haemophilia Centre at the relevant time. The local  
 15 branch had a fundraising capacity and we -- in  
 16 conjunction with Centre Director Dr Chalmers, in  
 17 consultation with him, we would try and raise funds to  
 18 improve facilities at the centre.  
 19 The actual facilities at the Cambridge centre were,  
 20 I think it true to say, the corridor of the laboratory.  
 21 Not a very comfortable environment or, indeed, a very  
 22 welcoming environment, but nonetheless, you know, given  
 23 the financial stringencies of the time -- you know, that  
 24 was the situation in the NHS. And what we would try and  
 25 do is raise money to improve facilities, to make life

6

1 any clinical sense, but we all found Living with  
 2 Haemophilia, this invaluable book by Dr Peter Jones, to  
 3 be an important text that we could recommend to people.  
 4 Q. Did you steer them as well towards the publications from  
 5 the society, The Bulletin and things like that?  
 6 A. No. They would only receive those Bulletins and those  
 7 publications if they became members of the Society, so  
 8 they would be posted to them, or they would come across  
 9 them at the Haemophilia Centre, Addenbrooke's Hospital,  
 10 because there was a leaflet rack with the publications  
 11 displayed there, with the consent and agreement of the  
 12 Centre Director.  
 13 Q. And when the group met together, did they discuss things  
 14 they'd read in The Bulletin together, if there was an  
 15 article that had prompted issues? Was that something  
 16 that happened in the local group?  
 17 A. Well, as I recall it, the agenda for the local group  
 18 meetings were pretty much mainly concerned with the  
 19 activities of the group in relation to fundraising and  
 20 the sort of events that we could encourage other people  
 21 to join in with.  
 22 We didn't discuss, in any formal agenda sense, our  
 23 respective difficulties with the medical conditions that  
 24 were common to all of us.  
 25 But, I mean, naturally, whilst having refreshments

8

1 after the meeting, people would mention certain things  
 2 about -- that had happened to them and their children,  
 3 yeah, but it was never a formal agenda item.  
 4 Q. And in those informal discussions over coffee at the  
 5 ending of the meetings, was there any discussion  
 6 generally about Bulletins and about information that had  
 7 been received from the Society?  
 8 A. I don't recall.  
 9 Q. Do you have any impression of how much weight your local  
 10 group members placed on the information they were  
 11 receiving in things like The Bulletin?  
 12 A. Very difficult to say.  
 13 Q. Could we have document DHSC0002205\_004, please.  
 14 This is a letter that you wrote to your local MP in  
 15 your capacity as chair of the branch. We can see it is  
 16 dated 7th February 1981.  
 17 A. Yes.  
 18 Q. It says:  
 19 "Members of the Cambridge branch of the Haemophilia  
 20 Society are distressed by a recent 'World in Action'  
 21 television programme (Dec 22nd) and reports in the  
 22 national press which have focused attention on the  
 23 plight of the Blood Products Laboratory at Elstree."  
 24 Then slightly further down:  
 25 "Furthermore it would appear that production of

9

1 And I think it was decided by all of us present that  
 2 we ought to write to our local MPs. Now, it's not --  
 3 now, the letter was actually sent to all of the local  
 4 MPs, as I recall it. And Ian Stewart, as I subsequently  
 5 recalled, was actually the MP for Hitchin in North  
 6 Herts, and we had members in that part of the world, and  
 7 it's worth noting, at this stage, that the Cambridge  
 8 branch of The Haemophilia Society took in really all  
 9 those people who had involvement with the Addenbrooke's  
 10 Haemophilia Centre. And that extended, you know, to  
 11 north Hertfordshire, west Suffolk, Huntingdonshire, as  
 12 well as, you know, the Cambridgeshire, actual  
 13 Cambridgeshire hinterland.  
 14 And it was decided, in the light of the concerns  
 15 that had been bubbling away in members' minds, and notes  
 16 had been taken by people who actually saw that  
 17 programme, and it was decided to send letters out to our  
 18 respective MPs, and the one you have in front of you is  
 19 obviously one that Ian Stewart sent to the Department of  
 20 Health.  
 21 Q. Do you think you might have provided a copy of any of  
 22 these letters to the national office of The Haemophilia  
 23 Society?  
 24 A. Well, Mrs Lesley Duncan, the secretary, was very  
 25 conscientious, and I'm sure she would have done so.

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1 Factor VIII is limited to the extent that £2.5 to  
 2 £3 million per year has to be expended on imported  
 3 Factor derived from the United States and Third World  
 4 countries. In the former case the Factor runs a high  
 5 risk of infecting our members with hepatitis because of  
 6 the 'skid row' sources from which blood is  
 7 purchased ..."  
 8 At the end of the letter you asked for your MP to  
 9 take the matter up with Dr Gerard Vaughan.  
 10 A. Yes.  
 11 Q. Can you tell us how this letter came to be written by  
 12 you?  
 13 A. Yes. It was drafted at a meeting of the Cambridge  
 14 branch of The Haemophilia Society, around about the  
 15 beginning of February. It's my wording. I recognise  
 16 the slightly awkward style of the grammar there, in  
 17 places.  
 18 It was drafted in a bit of a hurry because it was  
 19 brought up at the meeting. It wasn't an actual agenda  
 20 item, as I recall it. But members came to that meeting  
 21 very distressed about that programme. Although it was  
 22 on 22nd December, at the end of the previous year, the  
 23 concerns revealed in that programme about the state of  
 24 play at BPL, are still very much uppermost in their  
 25 minds.

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1 Q. Did you get any response from the Society?  
 2 A. I don't recall getting a response from anybody, to be  
 3 honest.  
 4 Q. You've pre-empted my question about whether you got  
 5 any --  
 6 A. Sorry about that.  
 7 Q. -- not at all -- whether you had gotten any response  
 8 from any of the MPs you had written to?  
 9 A. I'm trying to think back. Well, I might have had  
 10 a postcard saying, "Your comments have been noted".  
 11 Q. But nothing substantive that you can recall?  
 12 A. But nothing substantial, nothing substantial, that I can  
 13 recall. And we're going back, you know, to 1981.  
 14 Q. You then joined the Executive Committee, as we said, in  
 15 1983.  
 16 A. Yes.  
 17 Q. Can you tell us what your primary interest in doing that  
 18 was?  
 19 A. Well, I had a really interesting organisation. Because  
 20 I had a trade union background, I wanted to see if The  
 21 Haemophilia Society could fit into that kind of model in  
 22 some way, but -- so I was interested in the  
 23 organisational side of things. Obviously, I suppose the  
 24 word is privileged and flattered, you know, to have been  
 25 invited to join. Dr Kuttner took me to one side and

12

1 asked me if I was willing to serve on the Executive  
2 Committee and, you know, I felt, well, yes, you know,  
3 I do have some knowledge of working to agendas and  
4 attending meetings, and so on, so I might have some  
5 skills I can bring to bear. So I was elected on  
6 23rd April 1983.

7 Q. When you talk about being interested in the organisation  
8 and the organisational side of things, when you're  
9 talking about that, are you meaning how the groups  
10 interacted with the national body? Is that what you're  
11 thinking of?

12 A. Yes.

13 Q. Can you tell us how that did, in fact, operate during  
14 your time? How did the Executive Committee and the  
15 groups interact?

16 A. Primarily through the council meeting that took place  
17 two or three times a year, during the time I was on the  
18 Executive Committee. The groups were invited to send --  
19 delegates isn't really the right word, I've got to try  
20 to avoid, you know, using trade union language here  
21 because it wasn't a trade union, in that sense, at all.

22 Interested people from local groups came to the  
23 council meetings and that was the main link with the  
24 Executive Committee. In fact, the Executive Committee  
25 was elected by the people who came from the local

13

1 the annual general meeting, providing advance notice was  
2 given to the chair in the usual way.

3 And, of course, on a day-to-day basis, and as I said  
4 earlier on, they would communicate with Trinity Street.

5 Q. So if the Executive Committee was determining  
6 a particular policy matter, how were the groups made  
7 aware of that? Or was it something that they were told  
8 about later? Was it advance warning or just afterwards?

9 A. I think it tended to be that decisions were made by the  
10 Executive Committee and then pretty much promulgated to  
11 the groups.

12 As I say, and I'm qualifying that by saying that  
13 there was always the opportunity for groups to table  
14 motions and, in my time, that did happen. And there was  
15 the opportunity for motions to be tabled at the council  
16 meetings, but council meetings, I think, you know, as  
17 I said earlier on, happened at intervals throughout the  
18 year but not as regularly as the Executive Committee  
19 meetings. So I think, really, you had the situation  
20 where the Executive Committee was, in a sense, charged  
21 with the responsibility of making executive decisions,  
22 which were felt to be in accordance with the wishes of  
23 the membership at any one time.

24 Q. And on the Executive Committee, how did you ascertain  
25 what those wishes were?

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1 groups, at the AGM. Dr Kuttner had been the group  
2 liaison officer and I think he had connections with the  
3 groups but I think the main source of connection on  
4 a day-to-day basis between the groups and those  
5 individuals who were active within the groups, was with  
6 the office in Trinity Street, and where the coordinator  
7 responded to communications, telephone calls, letters,  
8 and so on.

9 So the group structure seemed to me at the time to  
10 be rather, kind of, loose. Some groups were much better  
11 kind of organised and situated than others. The group  
12 that springs to mind principally is the Newcastle group,  
13 which was attached to Dr Peter Jones, and they were  
14 extremely well organised, very, very good fundraisers,  
15 very able people. And then there were smaller groups  
16 that I believe at the time were struggling a bit.

17 So it was an uneven situation across the country.  
18 Oh yes, and the Scottish group were also very well  
19 organised. But yeah, that was the situation.

20 Q. How easy was it for groups to raise particular issues  
21 with the Executive Committee?

22 A. Well, there were two ways of doing it in the formal  
23 sense. They could table motions for discussion at the  
24 Executive Committee meetings. They could table motions  
25 to be debated at the general -- at the council meetings,

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1 A. The main conduit was certainly through the Trinity  
2 Street office, through the coordinator, David Watters.  
3 He was in regular contact with the groups, receiving  
4 representations from the groups, and from individual  
5 members.

6 Papers were prepared for consideration by the  
7 Executive Committee, and I'm thinking back to the Blood  
8 Products Sub-Committee, and the one I remember actually  
9 that was put together by Ken Milne was rather sort of  
10 technical, but all these decisions, all these documents  
11 were, of course, reported in the annual report, and your  
12 annual report was submitted to the annual general  
13 meeting for endorsement by the assembled groups.

14 Q. So would it be fair to say that the predominant decision  
15 making was by the Executive Committee but members could  
16 raise concerns at particular times in the year or  
17 through phone calls to the coordinator if they had  
18 concerns?

19 A. Yeah.

20 Q. And did you have any sense of whether particular groups  
21 had greater access or found it easier to raise issues  
22 than other groups?

23 A. No.

24 Q. You mentioned that Newcastle was very well organised but  
25 was there a sense of certain groups having more access?

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(4) Pages 13 - 16



1 A. I don't believe so.  
 2 Q. And you were on the Executive Committee for the two  
 3 years that we've just -- just over two years that we've  
 4 talked about. During those years did any of those  
 5 issues of interaction between the groups and the  
 6 Executive Committee change or was it very much like that  
 7 throughout your time?  
 8 A. Pretty much the same throughout my time.  
 9 Q. I want to go back to the AGM in April 1983 when you were  
 10 elected to the Committee and you recall a talk by  
 11 Professor Bloom at that meeting. In paragraphs 21 and  
 12 28 of your witness statement you say you became aware of  
 13 AIDS from the Killer in the Village programme on  
 14 25th April and from the press and media in May 1983.  
 15 I understand you want to put on record a correction to  
 16 your witness statement about when you first came to know  
 17 about AIDS. So can you tell us when you think you first  
 18 became aware of it?  
 19 A. Well, I attended the annual general meeting at  
 20 23rd April 1983, the meeting at which I was elected.  
 21 And, like all those present, I listened to the address  
 22 from Professor Bloom. The address was to do with home  
 23 therapy, a very important topic at the time. But he did  
 24 touch upon, quite incidentally, I can't remember why but  
 25 he did touch upon the issue of AIDS, in relation to the

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1 AIDS as a transmissible disease was at that weekend and  
 2 that Monday, or the Monday evening, when my wife told me  
 3 about Killer in the Village. So I think that's got to  
 4 be it.  
 5 Q. Just so there's no mystery about the document you  
 6 received, it was the 1983 bulletin dealing with a record  
 7 of the AGM, wasn't it?  
 8 A. Correct.  
 9 Q. You said a moment ago that, after you were elected to  
 10 the Executive Committee, there was an informal gathering  
 11 of those who had been elected.  
 12 A. Yes.  
 13 Q. When was that?  
 14 A. It was immediately after the meeting.  
 15 Q. The same day as the meeting --  
 16 A. Yeah.  
 17 Q. -- straight afterwards?  
 18 A. It was just a quick gathering, to say hello, you know.  
 19 Q. If I could now have DHSC0001228, please, Soumik, this is  
 20 a letter that went out to members, as we can see, on the  
 21 4th May 1983.  
 22 A. Yeah.  
 23 Q. Before the letter went out to members, were you told  
 24 anything about it, as an Executive Committee member?  
 25 A. I was told nothing about it in advance of its issue.

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1 emergence of AIDS in the United States, which I think,  
 2 as I said earlier on, we were kind of aware of from  
 3 reports about the situation in San Francisco earlier in  
 4 the year, in, you know, certain newspapers.  
 5 But my memory was prompted by receiving a document  
 6 quite recently, which does actually demonstrate quite  
 7 clearly that he did touch upon the topic of AIDS, and he  
 8 also mentioned in the same meeting -- and he wasn't  
 9 questioned about this, this is something that came up  
 10 absolutely apropos of nothing, as I recall now -- the  
 11 issue of someone he reported, and was rumoured to be  
 12 a haemophiliac with mild symptoms, I think.  
 13 Now, my memory was prompted by a document that  
 14 I received quite recently, which is why it's not in my  
 15 original witness statement. Now, a point about  
 16 25th April, which was the Monday following the Saturday,  
 17 on which of the annual general meeting took place, is on  
 18 that evening Horizon broadcast the Killer in the Village  
 19 programme. I didn't see that programme and, at the  
 20 time, I was working away in London, we lived in  
 21 Cambridge, I often didn't get back until quite late in  
 22 the evening, because of work commitments, and so on.  
 23 But my wife did see it and she told me about it, and it  
 24 kind of fitted with what he mentioned at the AGM on  
 25 Saturday. So I think my first kind of true awareness of

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1 Q. As a member of the Society, did you receive a copy?  
 2 A. I believe so, yeah.  
 3 Q. So when it landed on your doorstep, was that a surprise  
 4 to you?  
 5 A. Yes.  
 6 Q. Your first Committee meeting was then on 12th May 1983?  
 7 A. Yes.  
 8 Q. If we can look at those minutes, Soumik, it's  
 9 HSOC0029476\_024, please.  
 10 A. Yeah.  
 11 Q. If we go just below the headline of "Agenda" we can see  
 12 that you were given a special welcome as a new member?  
 13 A. Yes.  
 14 Q. If we turn to page 2, there's the heading "AGM report  
 15 back"?  
 16 A. That's right.  
 17 Q. Now, before we go to that, this was obviously your first  
 18 meeting of the Executive Committee --  
 19 A. Yeah.  
 20 Q. -- what was your impression of how the Committee felt  
 21 about the 4th May letter having gone out to members?  
 22 A. I think the Committee were absolutely entirely  
 23 comfortable with that letter going out.  
 24 Q. Did anyone express surprise that it had gone out without  
 25 all the Committee being involved in it or was your sense

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(5) Pages 17 - 20

1 that people had been told?

2 A. I can't remember now, to be honest. I'm not going to

3 try and, you know, speculate. But the -- it had gone

4 out, and the circumstances under which it had been

5 issued were explained with the evidence, the press

6 cuttings. I think it was my first meeting and I was

7 pretty much seized of the need for the Society, I think,

8 to do something pretty urgently to deal with the

9 reaction from members to the report in The Mail on

10 Sunday.

11 The coordinator David Watters, you know, reported

12 upon the calls to the office and the general distress,

13 I think, of the members at the time. I think it was

14 also reported that The Mail on Sunday had not consulted

15 The Haemophilia Society about that article in no prior

16 notice that it was going to go out. No comment had been

17 sought in advance, and that something had to be done

18 urgently to try and allay the fears of the members.

19 I think there had been a discussion between

20 Professor Arthur Bloom and the Reverend Alan Tanner

21 about the approach that should be taken and that's the

22 approach that they had agreed. The decision had been

23 taken to issue it and, of course, that's when pretty

24 much the policy was determined.

25 Q. If we can look at that, we've got it on the screen.

21

1 meeting about why advice had only been sought in

2 May 1983, rather than at an earlier stage?

3 A. No.

4 Q. Sorry, you don't recall, or it wasn't discussed? That

5 was a question I should have clarified.

6 A. Yeah, um, I don't recall that there was any discussion

7 about the need to obtain information about AIDS

8 transmission sooner than it coming up at the AGM on

9 23 April.

10 Now, I said it wasn't prompted by any question from

11 the floor at the AGM, but I don't know if it was

12 prompted elsewhere. I don't know, is the honest answer.

13 Q. If we look at the bottom of this page, we can see there

14 was a meeting that was going to be arranged with the

15 minister?

16 A. Yeah.

17 Q. But that meeting had been abandoned because of the

18 general election?

19 A. Correct.

20 Q. But in any event there were three items that had been

21 agreed on for that meeting with the minister. Firstly,

22 an "assurance" of "self-sufficiency ... within

23 two years", and then secondly, over the page, at the

24 top:

25 "... there will be no attempt to suspend the

23

1 It's halfway through the paragraph with the heading

2 "AIDS":

3 "The Chairman outlined his action in mailing his

4 letter of 4 May 1983 to the entire membership of the

5 Society and it was agreed unanimously that until there

6 is evidence to prove otherwise the Society's policy

7 would be to encourage members to continue with their

8 present treatment programmes, subject to the advice of

9 their Centre Directors ..."

10 A. Correct.

11 Q. "... and that full support would be given to self

12 sufficiency in blood products at the earliest possible

13 date."

14 A. Correct.

15 Q. Can you remember, in that discussion when it was agreed

16 unanimously, what information did the Committee have

17 about -- from clinicians? What was conveyed to the

18 Committee about what Professor Bloom or others had said?

19 A. I really don't recall the detail of the discussion, I'm

20 sorry to say.

21 Q. Do you recall anyone questioning the advice or the views

22 in light of the media coverage or in light of the Killer

23 in the Village programme that you've referred to?

24 A. No.

25 Q. And do you recall if anything was discussed at the

22

1 importation of US commercial products without definite

2 evidence that this would be necessary."

3 And thirdly:

4 "That the government [would] give adequate support

5 to research into AIDS in the UK."

6 Just focusing in on that second bullet point about

7 that "no attempt to suspend the importation of US ...

8 products", what was the discussion within the Executive

9 Committee about that?

10 A. The importance of maintaining the supply of blood

11 products.

12 Q. What particularly were the Executive Committee members

13 addressing?

14 A. The imperative question of maintaining the supply of

15 blood products to haemophiliacs.

16 Q. Was there any discussion within the Committee of any

17 medical advice that had been received?

18 A. I don't recall.

19 Q. Was there any discussion about the possibility of

20 a temporary suspension of the importation?

21 A. I don't recall that.

22 Q. We know that this meeting was on 12 May. Could we now

23 turn to BPLL0001351\_076, please.

24 This is a letter that was written by David Watters

25 on 9th May to the members of the Medical Advisory

24

(6) Pages 21 - 24

1 Panel --  
 2 A. Yes.  
 3 Q. -- setting out the points that were intended to be  
 4 raised with -- at the meeting with Geoffrey Finsberg,  
 5 and asking, at the end, that -- David Watters:  
 6 "... obtain any view you may hold on those matters,  
 7 and also any other subjects which you feel we should  
 8 raise at this time ..."  
 9 When the Committee met on 12 May, did you have any  
 10 views from the Medical Advisory Panel available to you  
 11 when you were making the decisions?  
 12 A. We were following, I think, the advice of Professor  
 13 Arthur Bloom. There was a letter from Professor Bloom  
 14 who touched upon the need for the MRC to be alerted to  
 15 the need for funding into AIDS-related research  
 16 products, and there was a letter to David Watters on  
 17 12th May.  
 18 Q. Shall we turn it up so everyone else can see it as well?  
 19 A. Yeah, I think that's important.  
 20 Q. It's BPLL0001351\_75. Is that the letter you're meaning?  
 21 A. Yes, it is.  
 22 Q. So we can see in that letter that he has received the  
 23 points from David Watters, and he's also, at the end of  
 24 the paragraph, the first paragraph, as you've said,  
 25 Professor Bloom says:

25

1 until the July meeting since the matter was due to be  
 2 discussed at the forthcoming Congress in Stockholm. It  
 3 was reported that the 'confirmed' Cardiff case was now  
 4 back at work and in reasonably good health."  
 5 Was the Executive Committee told where the  
 6 information about the Cardiff case had come from? Was  
 7 it made explicit who had provided that information to  
 8 the Society?  
 9 A. No.  
 10 Q. And was it your assumption that it had come from  
 11 Professor Bloom, given that it was Cardiff?  
 12 A. Yes, I'm afraid it was. I did make an assumption there.  
 13 Not an unreasonable one in the circumstances.  
 14 Q. Not at all. There's a reference to the discussion being  
 15 deferred, and the minutes could be read as that, really,  
 16 there wasn't much discussion at that point. It was  
 17 a rubber stamping of a decision to park the issue.  
 18 Would that be fair?  
 19 A. Yes, I think it would be fair to say that there had been  
 20 no negative developments at that point. And, I mean,  
 21 the congress in Stockholm was looming. I think it took  
 22 place at the end of June. Yeah, it did. Yeah. And it  
 23 was clearly going to be an issue at that conference, and  
 24 indeed it was. So I think, yeah -- I think, to use your  
 25 words, it was parked.

27

1 "You could ask Mr Finsberg if he could draw the  
 2 attention of the MRC to AIDS and to the desirability for  
 3 funding for AIDS-related research projects."  
 4 Do you recall if this letter was available to the  
 5 Executive Committee when you were discussing your  
 6 decision of what would be put to the minister?  
 7 A. No. This letter is dated 12th May. The Executive  
 8 Committee meeting took place on 12th May.  
 9 Q. So as far as you can recall, when the Executive  
 10 Committee were making those decisions on 12th May, they  
 11 didn't, at that time, have anything, as far as you can  
 12 recall, from the Medical Advisory Panel?  
 13 A. Well, we had the communication from  
 14 Professor Arthur Bloom that was incorporated in the  
 15 Reverend Alan Tanner's letter of 4th May.  
 16 Q. That had gone out to all the members, yes.  
 17 A. Absolutely.  
 18 Q. The next meeting of the Executive Committee that you  
 19 attended was on 14th June, it's HSOC0029476\_025.  
 20 Thank you.  
 21 And if we go over to the second page, please. We  
 22 can see at the top of the second page the heading  
 23 "AIDS", and we can see that:  
 24 "The Chairman briefly summarised the situation and  
 25 it was agreed that further discussion should be deferred

26

1 Q. And was your sense of the Committee that they were  
 2 comfortable with that decision to park it or was there  
 3 some discussion and debate about whether it should be  
 4 addressed more substantially at that point in time?  
 5 A. No, because we -- as I recall it, I think the sort of  
 6 feeling of panic among the membership had abated  
 7 somewhat. I don't think David was receiving quite the  
 8 same volume of calls to the Trinity Street office at the  
 9 time.  
 10 But that's as much as I can recall. The minute  
 11 I think does accurately reflect the situation at that  
 12 time.  
 13 Q. Soumik, could we turn to the July minutes,  
 14 HSOC0029476\_026, please.  
 15 These are the minutes from 14th July, and if we go  
 16 to just under the agenda, we can see -- unfortunately we  
 17 can't see, but -- because our redactions team have been  
 18 too good -- you in fact had sent your apologies to this  
 19 meeting?  
 20 A. Yeah, I can't remember the exact circumstances as to why  
 21 I couldn't get there, but it may have had to do with  
 22 getting my son treated urgently. We had a lot of  
 23 bleeds. I don't know. I can't remember.  
 24 Q. The reason I wanted to pick up this meeting,  
 25 Mr Wetherell, was simply to ask what happened in those

28

(7) Pages 25 - 28

1 circumstances, if you sent your apologies to an  
 2 Executive Committee meeting. Were you sent the agenda  
 3 in advance for meetings?  
 4 A. I can't remember. I received so many agendas because  
 5 I was involved with so many meetings in my paid job.  
 6 I mean, good manners would suggest that an agenda was  
 7 sent out in advance, yes, but I can't remember.  
 8 Q. And if you sent your apologies -- obviously if it was  
 9 a last-minute difficulty, this might not be possible,  
 10 but generally if you needed to send your apologies to  
 11 a meeting were you able to give your views ahead of the  
 12 meeting to someone? Could you input into the issues  
 13 ahead?  
 14 A. No, I wouldn't do that.  
 15 Q. Did you receive minutes afterwards?  
 16 A. Yes.  
 17 Q. So was there an opportunity then to raise anything that  
 18 you --  
 19 A. Yes.  
 20 Q. -- wanted?  
 21 A. Well, clearly, I mean, the minutes would only be  
 22 ratified at a subsequent meeting, and one would have the  
 23 opportunity, if one had been at the meeting, to correct  
 24 any mistakes in the minutes that were identified, and to  
 25 raise matters arising.

29

1 A. No.  
 2 Q. So after the Executive Committee meeting, there  
 3 wasn't -- well, immediately after, before the next  
 4 meeting, there wasn't a discussion between you and any  
 5 other Executive Committee meeting --  
 6 A. I don't recall it. I don't recall any discussion about  
 7 that issue.  
 8 Q. Could we then turn to the minutes of the August meeting,  
 9 HSOC0029476\_027, please.  
 10 If again we turn to the second page, we have the  
 11 heading "Southern Group resolution re: AIDS", and we can  
 12 see there that it's recorded that:  
 13 "The Co-ordinator reported Southern Group had  
 14 circulate their resolution to all Groups. The  
 15 Co-ordinator wished to place on record his gratitude to  
 16 Messrs Marshall, Bishop and Barber of Alpha, Armour and  
 17 Cutter respectively, who had all made international  
 18 checks on the content of the resolution which further  
 19 substantiated the fact that Germany had not banned the  
 20 import of US blood products."  
 21 If we just pause there, what were the Executive  
 22 Committee told about the decision by Alpha, Armour and  
 23 Cutter?  
 24 A. Well, it's recorded in the minutes there that clearly an  
 25 approach had been made by the Society through the

31

1 Q. In this July Executive Committee meeting, if we go over  
 2 the page, Soumik, please, we have the heading "AIDS",  
 3 and there's a note that the Southern Group had presented  
 4 a resolution for discussion?  
 5 A. Gosh, yes.  
 6 Q. We can see it there.  
 7 A. Yeah.  
 8 Q. "That the Society alerts the Minister to the fact that  
 9 the German Government has banned American imports of  
 10 blood products and the UK should do the same. The  
 11 Southern Group is most concerned that we are still using  
 12 Factor VIII imported from America."  
 13 There are then some comments made and we can then  
 14 see that:  
 15 "The Executive Committee were unanimous in their  
 16 view that the position in the UK remains as it did on  
 17 4 May when the Chairman wrote to all Society members  
 18 along with the a statement from Professor Bloom. It was  
 19 agreed that the Co-ordinator should write to  
 20 Professor Bloom giving him an opportunity to write again  
 21 amending any statements in that letter."  
 22 A. That's right.  
 23 Q. I'm aware that you weren't at the Executive Committee  
 24 meeting but were you aware of any discussion that took  
 25 place at that meeting about this resolution?

30

1 coordinator. It would have been the coordinator,  
 2 I think, to have made that approach, unless of course  
 3 Alan Tanner had decided to do it, or Ken Milne. I don't  
 4 know. But, yeah, that seems to be the factual  
 5 information at the time.  
 6 Q. Was that information conveyed to the Committee verbally  
 7 by the coordinator or was there anything in writing from  
 8 those individuals at the pharmaceuticals?  
 9 A. No, it was reported, yeah, orally, at the meeting.  
 10 Q. Did any of the Committee raise concerns about the fact  
 11 that communication with these three companies -- who, it  
 12 might be said, had an interest in saying that that was  
 13 the situation?  
 14 A. In other words, did we seek any verification? Did we  
 15 seek any -- was the question raised as to whether or not  
 16 that advice had been monitored in any way? Is that what  
 17 you mean?  
 18 Q. Yes. Did anybody even raise the question of whether  
 19 this was the best way to obtain the information?  
 20 A. I don't recall that that question came up.  
 21 Q. Then the very last sentence of the paragraph we were  
 22 just looking at, it says:  
 23 "A statement had been made to all Groups clarifying  
 24 the situation."  
 25 What involvement had the Executive Committee had in

32

(8) Pages 29 - 32



1 writing that statement?

2 A. Well, we didn't write it. And the statement would have,

3 I'm sure, reflected, if I can reflect -- I mean, David

4 was very meticulous in his recording of minutes and

5 preparation statements, so it would have accorded with

6 the position that's described in the minute.

7 Q. Was the Committee provided with a copy of the statement

8 in advance?

9 A. No. I don't recall seeing a copy of the statement in

10 advance, no.

11 Q. It appears from these minutes that the statement had

12 already gone out to the group, so had the Committee even

13 been made aware in advance that a statement was going

14 out or was that something that was just dealt with by

15 a smaller group?

16 A. I think the statement would have been prepared in

17 consultation with the Reverend Alan Tanner.

18 Q. But not with anyone --

19 A. There hadn't been -- there had been no consultation with

20 me that I can recall.

21 Q. Soumik, could we have HSOC0020347, please. This is

22 an agenda that was prepared for a meeting with

23 Lord Glenarthur, and the document is dated

24 8th September 1983. I just want to look at one

25 particular point in it with you, Mr Wetherell, if I may.

33

1 A. Yes.

2 Q. If we turn the page to the second page, we can see

3 a heading, "Report of the meeting with Lord Glenarthur".

4 Thank you, Soumik.

5 We can see again the three points that were being

6 addressed at the meeting and, again, I want to look at

7 the second point in relation to the imported Factor VIII

8 concentrates. The minutes record that:

9 "The Society and the Department agree that

10 Factor VIII concentrates must continue to be imported

11 from the USA. Any other course of action could only

12 lead to people with haemophilia being exposed to even

13 greater risks through lack of concentrates for bleeding

14 episodes. This is still the view held by both parties

15 in the knowledge of one recorded death at Bristol which

16 was suspected on the day of the meeting."

17 When this was reported at the Executive Committee

18 meeting, was there any discussion about it?

19 A. Well, I'm sure there was a discussion in the light of

20 the confirmed fatality, Bristol, but I cannot recall the

21 detail of that discussion.

22 Q. Was there anyone on the Committee voicing a different

23 opinion to that which we find in the minutes?

24 A. I don't believe so. It's not recorded in the minutes

25 and I'm sure David would have recorded any comments that

35

1 If we look at point 2, we can see it's got a subheading

2 of "No suspension of imported products".

3 A. Yes.

4 Q. And in brackets "This is shakier than when first put on

5 the 'agenda!'" and there's an explanation of what the

6 Society seeks. First of all, was this agenda discussed

7 again by the Executive Committee before the September

8 document here?

9 A. I don't believe it was, but the agenda hadn't really

10 changed in the headings, because you recall that

11 Finsberg, of course, left office in May and I think Lord

12 Glenarthur took over, from what I remember it was

13 Glenarthur, yes, he was -- to be met some months later,

14 of course. I think the agenda was pretty much the same.

15 Q. Do you recall any discussion within the Executive

16 Committee about this comment that the suspension of

17 imported products is shakier than when first put on the

18 agenda?

19 A. No, I can't recall that term "shakier". No, I don't --

20 that word "shakier", it does not come to mind.

21 Q. The word "shakier" doesn't come to mind; does any sense

22 of it being a less strong point come to mind?

23 A. No.

24 Q. Could we have HSOC0029476\_028, please. These are the

25 Executive Committee minutes of 15th September 1983.

34

1 were not in accordance with the decision that was taken

2 to preserve the existing policy.

3 Q. Just picking up on that point about the minutes,

4 Mr Wetherell, the sense you've given so far, and I don't

5 want to put words in your mouth, is that the minutes

6 that David Watters took were generally very accurate,

7 and would have included things if they'd been said, so

8 if they're not in the minutes -- is that fair?

9 A. David was very skilled at taking minutes. He always

10 ensured that key points were recorded and that

11 discussions were summarised in quite a pithy way. He

12 didn't write down "He said", "She said", "They said".

13 And also, I've got to say this: the Reverend Tanner was

14 a very, very skillful chairperson. He had the ability

15 to summarise very quickly the sense of what the meeting

16 intended or wished, and David faithfully recorded that

17 position, I think.

18 The Reverend Tanner had a very good, sort of,

19 purchase on what was going on. He was rather more than

20 just a chairman of a meeting. In some ways he had -- he

21 took on, sort of, executive powers, and David was, sort

22 of, secondary to that sort of position, really.

23 David was a very conscientious and loyal servant of

24 the Society and I think worked conscientiously under

25 Reverend Tanner's chairmanship.

36

(9) Pages 33 - 36

1 **SIR BRIAN LANGSTAFF:** Now, you've been discussing what is on  
2 the screen, and I think the questioning and the answers  
3 have slipped into discussing what might have been said  
4 at the meeting. What's on the screen appears, on the  
5 face of it, to be a report not of what happened at the  
6 EC and so not minuted in the way that you've described  
7 Mr Watters as minuting, but as what had happened in the  
8 meeting with Glenarthur.

9 **A.** Yes.

10 **MS FRASER BUTLIN:** Sir, you're absolutely right. I took the  
11 witness to the wrong paragraph on the page. My sincere  
12 apologies. If we go to the end of the page we see what  
13 the Executive Committee discussed. That's my fault,  
14 sir.

15 **SIR BRIAN LANGSTAFF:** So it's the bottom page --

16 **MS FRASER BUTLIN:** It is.

17 **SIR BRIAN LANGSTAFF:** -- the bottom paragraph that we really  
18 ought to have been focusing on?

19 **MS FRASER BUTLIN:** My apologies, sir. My highlighting was  
20 in the wrong place. That's my error. Perhaps I can  
21 read that for you and ask the questions of you:

22 "The Executive Committee went on to consider AIDS in  
23 the UK more generally and in particular the fact that  
24 the first AIDS-related death had now been confirmed in  
25 a 50 plus year old man in Bristol. The Co-ordinator

37

1 **Q.** That advice from Professor Bloom, how was that being  
2 conveyed to the Executive Committee?

3 **A.** Well, it was reported that he had written -- he'd been  
4 invited to comment on whether he -- whether there was  
5 any adjustment to his previous advice, or any  
6 qualification of his previous advice, and I believe that  
7 he had sort of maintained the position that he'd adopted  
8 earlier in the year.

9 **Q.** So, just in terms of the mechanics of that, it had come  
10 from Professor Bloom to Reverend Tanner and Mr Watters,  
11 and then it came on to the Executive Committee?

12 **A.** I believe so, yes. I mean, I really cannot recall the  
13 precise mechanics of this, or even if it was presented  
14 in that way. But it was presented to the Committee as  
15 a fact. The circumstances of that individual were not  
16 disclosed. His name was not disclosed. His family was  
17 not disclosed. It was anonymised in that form.

18 **Q.** And we can see at the end of the paragraph that there  
19 Mr Knight and the chairman undertook to oversee the  
20 production of a leaflet.

21 **A.** Mm. Yeah.

22 **Q.** Other than agreeing to the production of the leaflet,  
23 did the Committee have any involvement in seeing it  
24 before it went to members or any involvement in what  
25 would be in it?

39

1 presented the view that this fact would eventually reach  
2 the press and that the Society should immediately issue  
3 a statement to all members advising them of the death  
4 and pointing out all the steps taken so far by the  
5 Society in relation to AIDS. It was agreed that this  
6 would place people with haemophilia in a position of  
7 some strength when the subject hit the pages ..."

8 There was an agreement to produce the leaflet with  
9 all possible speed and that:

10 "... the Executive Committee would continue to keep  
11 a close watch on developments in the UK."

12 Could we look a little further about that element of  
13 the minutes? What was the Committee told about the  
14 death of the man in Bristol?

15 **A.** That there had been a death of a haemophiliac in  
16 Bristol. His name was not disclosed. The source of the  
17 information was not disclosed, so far as I can recall.  
18 It was a report that, in fact, this had happened.

19 **Q.** And with that report, did that lead to any discussion  
20 within the Executive Committee about whether the  
21 position that the society had taken in the meeting with  
22 Lord Glenarthur should be changed?

23 **A.** No. Because the advice that we were receiving from  
24 Professor Arthur Bloom at this time had not changed  
25 significantly, if at all.

38

1 **A.** Well, I can only say I didn't see it. I didn't see  
2 a draft of it. That doesn't mean to say that other  
3 members didn't see it, but I didn't see it.

4 We didn't have an editorial board, shall I put it  
5 that way, so far as I can recall. Clive Knight was the  
6 editor, and Professor Tanner was a joint editor, as well  
7 as being -- sorry, the Reverend Tanner was the sort of  
8 joint editor. No, I don't believe we had an editorial  
9 board. I don't see any reference to that in the minutes  
10 to remind me.

11 **Q.** If we can turn to that leaflet. It's the  
12 Haemofact No. 2.

13 **A.** Yes.

14 **Q.** PRSE0004474, and on the second page, please, Soumik.  
15 We can see on the right-hand side of the page, in  
16 bold, that:

17 "Our message remains unchanged: the advantages of  
18 treatment far outweigh any possible risk."

19 **A.** Yeah.

20 **Q.** "Balance the risks for yourself, but we would state  
21 again that the risk of AIDS is tiny compared to the  
22 risks from untreated bleeding episodes."

23 Was that the decision of the Executive Committee or  
24 was it simply the continuation of the previous decision?  
25 Had there been an active -- a second active decision?

40

(10) Pages 37 - 40

1 A. No, I think it was a continuation of the existing  
2 policy. There had been no, as I recall, any reason to  
3 revise the policy at that stage. I mean, we didn't know  
4 the circumstances, I say, of this individual in Bristol.  
5 We didn't know the circumstances of the individual in  
6 Cardiff, other than that they were haemophiliacs. And  
7 of course, there was also, I think, in the back of our  
8 minds, a feeling that it may not have been the mere fact  
9 that it been a haemophiliac. Do you see my point?  
10 Q. I think it's probably more helpful if you could spell  
11 out what was in the back of your minds.  
12 A. Well, do you know the history of AIDS transmission? You  
13 do?  
14 Q. Absolutely.  
15 A. It was occurring in the homosexual community; it was,  
16 I think, also occurring in the bisexual community; and,  
17 inevitably, it was going to be occurring in the  
18 heterosexual community. AIDS was in the community.  
19 Q. So I think what you're saying, Mr Wetherell, is that, in  
20 the back of your minds, the Committee perhaps thought  
21 that being a haemophiliac was not the only risk factor  
22 for the individuals who were being reported to you?  
23 A. If you go back to the AGM of the 23 April, when  
24 Professor Bloom reported on the fatalities in the  
25 United States, I think 13 of them -- yeah, I remember

41

1 harm, serious damage if that bleeding episode is not  
2 addressed. So there was always the risk that if you  
3 couldn't get treatment, whether it was plasma,  
4 cryoprecipitate, blood products in this period, you  
5 would be at risk.  
6 SIR BRIAN LANGSTAFF: Yes, but I think the point I was  
7 making is not that there was no risk, but it doesn't  
8 entirely strike me as logical that because you have some  
9 risk, you should have additional risk. Isn't that what  
10 this is actually saying? But perhaps I've got it wrong.  
11 A. Well, how do you quantify risk?  
12 SIR BRIAN LANGSTAFF: It's not a question of quantification;  
13 it's a question of addition.  
14 A. Yes, it can -- (overspeaking) -- additional risks.  
15 SIR BRIAN LANGSTAFF: -- (overspeaking) -- before.  
16 Anyway, I'll leave it there. It's a matter of --  
17 simply of comment, really.  
18 A. Well, look, I mean, I'm not in a position honestly to  
19 answer, sort of, philosophical points in relation to  
20 risk.  
21 SIR BRIAN LANGSTAFF: No, it was a question of whether  
22 anyone picked that up at the time, and it follows,  
23 I think, from what you've been saying, that it's  
24 unlikely.  
25 A. I think, with respect, I don't think your, sort of, very

43

1 from reading The Bulletin recently -- were members of  
2 the homosexual community.  
3 Q. Could we move on, then, to the October council meeting.  
4 SIR BRIAN LANGSTAFF: Can I just come -- before we leave  
5 that, the piece in italics, the editor and  
6 Reverend Tanner appear to think that there is a risk of  
7 AIDS, but it's "tiny". That appears to be the import of  
8 the first sentence in italics.  
9 A. Yeah. Yeah, I agree.  
10 SIR BRIAN LANGSTAFF: Then there's another sentence, then it  
11 begins with this, in capitals the words:  
12 "RISK has always been a feature of haemophilia ..."  
13 A. Yes.  
14 SIR BRIAN LANGSTAFF: "... in time this risk too will  
15 diminish ..."  
16 I'm not entirely sure how logically that follows  
17 from a discussion of the risk of AIDS. Because the risk  
18 which had been a feature of haemophilia was not a risk  
19 from AIDS at all previously, as previously understood,  
20 was it?  
21 A. The risks were in relation to hepatitis and, at the  
22 time, non-A, non-B hepatitis. That was understood.  
23 There may have been other risks that I wasn't aware of,  
24 but ... it's very difficult to describe this, unless  
25 you're bleeding, suffering, there's an immediate risk of

42

1 fine reasoning would have been something that the  
2 Executive Committee would have got into, sir.  
3 SIR BRIAN LANGSTAFF: Very well. I follow that, and that's  
4 the evidence about what people were thinking at the  
5 time. That's what I want. Thank you.  
6 MS FRASER BUTLIN: I note the time, sir. I wonder  
7 whether -- I'm about to move on to another topic.  
8 SIR BRIAN LANGSTAFF: Yes, well, we'll take a break now at  
9 that point. We'll take a break for half an hour, until  
10 quarter to 12. It will give you a chance, Mr Wetherell,  
11 to draw breath and perhaps have some coffee --  
12 A. Yeah, thank you.  
13 SIR BRIAN LANGSTAFF: -- and others to do the same.  
14 What I have to say to you is what I say to all  
15 witnesses: that you're giving evidence, what you must  
16 not do is discuss with anyone, whoever they are, the  
17 evidence you have given or might yet think that you  
18 might be asked to give.  
19 A. I understand that point, sir.  
20 SIR BRIAN LANGSTAFF: You can talk about anything else you  
21 like.  
22 A. Thank you.  
23 SIR BRIAN LANGSTAFF: Quarter to 12.  
24 (11.16 am)

(A short break)

44

(11) Pages 41 - 44



1 (11.46 am)  
 2 **SIR BRIAN LANGSTAFF:** Yes?  
 3 **MS FRASER BUTLIN:** Thank you, sir. If we can just move  
 4 on --  
 5 **SIR BRIAN LANGSTAFF:** Just a moment.  
 6 **MS FRASER BUTLIN:** Sorry.  
 7 **SIR BRIAN LANGSTAFF:** Let Mr Wetherell get set.  
 8 **MS FRASER BUTLIN:** We're going to move on to the  
 9 October 1983 council meeting.  
 10 First of all, if we could look at the minutes,  
 11 HSOC0019923\_006, please. Thank you.  
 12 If we turn to the second page, we can see at the  
 13 bottom, there's a report of the morning session on AIDS.  
 14 And it records that:  
 15 "The Chairman reported that Professor Bloom had  
 16 given a most helpful introduction to AIDS, outlining its  
 17 background and the present situation in the  
 18 United Kingdom. Those present were unanimous in their  
 19 appreciation to Professor Bloom, Dr Rizza and  
 20 Dr Aronstam for a most useful and informative session  
 21 which had helped to allay many fears created by the  
 22 media."  
 23 You've addressed this meeting in your witness  
 24 statement. And so everybody is looking at the same  
 25 thing, I'd like to put that paragraph up.

45

1 with by Professor Bloom. I think, by then, there was  
 2 a feeling within The Haemophilia Society membership that  
 3 the penny had pretty well dropped, that there was an  
 4 issue here in relation to AIDS and the haemophilic  
 5 community.  
 6 People had weighed up these risks factors for  
 7 themselves, and, you know, the evidence was starting to  
 8 appear, certainly after the recorded death of two people  
 9 I think at that time, Bristol and Cardiff.  
 10 And Professor Bloom touched upon a number of points  
 11 in relation to treatment and sexual activity. For the  
 12 very first time we were getting sort of intonations from  
 13 Professor Bloom that treatment should be limited, in  
 14 stark contrast to the previous stated position at  
 15 a meeting of The Haemophilia Society membership, in  
 16 relation to home therapy. The whole point about home  
 17 therapy was that people would be able to make use of  
 18 prophylactic treatment programmes, and would be able to  
 19 have more or less normal lives in line with the sort of  
 20 Peter Jones approach in Newcastle, which I think we all  
 21 had aspired to. Had funds permitted, I suppose.  
 22 But by September, I think there was a feeling that  
 23 all was not well, and this terrible crisis was emerging  
 24 in people's minds. It may not have been explicitly  
 25 stated but it was certainly a feeling in the air that

47

1 It's WITN3912001, please, Soumik. Paragraph 34,  
 2 page 12 on the internal page. As we can see you say:  
 3 "I cannot recall the exact content of  
 4 Professor Bloom's speech which was referred to in the  
 5 ... Committee meeting on 8 October 1983 but it was  
 6 intended to reassure those present about AIDS  
 7 transmission in the UK. At the time I think there was  
 8 a feeling that we were in a state of denial, damage had  
 9 been done and we did not want to face it; it would also  
 10 have meant many people having to abandon their treatment  
 11 programmes. I think a couple of people walked out of  
 12 the meeting (in response to the downplaying of the  
 13 issue) but he was not challenged on any of the points he  
 14 made."  
 15 Can we take that paragraph in stages. You say you  
 16 can't recall the exact content of the speech. Do you  
 17 have any recollection of what was said?  
 18 **A.** The difficulty here is that Professor Bloom was  
 19 addressing the meeting, and I'm pretty sure he was  
 20 addressing the meeting from prepared notes, because that  
 21 had been his practice at the previous meeting that he'd  
 22 addressed. That was certainly the case, because the  
 23 transcript came out in The Bulletin.  
 24 All I can do is think back to that meeting and sort  
 25 of visualise sort of the way -- the way it was dealt

46

1 things were not good, that we were heading, really, for  
 2 some sort of crisis, but it was difficult to quantify  
 3 exactly what that crisis was going to be.  
 4 And he made references to sort of minimising the  
 5 need for treatment, and the risks of sexual transmission  
 6 were starting to come into it.  
 7 And that was very distressing, I think, particularly  
 8 for the parents of, you know, boys, you know, teenage  
 9 boys. Who, under prophylactic arrangements, had been  
 10 able to, you know, kick a ball around with their mates.  
 11 And the possibility of -- in relation to sexual  
 12 transmission issues, the fact that you'd, you know, may  
 13 not enjoy a normal sex life. I mean, that was starting  
 14 now to come into the reckoning in that way. And the  
 15 awful possibility that the damage had been done, that  
 16 somehow or other, you know, the Grim Reaper was lurking  
 17 in the room.  
 18 I'm sorry to use that sort of language but that was  
 19 really the feeling I think that was starting to emerge.  
 20 And I sensed that that feeling had also -- was starting  
 21 to become a factor in people's thinking in the Executive  
 22 Committee and the membership at large, I think.  
 23 And then the next question of course was: what is to  
 24 be done? What's to be done?  
 25 **Q.** Before we get there, can I just unpick a little bit more

48

(12) Pages 45 - 48



1 of this part of your statement.  
 2 You've said that you think a couple of people walked  
 3 out of the meeting in response to the downplaying of the  
 4 issue. Did you talk to any of those people who left the  
 5 meeting to --  
 6 A. No, they left pretty quickly. A couple of people just  
 7 disappeared completely. They didn't hang around. They  
 8 left.  
 9 Now I can't remember at what point in  
 10 Professor Bloom's speech they decided to up and leave.  
 11 I honestly can't remember what prompted them to take  
 12 such sort of precipitate action. But there were lots of  
 13 different issues at stake in people's minds. I mean,  
 14 you had -- for example, my -- our friend from Cambridge,  
 15 you know, she was obviously concerned about her son.  
 16 And other people clearly would have been concerned about  
 17 their partners, you know, their wives.  
 18 I know Professor Bloom tried to give some sort of  
 19 reassurances about sexual transmission, and it was  
 20 unlikely that women could contract it. But I think, you  
 21 know, frankly, I mean, some eyebrows went up around the  
 22 room at that point. You know, it was now there as an  
 23 issue for members to reflect upon, and this terrible  
 24 crisis of treatment and the risks associated with  
 25 treatment, the existing risks, the historic risks, and

49

1 Professor Bloom was still basically saying, "Look, it  
 2 may not be as bad, but it could be bad". You know, in  
 3 other words he was pretty much holding to his position  
 4 in relation to I think the treatment therapy programmes  
 5 going forward.  
 6 That's my recall, I think. But without any minutes  
 7 of that meeting or without having the transcript of his  
 8 talk it's difficult to be exact in my recall, an  
 9 impression.  
 10 Q. And when you talk about "we were in a state of denial",  
 11 was that members generally or the Executive Committee  
 12 particularly?  
 13 A. I think we all were. I think the members of the  
 14 Executive Committee certainly were not discussing this  
 15 in any open sense but you could kind of tell by the  
 16 looks in people's eyes, you know ... what can you do?  
 17 What can you say?  
 18 Q. Were you aware at the time of being in that sense of  
 19 denial, or is this something you've come to in  
 20 hindsight?  
 21 A. No, I think it was definitely there as a feeling that  
 22 we've got to go on having our treatment. And I think  
 23 the next question was, you know: what's to be done?  
 24 I mean, remember, the whole sort of *raison d'être* really  
 25 was to improve treatment programmes. This is what The

51

1 future risks. I think all these were starting to become  
 2 issues. But then, if the damage has been done, what  
 3 next? You abandon treatment and all the consequences of  
 4 uncontrolled bleeds? The imminent risk? Or do you  
 5 carry on having your treatment with the prospect of risk  
 6 becoming a reality in the future? Terrifically  
 7 difficult questions to grapple with.  
 8 Q. When you say that you think that they walked out in  
 9 response to the downplaying of the issue, can you help  
 10 us with what you mean by that?  
 11 A. Downplaying?  
 12 Q. Yes.  
 13 A. What the word "downplaying" means there?  
 14 Q. Well, what was your sense that he was downplaying?  
 15 A. Well, he was basically still saying, "Yeah, you know,  
 16 there is potentially a risk here now, hence less  
 17 treatment. Careful in the way that, you know, you  
 18 conduct your sex lives". So, you know, that's -- but  
 19 nonetheless -- it's true at that time we didn't have  
 20 huge amount of evidence in terms of fatalities, the  
 21 suffering and the fatalities that were to come. It was  
 22 still very much, I suppose -- I've used a phrase in my  
 23 statement earlier on about it being a bit of an abstract  
 24 concept, but now we were beginning to see real sort of  
 25 physical evidence of this, seemingly, and I think

50

1 Haemophilia Society was there to do. It provided  
 2 fellowship and also encouraged research into treatment  
 3 and improving the lives of haemophiliacs.  
 4 And we'd come thus far, enormous strides had been  
 5 made in recent years about treatment, we'd moved on from  
 6 cryoprecipitate to blood products. Prior to that it had  
 7 been blood transfusions. And the evidence of the  
 8 inadequacy of that treatment was very obvious in older  
 9 members who had, you know, serious physical  
 10 disabilities, awful arthritis in their joints. And we'd  
 11 seemed to have moved on from that time and we were now  
 12 in this period where blood products, home therapy,  
 13 prophylactic treatment -- you know, this whole new world  
 14 of treatment was coming into being, and people would be  
 15 able to have normal lives, be able to go to work, be  
 16 able to look after their families, pay the rent, the  
 17 mortgage, and so on.  
 18 And we didn't want -- I don't think we wanted to  
 19 roll back on that. We didn't want to go back to being  
 20 in a state of pretty much permanent dependency on  
 21 treatment programmes that were very kind of hit and miss  
 22 for some people.  
 23 So that's really, I think, where we were. Maybe I'm  
 24 wrong. Maybe other people took a different view, but  
 25 that's certainly how I kind of felt about it, at the

52

(13) Pages 49 - 52

1 time. And I probably -- I don't know if I'd feel any  
 2 differently about it today. It's -- with hindsight,  
 3 things could have been probably better managed, and  
 4 certainly if reforms had been made in the way that blood  
 5 products were manufactured, had we possibly achieved  
 6 self-sufficiency in the UK sooner, then things may have  
 7 been different. But here we are.

8 Q. Can I go back to the minutes of the October council  
 9 meeting with the report of the morning session.

10 A. Yeah.

11 Q. HSOC0019923\_006. It was page 2, Soumik, thank you, at  
 12 the bottom.

13 We don't get any sense here of --

14 A. No.

15 Q. -- of any of that grappling --

16 A. No, you don't.

17 Q. -- with the difficulties?

18 A. I absolutely agree. This is what I'm saying. That we  
 19 didn't have the ability, seemingly, to explicitly  
 20 discuss, I think, how we were feeling about it as  
 21 individuals. Well, I didn't anyway. That's all I can  
 22 say.

23 Q. Let's move forward, then to December 1983,  
 24 HSOC0029476\_031, please, Soumik.

25 If we go to the second page, we can see under the

53

1 about the advice that had previously been given by  
 2 Professor Bloom in light of this new information?

3 A. Not that I can recall.

4 Q. You said just a moment ago that it was quietly noted.

5 A. Well, it was not --

6 Q. Were there other discussions in the background?

7 A. -- spoken. It was not spoken. It was not said, "Oh  
 8 that's in Professor Bloom's neck of the woods". It  
 9 wasn't said because we all realised that it was in  
 10 Professor Bloom's area of responsibility.

11 Q. From the minute it might appear that the fact was noted  
 12 but then the meeting moved on. Would that be a fair  
 13 assessment of what had happened in the meeting or was  
 14 there more substantial discussion about this?

15 A. I don't recall there being a further discussion.  
 16 I think the minute is a pretty accurate summary of how  
 17 matters were left.

18 Q. Can we then move to the March 1984 meeting,  
 19 HSOC0029476\_034, please. Again, second page, please,  
 20 Soumik. As I said, this is the March committee meeting  
 21 and we can see at the top of the page here, a discussion  
 22 about The Mail on Sunday article --

23 A. Yeah.

24 Q. -- and the Society's response to it. There's no mention  
 25 of a further Haemofact being prepared in the minutes.

55

1 heading:

2 "While there were no new suspected cases, it was  
 3 noted that the Cardiff case was now confirmed."

4 A. Yeah.

5 Q. And the letter to the Mail on Sunday to Paisners was  
 6 tabled.

7 A. Yeah, The Mail on Sunday.

8 Q. In relation to the Cardiff case now being confirmed,  
 9 what were the Executive Committee told about this?

10 A. We were once again not given any actual details of the  
 11 identity of the individual or his circumstances. But  
 12 once again, of course, we did note that it was within  
 13 Professor Bloom's area. Quietly noted, I think.

14 Q. In what way? What do you mean by that?

15 A. I think we all knew that that was Professor Bloom's  
 16 area.

17 Q. Did that raise any particular concerns or discussion  
 18 amongst the Committee?

19 A. No, it didn't. I mean, it does say, you know ...  
 20 Professor Bloom was still, so far as I was aware at the  
 21 time anyway, a chairman of the Medical Advisory Panel,  
 22 a panel upon whom, you know, we relied, pretty much  
 23 exclusively, along with the Centre Directors, that we  
 24 were all attached to in our centres.

25 Q. So were any questions raised by the Executive Committee

54

1 Do you recall any discussion at this meeting of any  
 2 Haemofact being prepared?

3 A. No, sorry, I don't.

4 Q. If we go to that Haemofact, it's PRSE0001094. We can  
 5 see it was produced on 11th May 1984. If we go to the  
 6 next page, Soumik, please, it's been written by  
 7 Christine Lee --

8 A. Yes, that's right.

9 Q. -- in which she provides an update:

10 "The occurrence of acquired immunodeficiency  
 11 syndrome (AIDS) in haemophilic patients has strongly  
 12 suggested transmission of the order by blood products  
 13 and epidemiological studies have suggested it may be  
 14 related to a transmissible agent."

15 A. Yes.

16 Q. And it carries on. Again, was the Executive Committee  
 17 aware that a Haemofact would be sent out in May 1984?

18 A. I don't remember. I mean, the Haemofact series, of  
 19 course, had been launched, if that's the right word, by  
 20 Professor Bloom's statement incorporated in the Reverend  
 21 Tanner's letter of 4th May. I think it's true to say  
 22 that that was, in a sense, the first Haemofact, all the  
 23 numbers follow on from that being number 1.

24 As I said to you earlier, we didn't have  
 25 an editorial board. The editor was Clive Knight, and

56

(14) Pages 53 - 56

1 I think the Reverend Tanner also had an editorial  
2 function. I think he cleared Haemofacts, Clive would  
3 prepare them and the Reverend Tanner would clear them  
4 for publication. That was really, I think, how it was  
5 left.

6 Q. Is it right that for each of the Haemofacts, the  
7 Executive Committee had no involvement in whether they  
8 were circulated, first of all?

9 A. Well, as I said earlier on, the Haemofact series was  
10 launched specifically to try to deal with the issue of  
11 AIDS. It had been intended that the content was put  
12 together by Clive Knight, with the Reverend Tanner, and  
13 that the content would be informed by expert medical  
14 opinion, which is why we had Arthur Bloom in on the  
15 first one.

16 Dr Lee did this one. In fact, it's her text.  
17 I really think I have to say this: we were relying the  
18 entire time on what we thought was expert advice from  
19 received authorities in the field of haemophilia, and  
20 the content, so far as I can recall, the content of  
21 Haemofact was left for the editor and the chairman to  
22 make a determination on it, on its suitability or  
23 appropriateness at the time. There was a genuine  
24 desire, I think, and that was endorsed by the Executive  
25 Committee, to try to keep people informed, as far as it

57

1 Perhaps we can put the relevant page up on the screen.

2 A. Yeah.

3 Q. It's DHSC0001297\_177, is the relevant page.

4 Sorry, DHSC0001297\_177. It's the top of the page.

5 This part of the report from Professor Bloom says that:

6 "From 1983 The Haemophilia Society circulated their  
7 members and Haemophilia Centres with a series of  
8 pamphlets on AIDS called 'Haemofact' which contained  
9 relevant information and advice. These pamphlets were  
10 produced by the Society but not with input from the  
11 Medical Advisory Panel. I have no firm knowledge of the  
12 source of factual information needed to prepare the  
13 pamphlets ..."

14 Then it carries on.

15 What was your understanding of the position?

16 A. Well, I note what's said there, and I -- it doesn't  
17 accord with my understanding at the time of what the  
18 situation was in relation to the Haemofact series.  
19 Professor Bloom was the chairman of the Medical Advisory  
20 Panel, Dr Tuddenham was a member of the (inaudible).  
21 The names of the members of the advisory panel were  
22 published every year, in the annual report.

23 Q. But specifically in relation to the Haemofacts --

24 A. Yes.

25 Q. -- your understanding, and correct me if I'm wrong, is

59

1 was possible, to provide them with expert information.

2 Q. When, for example, Dr Lee had written something for  
3 Haemofact or Professor Bloom had, are you aware of  
4 whether it went to any other clinicians to check that  
5 this was the received view rather than just one  
6 individual clinician's view?

7 A. Hmm, well, we had the Medical Advisory Panel and, in my  
8 experience, the panels, panels met --

9 Q. Can we come to the panel in a moment?

10 A. Yeah.

11 Q. I certainly want to address that with you but can we  
12 just stay focused at the moment on the Haemofacts?

13 A. Yeah.

14 Q. Are you aware of whether they were ever circulated to  
15 anybody else or whether it was a case of one doctor  
16 wrote it and, as you say, the chairman and the editor  
17 checked them and out they went? Was there any medical  
18 checking of them?

19 A. I don't believe so. I can't recall if the text was  
20 circulated to other clinicians. My answer is I don't  
21 know.

22 Q. We've seen within the Inquiry a litigation report that  
23 Professor Bloom wrote --

24 A. Yes.

25 Q. -- subsequently in which he talked about the Haemofacts.

58

1 that the medical contents of them were produced, where  
2 they're named, by the named doctor?

3 A. Yes.

4 Q. Including Professor Bloom in that very first --

5 A. Yes.

6 Q. Just before we leave the Haemofacts, could I -- could we  
7 look at the 1984 annual report. HSOC0019505. If we can  
8 go to internal page 4 of it. Two further pages, please.  
9 Thank you.

10 We can see towards the end of the page the paragraph  
11 that says that:

12 "HAEMOFACT proved to be a most effective means of  
13 passing accurate information to all members of the  
14 Society immediately it became available. In this way  
15 much unnecessary an anxiety was alleviated."

16 There's a focus in that paragraph on alleviating  
17 anxiety. Was that, similarly, the focus of the  
18 Executive Committee during the months when the Haemofact  
19 was produced?

20 A. Yes.

21 Q. To seek to alleviate anxiety?

22 A. It was to keep members informed. And in doing so,  
23 reduced possibility of anxiety. I think another reason  
24 for the Haemofact was to keep the pressure off the  
25 office so that people were not constantly ringing in to

60

(15) Pages 57 - 60

1 the office for information. It's a very small office,  
 2 and David Watters was a very busy coordinator. I think  
 3 the decision to issue the Haemofact series was actually  
 4 to inform and try and reduce unnecessary anxiety. Yeah,  
 5 that was the intention. It was an attempt to keep  
 6 people informed.  
 7 Q. With the benefit of hindsight, do you think there was  
 8 too great an emphasis on alleviating anxiety to the  
 9 detriment of providing clear information?  
 10 A. What do you mean?  
 11 Q. Was there too great a focus on alleviating anxiety, such  
 12 that what you've described as the quiet noting or the  
 13 concerns that members had --  
 14 A. Yes.  
 15 Q. -- were not adequately expressed in the publications?  
 16 A. No, I'm afraid the intention was to inform people and  
 17 give them what appeared to be expert advice about how  
 18 the AIDS crisis was developing in relation to the  
 19 haemophilic community. We had no other way, really, of  
 20 communicating what was -- we took to be expert opinion  
 21 about the state of play at any given point in time  
 22 during that period. I hope that answers your question  
 23 because I really can't think of any other way of  
 24 answering it.  
 25 Q. Let me pick up on the Medical Advisory Panel and let's

61

1 the clinicians with whom we had day-to-day dealings in  
 2 the centres?  
 3 Q. Was it that phrase "our Medical Advisory Panel" that  
 4 lead you to believe that there were formal meetings and  
 5 minutes?  
 6 A. Yeah.  
 7 Q. Was it ever explicitly said that they met?  
 8 A. No. Well, we didn't get minutes of the meetings, so  
 9 I suppose there's the clue. But, equally, you have to  
 10 ask yourself how useful would minutes of very, very  
 11 technical meetings be useful to the layperson?  
 12 I think I've got to say something else about this  
 13 because I know it's hard now in 2021, with technology  
 14 information being generally available, the ability to  
 15 research information, it wasn't possible in 1983/84. We  
 16 were, in many ways, I think, a deferential community.  
 17 I, for one, would never dream of challenging  
 18 a haematologist, other than where I felt there was  
 19 an occasion when I had to ask difficult questions of our  
 20 local Centre Director but, on the whole, I would not  
 21 have had the temerity to question advice and information  
 22 that we were receiving from these very, very illustrious  
 23 people in their field.  
 24 After all, I'm not a scientist. I'm not a doctor.  
 25 My only brush with science is O Level physics. So

63

1 explore that together a little bit more.  
 2 A. Yeah.  
 3 Q. At the time that you were on the Executive Committee,  
 4 what was your understanding of how the Panel operated?  
 5 A. Well, I assumed -- and there's, you know, the word --  
 6 I assumed that the panel was a reference tool for the  
 7 Haemophilia Society. The Reverend Tanner did refer to  
 8 the Medical Advisory Panel as "our Medical Advisory  
 9 Panel". Now, it was our panel in the sense we didn't  
 10 own it, we didn't pay for it, we didn't commission the  
 11 members of the Medical Advisory Panel in any sort of  
 12 sense. But I was, I suppose, innocently under the  
 13 impression there was this body of expert opinion that  
 14 could be called upon to provide us with expert advice,  
 15 and the people listed, you know, in the annual report  
 16 that I mentioned earlier on, were all senior clinicians  
 17 in their field, leading practitioners, and actually  
 18 people for whom, you know, we had a great deal of  
 19 admiration and respect.  
 20 They attended our meetings, they gave speeches that  
 21 were intended to be understandable by the layperson.  
 22 And throughout this time, I had, you know, faith in the  
 23 advice that they appeared to be giving us or, indeed,  
 24 were giving us. And to whom else would we go other than  
 25 our Medical Advisory Panel and the Centre Directors and

62

1 I hardly ever felt in a position to challenge what  
 2 appeared to be very, very sound advice from our entirely  
 3 reputable source, and I'd be very surprised if other  
 4 members of the Executive Committee took a different  
 5 view. As I say, I think we're a very deferential and  
 6 grateful little community, and we trusted people to give  
 7 us the best advice possible at the time.  
 8 Q. In that context, with the benefit of hindsight, do you  
 9 think the Committee was too trusting --  
 10 A. Yes.  
 11 Q. -- or too reliant --  
 12 A. Absolutely.  
 13 Q. -- on them?  
 14 A. Yes, we were. We undoubtedly were. But what were we to  
 15 do? What was the alternative? To whom would we go to  
 16 get a counter-position? And what would -- if we'd done  
 17 that collectively, what would that have done to the  
 18 relationship we had with our Medical Advisory Panel?  
 19 A loss of confidence and all that goes with it.  
 20 Q. Was there any awareness on the Committee of there being  
 21 any other positions from different clinicians?  
 22 A. Well, I do remember Dr [redacted] telling me when all  
 23 this was all really starting to worry us, I think, we  
 24 had our concerns. He said his son was going to refuse  
 25 treatment and he was going to seek alternative therapies

64

(16) Pages 61 - 64



1 from a homeopathy or something, a herbalist, and I never  
2 really did ask him how his son got on with that.  
3 I suspect not terribly well.

4 Q. But there wasn't any sense within the Committee that  
5 there were other clinicians outside of the Panel who  
6 were saying other things that perhaps -- that would  
7 suggest that the Panel was only giving one view?

8 A. Well, I think -- I've got to say this: that I think  
9 there was a bit of a difference of approach between the  
10 Centre Directors in terms of treatment programmes,  
11 because it's certainly the case that we had Peter Jones  
12 in Newcastle that had the prophylactic programme  
13 running, and then we had other Centre Directors, and I'm  
14 thinking actually of our own in Cambridge, who took  
15 a much more -- how can I put it -- at the time I thought  
16 economical approach to treatment, for reasons that  
17 I never really explained.

18 But the treating the bleed rather than anticipating  
19 the bleed, not having a prophylactic programme but  
20 responding to the event of the bleed, which I must say  
21 for some people was massively difficult, but I think,  
22 you know -- and I don't really understand the reasons  
23 for the different approach, because the Centre Directors  
24 did have their own meetings, they had their own  
25 committees, but I think they had discretion within their

65

1 a man of the cloth, and I had to respect that too. So  
2 yeah, there were -- deferential, I suppose, is  
3 a slightly difficult word, but I had respect, an immense  
4 amount of respect for him.

5 Q. Again, with the benefit of hindsight, do you think that  
6 respect, deference, had an impact on how decisions were  
7 made within the Committee?

8 A. Yeah, I think so. I think we did take a lead from --  
9 well, I honestly, once again, I don't really -- there  
10 were people on the Executive Committee, very able  
11 people, and Ken Milne, John Prothero, Mr Abrahams, they  
12 were very able, very intelligent. But I think also  
13 we -- they too were relying on I think what we all  
14 thought was a good relationship between Professor  
15 Arthur Bloom and the Reverend Tanner, and the Medical  
16 Advisory Panel, these distinguished people that came to  
17 our committee meetings. They didn't come to our  
18 Executive Committee meetings. I don't think they were  
19 invited to do so, but they certainly came to the general  
20 council meetings the annual general meeting, and all  
21 that, I think, was coordinated, you know, by the  
22 Reverend Tanner. He had his very good connections, and  
23 as I say, he was a very charming man, very able man,  
24 highly intelligent. And, of course, his son had  
25 haemophilia.

67

1 particular centres to provide the treatment that they  
2 felt was appropriate in relation to the needs of their  
3 patients. So there was always that overriding concern,  
4 you know, that clinical judgments were made by  
5 individual practitioners.

6 Q. Now, you've spoken of the deferential nature of society  
7 at that time and you've spoken about the Medical  
8 Advisory Panel. In terms of the dynamics within the  
9 Executive Committee itself, was that another context  
10 where things -- the Committee tended to be  
11 deferential --

12 A. Yeah.

13 Q. -- towards perhaps Reverend Tanner or Mr Watters, or was  
14 it a context where there was lively discussion and  
15 debate about issues?

16 A. Well, I wouldn't say I ever felt deferential towards  
17 David. I mean, I regarded him very much as brilliant  
18 guy working terrific hours, you know, to keep us all  
19 going. I hoped he was more of a friend than someone  
20 I would be deferential to. But I must say, I did  
21 have -- I think Alan Tanner was a man who did command,  
22 you know, sort of respect and I did feel deferential  
23 towards him, because he was such a brilliant chairman,  
24 and such a lovely bloke. And he was very -- very  
25 energetic in our cause. Once again, you know, he was

66

1 Q. Before we move on to the Blood Products Sub-Committee,  
2 which is the next substantial topic, I just want to tie  
3 off one point of the chronology, and that is that you  
4 weren't able to attend any of the meetings from after  
5 September 1984 until the 1985 Executive Committee in the  
6 March of 1985. You sent your apologies, it seems, for  
7 those meetings?

8 A. Yes, I -- yes, that was a very difficult period for me  
9 personally, which I don't want to go into.

10 Q. I'm not asking why. I wanted to simply ask again about  
11 the mechanics of one's absence from such meetings.

12 Again, did you have any involvement or any ability  
13 to participate in any of the decisions that were taken  
14 by the Committee during that time?

15 A. No.

16 Q. When we look at the Blood Products Sub Committee, you  
17 weren't a member of that Sub Committee.

18 A. No.

19 Q. Can you help us with how people were chosen to be on it?

20 A. You mean were they elected or appointed by the  
21 Committee?

22 Q. Exactly. Or was it a case of putting oneself forward  
23 for sub committees? The very practical point of how it  
24 was decided who was going to sit on these  
25 sub committees?

68

(17) Pages 65 - 68

1 A. When I joined the Sub Committee, attended my first  
 2 meeting on 12th May, the Reverend Tanner extended  
 3 a general invitation to join any committee that one felt  
 4 sort of able to contribute to. And there were -- it --  
 5 there were existing committees, like, for example, the  
 6 Blood Products Committee was already in existence.  
 7 Ken Milne was the leading light in that. And I think  
 8 John Prothero and Howard Abrahams also were involved in  
 9 that. And I don't know how they were appointed, because  
 10 it was before my time, but I suspect an issue came up  
 11 which required some expertise, and some ability to, you  
 12 know, present the position for the Society, and, you  
 13 know, a person would come forward who was able to  
 14 discharge that responsibility.

15 Q. Who decided what issues the Sub Committee would  
 16 consider? Was that something that the Executive  
 17 Committee discussed and then sent the Sub Committee to  
 18 look at it? Or was it the Sub Committee who decided  
 19 things and then put that to the Executive Committee?

20 A. Well, the Sub Committee would produce papers, which  
 21 would then be submitted to the Executive Committee. So,  
 22 I mean, in the case of the Blood Products Sub Committee,  
 23 you know, Ken Milne would be charged with the  
 24 responsibility of putting the paper together in  
 25 accordance with the policy of the Society. And then

69

1 opinions were when those discussions happened?

2 A. I honestly can't recall the detail of discussion in the  
 3 reports. It was so long ago. I mean, the main thrust  
 4 of the Society's policy, of course, had been for some  
 5 time to achieve self-sufficiency in blood products. So  
 6 that was pretty much understood as an ongoing  
 7 requirement for the Sub Committee to address. But  
 8 I don't recall any detailed discussions, or reports,  
 9 other than what is documented.

10 Q. Could we turn up the minutes from the February '84  
 11 Executive Committee meeting. HSOC0029476\_033.

12 Now I should preface my question with being aware  
 13 that you had given apologies to this meeting. So it may  
 14 be that you can't help us. But on the second page,  
 15 there's a heading "Blood Products Sub-Committee", which  
 16 tabled -- and it's recorded that Mr Milne's paper had  
 17 been tabled.

18 A. -- (overspeaking) --

19 Q. Sorry, I'll just let it come up. There we go.

20 The heading is "Blood Products Sub-Committee"?

21 A. Oh, I see, yeah.

22 Q. And his paper had been tabled and was introduced for  
 23 discussion:

24 "In conclusion it was agreed unanimously that until  
 25 the situation became clearer in relation to blood

71

1 that paper would be submitted to the Executive  
 2 Committee.

3 Q. So the Executive Committee would sort of charge the  
 4 Sub Committee to look at some particular point?

5 A. Yeah. I mean, it would be a remit, a standing remit to  
 6 that particular committee to look after the question of  
 7 blood products.

8 Q. And do you know how the Sub Committee obtained the  
 9 information that they used to decide on the policy that  
 10 they would recommend? Where did they get their  
 11 information from?

12 A. Right. Well, that would have probably been Ken Milne.  
 13 You know, making approaches to the appropriate bodies.  
 14 That wasn't monitored as such by the Executive  
 15 Committee. That was really left for him within his  
 16 remit to research and approach the appropriate bodies.

17 Q. In your statement you've indicated that, in relation to  
 18 some particular points, you're aware, or you think that  
 19 there were discussions with BPL about particular issues?

20 A. Mm.

21 Q. And elsewhere in your statement you've said that the  
 22 Society relied on the medical advice and opinions of the  
 23 director of BPL?

24 A. Yes, I believe so.

25 Q. Was the Executive Committee told what the advice and

70

1 supplies, it would be wise for the Society to 'wait and  
 2 see'."

3 Again, aware that you weren't present at the  
 4 meeting, did you have any discussions about this outside  
 5 of the meetings?

6 A. No. But in my subsequent reading of these minutes,  
 7 I think that we -- I just accepted when I read them that  
 8 that was going to be -- that was the policy and we were  
 9 sticking with it for the time being.

10 We hadn't got on, at that stage, to the question of  
 11 heat treatment, had we? It's not mentioned here.

12 Q. There's nothing referred to here.

13 A. No. So we were in that period when we still had this  
 14 dreadful sort of dilemma, whether to treat or not to  
 15 treat, to accept treatment or not accept treatment.  
 16 I think the 'wait and see' was really a kind of holding  
 17 position.

18 Q. Can I pick up the last part of this paragraph where it  
 19 says:

20 "It was agreed that copies of the Discussion  
 21 Document should be circulated to members of the Medical  
 22 Advisory Panel for comment."

23 A. Yeah.

24 Q. Just in terms of the sequence of events, it seems that  
 25 the paper was agreed by the Executive Committee, the

72

(18) Pages 69 - 72

1 policy was agreed by the Executive Committee, and then  
 2 it went to the Medical Advisory Panel. Is that -- was  
 3 that your understanding at the time?  
 4 A. I don't believe -- I don't believe we would have  
 5 endorsed it as a policy without some input from the  
 6 Medical Advisory Panel. Because why would we refer it  
 7 to the Medical Advisory Panel, if it was already done  
 8 and dusted as a policy? I think that would have  
 9 been ...  
 10 So, in other words, the Medical Advisory Panel would  
 11 have -- should have had the opportunity or would have  
 12 had the opportunity to take a view on this.  
 13 Q. It seems from the minutes of the next Executive  
 14 Committee meeting in the March that then there was  
 15 a discussion about the replies that had been received  
 16 from the policy paper, rather than a paper being  
 17 produced, it going to the Medical Advisory Panel, and  
 18 then coming to the Executive Committee. It seems to  
 19 have gone the opposite way round.  
 20 A. Mm.  
 21 Q. Do you have any recollection of what was happening  
 22 there?  
 23 A. No, I don't.  
 24 Q. If we look at that March meeting, we've looked at it  
 25 before, we're going to look at a different part of it.

73

1 And if we could go to page 3, please, we can see  
 2 a subheading, "Blood Products Sub-Committee", and a list  
 3 of five items that were reported to the council.  
 4 A. Yeah.  
 5 Q. Looking at that list of items, was that list of items  
 6 things that the Executive Committee were already aware  
 7 of the Blood Products Sub Committee having worked on, or  
 8 when it was reported to the council, was this  
 9 information new to you?  
 10 A. No, I think it was worked on by the Blood Products  
 11 Sub Committee with the blessing of the Executive  
 12 Committee. What you have to report to the council would  
 13 certainly have been approved by the Executive Committee.  
 14 I don't remember exactly how that was done. But at the  
 15 council meeting there was certainly no issue about what  
 16 was presented. In other words, you know, there was  
 17 collective Executive Committee responsibility for what  
 18 was presented to the council at that particular time.  
 19 Q. But how much did the Executive Committee know about what  
 20 the Sub Committee was doing and who they were talking to  
 21 and how they were coming to their recommendations?  
 22 A. As I said earlier on, I really cannot recall any  
 23 detailed discussion about Ken Milne's contacts. I only  
 24 know that we did seek or it was intended to seek the  
 25 comments of the Medical Advisory Panel. Everything we

75

1 HSOC0029476\_034. Your name is not mentioned as someone  
 2 who is either present or having received apologies so  
 3 I'm not sure whether you were there or not.  
 4 A. I would have been recorded if I'd been there. As for  
 5 the apologies, I always -- I did my best to get  
 6 apologies to David usually.  
 7 Q. Not a criticism, just before I pass questions --  
 8 A. No, no, but sometimes things cropped up in my life that  
 9 prevented me from getting to where I needed to be,  
 10 perhaps. I don't remember why I wasn't there.  
 11 Q. If we --  
 12 A. It may have been actually -- looking at the date, it may  
 13 have been because my second son, [redacted], had just  
 14 been ... yeah. Okay. Personal matter.  
 15 Q. If we just look at page 2, it's referenced there:  
 16 "Mr Milne reported that he had received replies from  
 17 Professor Bloom, Doctors Rizza, Colvin, Forbes and  
 18 Tuddenham."  
 19 I'm very aware that you don't think you were there  
 20 at that time, but do you recall ever being provided with  
 21 copies of the replies from those doctors?  
 22 A. No.  
 23 Q. And if we move on to the council meeting of  
 24 September 1984 -- the reference, Soumik is  
 25 HSOC0019923\_010.

74

1 did in relation to clinical practice, treatments, was  
 2 a matter that we -- was referred to the MAP so far as  
 3 I can recall.  
 4 But only so far as I can recall. There would be no  
 5 reason not to do so.  
 6 Q. I want to move on to a different area, Mr Wetherell, if  
 7 I may.  
 8 In each of the annual reports of the Society, there  
 9 was published a list of gifts, grants and legacies?  
 10 A. Yeah.  
 11 Q. And in each of them, or in very many of them, there is  
 12 a note that there was a gift or a grant made by, for  
 13 example, Armour or Cutter or Immuno.  
 14 A. Yeah.  
 15 Q. Do you recall any discussions at the Executive Committee  
 16 about whether the Society should accept donations from  
 17 pharmaceutical companies?  
 18 A. No. I believe we were grateful for any financial  
 19 support we could get. But, so far as I can recall, it  
 20 was never on the basis that we would have an obligation  
 21 to any pharmaceutical company as a result of receiving  
 22 a donation or contribution. I mean, usually they were  
 23 to meet specific costs.  
 24 Q. Was there ever any discussion about why the companies  
 25 might be funding things for the Society?

76

(19) Pages 73 - 76

1 A. What, as an ethical issue?  
 2 Q. Or about what the companies hoped to achieve by funding  
 3 those things?  
 4 A. Oh, what their motivation might have been for passing  
 5 money our way?  
 6 Q. Yes.  
 7 A. No.  
 8 Q. And did you have any knowledge of the nature of the  
 9 relationships that were maintained with the  
 10 pharmaceutical companies, who was meeting with them, and  
 11 what the context of those relationships were?  
 12 A. No.  
 13 Q. Who, primarily, was dealing with the pharmaceutical  
 14 companies? Do you recall?  
 15 A. I think there was correspondence generated by --  
 16 probably by David, David Watters. And of course  
 17 Ken Milne, Howard, and John. They all had an interest  
 18 in this issue of blood products. And so I think the  
 19 Executive Committee pretty much left them to deal  
 20 with it.  
 21 Q. And that context and that interest was because of their  
 22 work on the Blood Products Sub Committee?  
 23 A. I believe so, yes. I mean, logically that's what they  
 24 would be interested in and pursuing.  
 25 Q. If the -- we have an example of that, Mr Wetherell,

77

1 Q. On the times you sat on the Executive Committee, was  
 2 there any discussion that you recall about that, those  
 3 relationships?  
 4 A. I can't recall any discussion about the informality of  
 5 such a relationship.  
 6 MS FRASER BUTLIN: Sir, those are the questions that I have  
 7 for Mr Wetherell. I am aware that there are some  
 8 questions from the recognised legal representatives  
 9 that I need to have. I wonder whether now is time for  
 10 a break, for me to do that.  
 11 SIR BRIAN LANGSTAFF: Well, it's very nearly lunchtime.  
 12 MS FRASER BUTLIN: It is.  
 13 SIR BRIAN LANGSTAFF: So the sensible thing to do would be  
 14 to take our lunch break now and come back at five to  
 15 two. So five to two. Do you think that will give you  
 16 long enough?  
 17 MS FRASER BUTLIN: It will. Thank you, sir.  
 18 (12.53 pm)  
 19 (Luncheon Adjournment)  
 20 (2.00 pm)  
 21 SIR BRIAN LANGSTAFF: Yes.  
 22 MS FRASER BUTLIN: Thank you, sir.  
 23 I just have a few matters, Mr Wetherell, that I have  
 24 been asked by the recognised legal representatives to  
 25 ask you.

79

1 which we'll bring up on the screen. HSOC0029476\_039.  
 2 They're the Executive Committee minutes of August '84.  
 3 And, again, I note you weren't present, but it may be  
 4 that you can still assist us.  
 5 If we turn to page 2, under the heading "Blood  
 6 Products Sub-Committee", in (a) there is reference to  
 7 Mr Milne not yet having met the product data service  
 8 manager from BPL, then (b):  
 9 "Mr Milne also reported that Barry Barber had moved  
 10 from Cutter Laboratories to Alpha Therapeutics  
 11 (UK) Limited."  
 12 Why was that something that was relevant for the  
 13 Executive Committee to know about?  
 14 A. Why was it relevant? Um, I don't know. Obviously,  
 15 Barry Barber was someone who was known to us, but  
 16 I really can't remember the significance of him being  
 17 mentioned. In this context -- I'm sorry, no, the name  
 18 doesn't really mean anything to me.  
 19 Q. Then in part (c):  
 20 "A brief discussion followed on the involvement of  
 21 the pharmaceutical companies in the work of the Blood  
 22 Products Sub-Committee and it was agreed that this  
 23 should remain on an informal basis."  
 24 Do you know what that's referring to?  
 25 A. No, I don't.

78

1 First of all, when you joined the Executive  
 2 Committee in 1983, were you told what the purposes of  
 3 the Blood Products Sub Committee was?  
 4 A. No. Not in so many words. I think I was sort of left  
 5 to infer that the purpose of the Blood Products  
 6 Sub-Committee was in relation to the self-sufficiency  
 7 issue, and obviously improvements in the quality of  
 8 blood products. In other words, I wasn't handed  
 9 a document that set out what the terms of reference  
 10 were, if that's what you mean.  
 11 Q. And nobody expressly said to you, "This is the role of  
 12 this particular Sub Committee"; it was left for you to  
 13 infer what that was?  
 14 A. Yeah, I think I had to draw that inference.  
 15 Q. And could we look now at HSOC0014373\_001. This is  
 16 a document that we've provided you with over lunch?  
 17 A. Yeah, got it in front of me. Thanks.  
 18 Q. It's dated 27th May 1983. And we can see in  
 19 paragraph 2 -- it's a letter I should say, sorry, from  
 20 the Irish Haemophilia Society to Mr Watters. The  
 21 paragraph 2 reads:  
 22 "The Society is presently concerned about the risk  
 23 of AIDS to Haemophiliacs, and we would be most grateful  
 24 for any information you could possibly supply or the  
 25 names of anybody who could keep us informed of any new

80

(20) Pages 77 - 80



1 developments.

2 "The Society is under the impression that the risk

3 of AIDS is being played down and we would be pleased if

4 you could give us any information and we wondered what

5 approach or steps if any, your Society is taking."

6 In relation to this letter, was this letter or the

7 contents of it, ever discussed at the Executive

8 Committee?

9 A. No, I don't remember seeing this letter before. And

10 I think I would remember if I'd seen it because it was

11 from the Irish Haemophilia Society and that would have

12 been of interest, I think, to me. To note that fact.

13 Q. We talked earlier about the June 1983 Executive

14 Committee meeting where we talked about the issue of

15 AIDS being parked until the Stockholm conference.

16 A. Yeah.

17 Q. Am I right, the minutes certainly suggest it, that in

18 the July '83 Executive Committee, when that conference

19 was discussed by the executive, you weren't present?

20 You'd sent your apologies?

21 A. I believe I wasn't present, because if I'd been present

22 my name would have been on the list.

23 Q. And it's -- there's a redaction on the apologies list,

24 and I can see, sir, that that redaction is

25 Mr Wetherell's name. It's an erroneous redaction. So

81

1 asking him for a progress report. "A recent radio

2 broadcast" ... I suppose we took him at his word since

3 he'd gone public, on the radio.

4 Q. And the comment in the last sentence, that "in the

5 meantime it was in everyone's best interests to continue

6 with the importation of blood products", I'm very aware,

7 Mr Wetherell, that you weren't present at this Executive

8 Committee meeting but I'm asked to ask you whether there

9 was any discussion about that point, either at this

10 meeting or subsequently?

11 A. I don't recall any -- I wasn't at this meeting and

12 I don't recall any subsequent discussion about the

13 statement.

14 Q. And more generally, in relation to the question of

15 self-sufficiency set against the question of importation

16 of US blood products, if the Society's position was that

17 self-sufficiency was the goal to be achieved, why did

18 they also press the Government not to ban the

19 importation of US blood products?

20 A. Because there would have been a provision gap between

21 the availability of blood products. Clearly the ideal

22 situation would have been much sooner to have been able

23 to use our own sources to produce blood products, from

24 screened sources, that did not have a sort of

25 transactional component to them. But, given the fact

83

1 he was -- you had sent -- he had sent his apologies.

2 But given that you were not present in the July

3 Executive Committee meeting, can you give us any

4 assistance at all about what was discussed by the

5 Committee about Stockholm, or not at all?

6 A. No, I had to rely on what was reported in the Bulletin.

7 Q. Could we have HSOC0029476\_030, please, Soumik.

8 This is an Executive Committee meeting in

9 November '83, and again, at the bottom of the page that

10 we can currently see, we can see you had sent your

11 apologies for that meeting.

12 If we turn to the second page of the minutes, under

13 the heading "AIDS" we can see it's noted that:

14 "There had been no significant developments since

15 the last meeting. It was noted that the Minister

16 (Kenneth Clarke) had committed himself to

17 self-sufficiency in blood products in a recent radio

18 broadcast. In the same broadcast he had also stated

19 that in the meantime it was in everyone's best interests

20 to continue the importation of blood products."

21 Did the Society ever follow up with the minister on

22 his committed statement to self-sufficiency, as far as

23 you're aware?

24 A. I don't recall that we did follow up in -- in the formal

25 sense. I don't remember a letter being sent to him

82

1 that we had not achieved that position, the only course

2 open to us was to ensure that we had a supply of blood

3 products. As I said to you earlier, the alternative

4 would have been to turn the clock back to

5 cryoprecipitate.

6 Q. And do you recall the Society pressing for the

7 Government to allocate more resources to the Blood

8 Transfusion Service?

9 A. Oh, yes. Clearly that had been -- I mean, we're going

10 back to the beginning of the hearings, aren't we, we're

11 looking back at that letter of February '81. We were

12 not the only group within The Haemophilia Society who

13 were exercised about that issue, you can be certain.

14 We have a history here, going back to the

15 undertaking that David Owen gave in the mid-1970s to

16 achieve self-sufficiency. And here we were, six, seven,

17 eight years later, hadn't been achieved. And in the

18 meantime, all sorts of constraints had appeared to

19 frustrate that objective. Including -- and I will refer

20 to this later in my concluding remarks -- the attempt to

21 sell off the Blood Products Laboratory, the abysmal

22 privatisation attempt to flog off a public asset that

23 was in a pretty dreadful state.

24 Q. If we move forwards in the timeline in relation to

25 heat-treated products, do you recall the Society

84

(21) Pages 81 - 84

1 encouraging centres to adopt the immediate policy of  
2 using only heat-treated products?

3 **A.** Yes. That became an imperative. And I think that's  
4 clearly documented. And there was certainly some  
5 concern, as you've seen, from the documents, about  
6 the rather patchy introduction of heat-treated blood  
7 products.

8 **Q.** Two more points which are not related to either each  
9 other or the questions we've asked so far. They're  
10 picking up other issues. In relation to pharmaceutical  
11 companies supporting seminars, did you consider that in  
12 supporting the seminars, the companies were attempting  
13 to influence the information that was provided at the  
14 seminars?

15 **A.** No, I don't believe so.

16 **Q.** Finally, you've said that The Haemophilia Society was  
17 a small organisation during your time on the Executive  
18 Committee, and we've got, in the documents we've seen  
19 with previous witnesses, the staffing and the finances,  
20 but in relation to having independent medical  
21 information, was there any budget to commission anything  
22 like that?

23 **A.** No.

24 **MS FRASER BUTLIN:** Sir, those are the questions from the  
25 recognised legal representatives. I don't know if

85

1 **A.** Well, yes, because we had an annual conference, and  
2 motions were submitted by the branches of my union, and  
3 the conference took a week. There were sub-conferences  
4 as well, for sexual interest, which took a weekend.

5 Yeah, I mean -- but, of course, the difference is in  
6 size and scale and resources. My trade union was  
7 a relatively rich union, very high member subscriptions,  
8 but equally, a very active membership. By contrast, The  
9 Haemophilia Society was a very small organisation, with  
10 rather sort of haphazard arrangements for funding.  
11 I seem to recall that membership cost £1 a year or  
12 something, if you got round to paying it.

13 I mean, you can see the difference instantly.

14 **SIR BRIAN LANGSTAFF:** Part of the difference, as  
15 I understood what you were saying this morning, was that  
16 instead of policy, if you like, being formulated by the  
17 membership from the floor at an annual general meeting  
18 over a period of time debating motions --

19 **A.** Absolutely.

20 **SIR BRIAN LANGSTAFF:** -- requiring the executive to do what  
21 the membership wanted on some occasions.

22 **A.** Yes.

23 **SIR BRIAN LANGSTAFF:** -- this was the other way round, was  
24 it? That the Executive Committee itself tended to  
25 follow the lead, given, in particular, by its effective

87

1 Mr Wetherell wants to say anything further or, sir,  
2 whether you have questions.

### Questions from SIR BRIAN LANGSTAFF

4 **SIR BRIAN LANGSTAFF:** Yes, well, I have three areas of  
5 questioning, if I may, Mr Wetherell.

6 The first is this: you began -- your interest in  
7 joining The Haemophilia Society began with a sense of  
8 perhaps seeing it like a trade union, because you'd been  
9 familiar with the CPSU; is that right?

10 **A.** Um --

11 **SIR BRIAN LANGSTAFF:** Apart from your home circumstances.

12 **A.** Well, I have to be honest and say my main motivation was  
13 because our son had been diagnosed with haemophilia.  
14 I wasn't going in search of another organisation  
15 that I could just, you know, compare my trade union  
16 with, as a sort of academic exercise, because I was  
17 interested in organisations as such. But, yeah,  
18 I wanted to see if we could -- the little I knew about  
19 The Haemophilia Society when I joined it was certainly  
20 that it was a very small charity with very limited  
21 resources, therefore probably had very limited  
22 influence.

23 **SIR BRIAN LANGSTAFF:** The CPSU, did it, like most trade  
24 unions, regard itself as member-led, so far as policy  
25 was concerned?

86

1 chair the Reverend Tanner, and itself set the policy  
2 with his -- under his guidance for the rest of the  
3 Society. Is that fair or not?

4 **A.** There are two strands to that. I would say this: there  
5 was the, sort of, fellowship strand, the non-medical  
6 strand, if you like, looking after members in some  
7 difficulties. We had, you know, a case committee that  
8 looked at applications for hardship payments from time  
9 to time. So there was sort of a pastoral strand to it,  
10 as far as we were able with our very limited resources  
11 to do that, and to maintain the link with the groups to  
12 try to create this sense of broader fellowship.

13 But of course there was also the medical strand, the  
14 medical advice strand. And that was really quite  
15 a specialised but very important part of the Haemophilia  
16 Society's function as a charity, to raise money to fund  
17 research programmes or contribute to research  
18 programmes, so far as it was able to do so, to try to  
19 keep abreast of developments in treatment and therapies  
20 and, of course, to maintain these very important links  
21 with the Medical Advisory Panel and to support the local  
22 relationship of the branches with the Centre Directors,  
23 to make it easier for the Centre Directors to provide  
24 a service to our members at that level, at that local  
25 level.

88

(22) Pages 85 - 88

1 So, you know, you can see there are two definite  
2 strands here.  
3 Now, to the extent to which we succeeded is of  
4 course, you know, probably why we're here today.  
5 **SIR BRIAN LANGSTAFF:** Just on that point, the second of my  
6 three areas of questioning, you finished your term of  
7 office in 1985, you told us, in June.  
8 **A.** June.  
9 **SIR BRIAN LANGSTAFF:** Now, by then, it had become widely  
10 known that quite a number of those with haemophilia had  
11 been infected with HIV and a number had died or were in  
12 serious trouble.  
13 **A.** That's true.  
14 **SIR BRIAN LANGSTAFF:** Did this cause, so far as you can  
15 recall, any self-reflection within the Executive  
16 Committee of The Haemophilia Society, to say: Well, how  
17 did we get it wrong by advising our members to go on  
18 taking the treatment when this has been the result?  
19 **A.** Right. Could we ever be in a position where we would be  
20 advising our members to ignore the advice and the  
21 support they were supposed to be receiving --  
22 **SIR BRIAN LANGSTAFF:** This isn't a question about what you  
23 did at the time. It's a question about whether there  
24 was self-reflection in 1985 --  
25 **A.** Oh, self-reflection, I see --

89

1 really all I can say, sir.  
2 **SIR BRIAN LANGSTAFF:** So the reaction was to look for  
3 salvation through the heat treatment products?  
4 **A.** Yes, yes.  
5 **SIR BRIAN LANGSTAFF:** Subsequently in 1987, at any rate, we  
6 know that The Haemophilia Society was campaigning, that  
7 the Government should do something to alleviate the  
8 suffering, compensate those who had suffered HIV  
9 infection through taking contaminated blood products.  
10 Did you see any of the origins of that in 1985 before  
11 you left?  
12 **A.** No. You're talking about the Macfarlane Trust?  
13 **SIR BRIAN LANGSTAFF:** Well, what led to the Macfarlane  
14 Trust, yes, but it was the campaign which did it in  
15 part.  
16 **A.** No. I think, at that point in June '85, I don't think  
17 we had even the rudiments of a campaign thought about.  
18 I think it was -- no, I don't recall it being discussed.  
19 **SIR BRIAN LANGSTAFF:** Do you recall any steps being taken,  
20 so far as future reliance upon what Professor Bloom  
21 might have to say was concerned?  
22 **A.** No. Um, no. I don't believe there was any discussion  
23 about our relationship with the Medical Advisory Panel  
24 at that time. Clearly, there was, you know, a concern  
25 about how things had developed, but pointing the finger

91

1 **SIR BRIAN LANGSTAFF:** -- and what was the nature of it?  
2 **A.** I don't remember there being any sort of sense of  
3 sitting down at a meeting and going in for a period of  
4 reflection. I think we were in a state of terrible  
5 shock about it. I know I was personally very depressed  
6 about what was happening. That's really all I can say.  
7 It was a deeply distressing time, and reflection,  
8 I suppose, yeah, we were all reflecting privately on  
9 what had happened. But, you see, we wouldn't allow it,  
10 by the nature of our Society, to allow it at that time  
11 to result in recriminations amongst ourselves. I mean  
12 the Reverend Tanner, I'm certain, would have guided us  
13 away from that.  
14 **SIR BRIAN LANGSTAFF:** So there was never an occasion when,  
15 so far as you can recall, there was a general  
16 discussion, even in the margins of a meeting?  
17 **A.** It's very difficult to remember how people did express  
18 themselves at that time. All I can say is that, as  
19 I said earlier on, there became a general feeling  
20 that -- I hate to use the phrase but I can't think of  
21 any other way of putting it, you know, that there was  
22 a Grim Reaper in our midst. You know, the damage had  
23 been done. And our hope was that heat therapy, heat  
24 treatment -- heat treatment would now address the  
25 problems for future treatment purposes. But that's

90

1 at Professor Bloom didn't really seem to be the answer.  
2 **SIR BRIAN LANGSTAFF:** The third area that I'd like to ask  
3 you about, in a sense, you've touched on it slightly  
4 when you were talking about the organisation of The  
5 Haemophilia Society. It plainly had links with the  
6 World Federation of Haemophilia.  
7 **A.** Yes.  
8 **SIR BRIAN LANGSTAFF:** It plainly had links with the Irish  
9 Haemophilia Society, as we've seen. So far as you know,  
10 did it have links with other European haemophilia  
11 organisations of the same sort?  
12 **A.** I'm not aware of those links. And I have to say,  
13 I wasn't aware of the link with the Irish Haemophilia  
14 Society. I've seen the letter dated 27th May and that's  
15 the first time I've seen it.  
16 **SIR BRIAN LANGSTAFF:** So if there were such links, who in  
17 the executive do you think would have been most likely  
18 to have known about them?  
19 **A.** Well, the international links were really the province  
20 of the Reverend Tanner. He attended the world  
21 federation meetings, Stockholm and Brazil.  
22 Rio de Janeiro was one, yes, that's right. And he also  
23 had an interest, and I believe Peggy Britten had  
24 a similar interest, in the situation in India. So I'm  
25 aware of those international connections but I'm not

92

(23) Pages 89 - 92



1 aware of any other -- and I wasn't until today aware of  
 2 the connection with the Irish Haemophilia Society.  
 3 **SIR BRIAN LANGSTAFF:** Given it was thought that AIDS was  
 4 particularly prevalent or had come from United States,  
 5 albeit it had reached the UK, do you remember any  
 6 particular contacts that anyone spoke of with the  
 7 patient organisation in the United States?  
 8 **A.** No, not any patient organisations, no. I don't remember  
 9 any connection.  
 10 **SIR BRIAN LANGSTAFF:** Thank you very much, that's all I have  
 11 to ask.  
 12 **THE WITNESS:** Thank you.  
 13 **MS FRASER BUTLIN:** Mr Wetherell, is there anything else you  
 14 would like to say?  
 15 **THE WITNESS:** Well, I would just like to make a statement,  
 16 if you don't mind.  
 17 I'd like to thank the Inquiry for affording me the  
 18 opportunity to give an account of my time as an active  
 19 member of The Haemophilia Society. It was the most  
 20 difficult and distressing period of my life and the life  
 21 of my family.  
 22 During the late '70s and subsequent decades,  
 23 haemophiliacs and their families were regarded by  
 24 successive UK governments as marginal people without  
 25 political influence. The commitment made by

93

1 reliance on concentrates with increased risk of  
 2 infection and distancing patients from their clinicians.  
 3 In my opinion, the situation in the 1970s and early  
 4 '80s, in relation to the combined dependence on imported  
 5 blood products prior to the introduction of heat  
 6 treatment and the advances in therapeutic programmes,  
 7 ideal in other circumstances, were major contributory  
 8 factors leading to the disaster that was subsequently  
 9 visited upon the haemophiliac community and the divisive  
 10 and humiliating differential provision for financial  
 11 support to those infected and affected in the UK.  
 12 In my opinion, hard cash will never adequately  
 13 compensate people for the suffering endured over  
 14 decades, but the time has come at least for a proper  
 15 reckoning in relation to the financial provision.  
 16 I urge the Inquiry to make recommendations accordingly,  
 17 notwithstanding the unified scheme recently announced by  
 18 the Government. Thank you.  
 19 **SIR BRIAN LANGSTAFF:** Thank you. For my part, I recognise  
 20 that it cannot have been easy, at times I suspect quite  
 21 painful, for you to recall back into the 1980s,  
 22 particularly what you've described as the difficult  
 23 years in the early '80s. And to have to come here and  
 24 answer questions about it and go back through those  
 25 memories, particularly when it is so long ago, to have

95

1 Dr David Owen to achieve self-sufficiency in blood  
 2 products when he was Secretary of State for Health was  
 3 not fulfilled by the administration of which he was  
 4 a member.

5 The incoming Government of May 1979 charged  
 6 Dr Gerard Vaughan with the task of seeking a buyer for  
 7 the Blood Products Laboratory at Elstree as part of  
 8 their ideologically-driven privatisation policy.

9 This failed initiative only served to delay further  
 10 the urgent work needed to upgrade the facility and  
 11 consequently retarded the capacity of the Blood Products  
 12 Laboratory to meet the policy objective of  
 13 self-sufficiency, with the potential for safer blood  
 14 products.

15 This objective was demonstrably frustrated by public  
 16 spending constraints and policies in the early 1980s.  
 17 The failure to make the correct and timely capital  
 18 investment at the Blood Products Laboratory obliged  
 19 haemophiliacs and their clinicians to rely on imported  
 20 blood concentrates from the transactional private sector  
 21 in the United States. The health risks of this strategy  
 22 were already understood within the medical community and  
 23 the Department of Health. At the same time, home  
 24 treatment and prophylactic therapies were being  
 25 encouraged, which had the effect of increasing the

94

1 those twin challenges, it can't have been easy. Can  
 2 I just thank you for doing it.

3 **THE WITNESS:** Thank you.

4 **SIR BRIAN LANGSTAFF:** Tomorrow?

5 **MS FRASER BUTLIN:** Tomorrow, sir, we will be hearing from  
 6 Mr Simon Taylor.

7 **SIR BRIAN LANGSTAFF:** Ten o'clock tomorrow morning.  
 8 Simon Taylor in person?

9 **MS FRASER BUTLIN:** That's right, sir.

10 (2.28 pm)

11 (Adjourned until 10.00 am the following day)

96

(24) Pages 93 - 96



**INDEX**

PETER CLAUDE WETHERELL (affirmed) .....	2
Questions by MS FRASER BUTLIN .....	2
Questions from SIR BRIAN LANGSTAFF .....	86

<div>MS FRASER BUTLIN: [16] 2/18 37/10 37/16 37/19 44/6 45/3 45/6 45/8 79/6 79/12 79/17 79/22 85/24 93/13 96/5 96/9</div> <div>SIR BRIAN LANGSTAFF: [48] 1/3 2/12 2/16 37/1 37/15 37/17 42/4 42/10 42/14 43/6 43/12 43/15 43/21 44/3 44/8 44/13 44/20 44/23 45/2 45/5 45/7 79/11 79/13 79/21 86/4 86/11 86/23 87/14 87/20 87/23 89/5 89/9 89/14 89/22 90/1 90/14 91/2 91/5 91/13 91/19 92/2 92/8 92/16 93/3 93/10 95/19 96/4 96/7</div> <div>THE WITNESS: [3] 93/12 93/15 96/3</div> <div>'</div> <div>'70s [1] 93/22</div> <div>'80s [2] 95/4 95/23</div> <div>'81 [3] 3/16 3/18 84/11</div> <div>'83 [2] 81/18 82/9</div> <div>'84 [2] 71/10 78/2</div> <div>'85 [1] 91/16</div> <div>'agenda' [1] 34/5</div> <div>'confirmed' [1] 27/3</div> <div>'Haemofact' [1] 59/8</div> <div>'skid [1] 10/6</div> <div>'wait [2] 72/1 72/16</div> <div>'World [1] 9/20</div> <div>-</div> <div>-- and [1] 65/22</div> <div>0</div> <div>001 [1] 80/15</div> <div>004 [1] 9/13</div> <div>006 [2] 45/11 53/11</div> <div>010 [1] 74/25</div> <div>024 [1] 20/9</div> <div>025 [1] 26/19</div> <div>026 [1] 28/14</div> <div>027 [1] 31/9</div> <div>028 [1] 34/24</div> <div>030 [1] 82/7</div> <div>031 [1] 53/24</div> <div>033 [1] 71/11</div> <div>034 [2] 55/19 74/1</div> <div>039 [1] 78/1</div> <div>076 [1] 24/23</div> <div>1</div> <div>10.00 [2] 1/2 96/11</div>	<div>11.16 [1] 44/24</div> <div>11.46 [1] 45/1</div> <div>11th May 1984 [1] 56/5</div> <div>12 [3] 44/10 44/23 46/2</div> <div>12 May [2] 24/22 25/9</div> <div>12 May 1983 [2] 4/1 4/6</div> <div>12.53 [1] 79/18</div> <div>12th [5] 20/6 26/7 26/8 26/10 69/2</div> <div>12th May [1] 25/17</div> <div>13 [1] 41/25</div> <div>14th July [1] 28/15</div> <div>14th June [1] 26/19</div> <div>15th September 1983 [1] 34/25</div> <div>177 [2] 59/3 59/4</div> <div>1970s [2] 84/15 95/3</div> <div>1978 [1] 3/5</div> <div>1979 [1] 94/5</div> <div>1980s [2] 94/16 95/21</div> <div>1981 [5] 3/10 3/12 5/13 9/16 12/13</div> <div>1983 [24] 3/19 3/22 3/24 4/1 4/6 12/15 13/6 17/9 17/14 17/20 19/6 19/21 20/6 22/4 23/2 33/24 34/25 45/9 46/5 53/23 59/6 80/2 80/18 81/13</div> <div>1983/84 [1] 63/15</div> <div>1984 [6] 55/18 56/5 56/17 60/7 68/5 74/24</div> <div>1985 [8] 4/8 4/9 4/10 4/11 68/6 89/7 89/24 91/10</div> <div>1985 Executive [1] 68/5</div> <div>1987 [1] 91/5</div> <div>2</div> <div>2.00 [1] 79/20</div> <div>2.28 [1] 96/10</div> <div>2.5 [1] 10/1</div> <div>200 [1] 2/3</div> <div>2021 [2] 1/1 63/13</div> <div>21 [1] 17/11</div> <div>22nd [1] 9/21</div> <div>22nd December [1] 10/22</div> <div>23 [2] 3/24 41/23</div> <div>23 April [1] 23/9</div> <div>23rd April 1983 [2] 13/6 17/20</div> <div>25th April [2] 17/14 18/16</div> <div>25th May 2021 [1] 1/1</div> <div>27th May [1] 92/14</div> <div>27th May 1983 [1] 80/18</div>	<div>28 [1] 17/12</div> <div>3</div> <div>3 million [1] 10/2</div> <div>34 [1] 46/1</div> <div>4</div> <div>4 May [1] 30/17</div> <div>4 May 1983 [1] 22/4</div> <div>4th [1] 19/21</div> <div>4th May [3] 20/21 26/15 56/21</div> <div>5</div> <div>50 [1] 37/25</div> <div>7</div> <div>700 [1] 2/3</div> <div>75 [1] 25/20</div> <div>7th February 1981 [1] 9/16</div> <div>8</div> <div>84 [1] 63/15</div> <div>8th September 1983 [1] 33/24</div> <div>9</div> <div>9th May [1] 24/25</div> <div>A</div> <div>abandon [2] 46/10 50/3</div> <div>abandoned [1] 23/17</div> <div>abated [1] 28/6</div> <div>ability [5] 36/14 53/19 63/14 68/12 69/11</div> <div>able [17] 14/15 29/11 47/17 47/18 48/10 52/15 52/15 52/16 67/10 67/12 67/23 68/4 69/4 69/13 83/22 88/10 88/18</div> <div>about [106]</div> <div>Abrahams [2] 67/11 69/8</div> <div>abreast [1] 88/19</div> <div>absence [1] 68/11</div> <div>absolutely [10] 3/18 6/8 18/10 20/22 26/17 37/10 41/14 53/18 64/12 87/19</div> <div>abstract [1] 50/23</div> <div>abysmal [1] 84/21</div> <div>academic [1] 86/16</div> <div>accept [3] 72/15 72/15 76/16</div> <div>accepted [1] 72/7</div> <div>access [2] 16/21 16/25</div> <div>accord [1] 59/17</div> <div>accordance [3] 15/22</div>	<div>36/1 69/25</div> <div>accorded [1] 33/5</div> <div>accordingly [1] 95/16</div> <div>account [1] 93/18</div> <div>accurate [3] 36/6 55/16 60/13</div> <div>accurately [1] 28/11</div> <div>achieve [4] 71/5 77/2 84/16 94/1</div> <div>achieved [4] 53/5 83/17 84/1 84/17</div> <div>acquired [1] 56/10</div> <div>across [2] 8/8 14/17</div> <div>action [3] 22/3 35/11 49/12</div> <div>Action' [1] 9/20</div> <div>active [5] 14/5 40/25 40/25 87/8 93/18</div> <div>activities [1] 8/19</div> <div>activity [1] 47/11</div> <div>actual [5] 6/19 7/23 10/19 11/12 54/10</div> <div>actually [10] 11/3 11/5 11/16 16/8 18/6 43/10 61/3 62/17 65/14 74/12</div> <div>Addenbrooke's [3] 6/13 8/9 11/9</div> <div>addition [1] 43/13</div> <div>additional [2] 43/9 43/14</div> <div>address [5] 17/21 17/22 58/11 71/7 90/24</div> <div>addressed [5] 28/4 35/6 43/2 45/23 46/22</div> <div>addressing [3] 24/13 46/19 46/20</div> <div>adequate [1] 24/4</div> <div>adequately [2] 61/15 95/12</div> <div>Adjourned [1] 96/11</div> <div>Adjournment [1] 79/19</div> <div>adjustment [1] 39/5</div> <div>administration [1] 94/3</div> <div>admiration [1] 62/19</div> <div>adopt [1] 85/1</div> <div>adopted [1] 39/7</div> <div>advance [9] 15/1 15/8 19/25 21/17 29/3 29/7 33/8 33/10 33/13</div> <div>advances [1] 95/6</div> <div>advantages [1] 40/17</div> <div>advice [27] 5/15 7/4 7/5 7/23 22/8 22/21 23/1 24/17 25/12 32/16 38/23 39/1 39/5 39/6 55/1 57/18 59/9 61/17 62/14 62/23 63/21 64/2 64/7 70/22</div>	<div>70/25 88/14 89/20</div> <div>advising [3] 38/3 89/17 89/20</div> <div>advisory [26] 24/25 25/10 26/12 54/21 58/7 59/11 59/19 59/21 61/25 62/8 62/8 62/11 62/25 63/3 64/18 66/8 67/16 72/22 73/2 73/6 73/7 73/10 73/17 75/25 88/21 91/23</div> <div>affected [1] 95/11</div> <div>affirmed [2] 21/1 97/2</div> <div>affording [1] 93/17</div> <div>afraid [2] 27/12 61/16</div> <div>after [12] 4/4 9/1 19/9 19/14 31/2 31/3 47/8 52/16 63/24 68/4 70/6 88/6</div> <div>afterwards [3] 15/8 19/17 29/15</div> <div>again [18] 30/20 31/10 34/7 35/5 35/6 40/21 54/10 54/12 55/19 56/16 66/25 67/5 67/9 68/10 68/12 72/3 78/3 82/9</div> <div>against [1] 83/15</div> <div>agenda [13] 8/17 8/22 9/3 10/19 20/11 28/16 29/2 29/6 33/22 34/6 34/9 34/14 34/18</div> <div>agendas [2] 13/3 29/4</div> <div>agent [1] 56/14</div> <div>AGM [10] 3/23 4/4 14/1 17/9 18/24 19/7 20/14 23/8 23/11 41/23</div> <div>ago [4] 19/9 55/4 71/3 95/25</div> <div>agree [3] 35/9 42/9 53/18</div> <div>agreed [12] 21/22 22/5 22/15 23/21 26/25 30/19 38/5 71/24 72/20 72/25 73/1 78/22</div> <div>agreeing [1] 39/22</div> <div>agreement [2] 8/11 38/8</div> <div>ahead [2] 29/11 29/13</div> <div>aid [1] 2/25</div> <div>AIDS [37] 17/13 17/17 17/25 18/1 18/7 19/1 22/2 23/7 24/5 25/15 26/2 26/3 26/23 30/2 31/11 37/22 37/24 38/5 40/21 41/12 41/18 42/7 42/17 42/19 45/13 45/16 46/6 47/4 56/11 57/11</div>	<div>59/8 61/18 80/23 81/3 81/15 82/13 93/3</div> <div>AIDS-related [3] 25/15 26/3 37/24</div> <div>air [1] 47/25</div> <div>Alan [5] 21/20 26/15 32/3 33/17 66/21</div> <div>Alan Tanner [2] 32/3 66/21</div> <div>albeit [1] 93/5</div> <div>alerted [1] 25/14</div> <div>alerts [1] 30/8</div> <div>all [58] 3/4 6/12 8/1 8/24 11/1 11/3 11/8 12/7 13/21 16/10 16/10 17/21 20/25 26/16 27/14 30/17 31/14 31/17 32/23 34/6 38/3 38/4 38/9 38/25 42/19 44/14 45/10 46/24 47/20 47/23 50/1 50/3 51/13 53/21 54/15 54/24 55/9 56/22 57/8 60/13 62/16 63/24 64/19 64/22 64/23 66/18 67/13 67/20 77/17 80/1 82/4 82/5 84/18 90/6 90/8 90/18 91/1 93/10</div> <div>allay [2] 21/18 45/21</div> <div>alleviate [2] 60/21 91/7</div> <div>alleviated [1] 60/15</div> <div>alleviating [3] 60/16 61/8 61/11</div> <div>allocate [1] 84/7</div> <div>allow [2] 90/9 90/10</div> <div>along [2] 30/18 54/23</div> <div>alongside [1] 4/16</div> <div>Alpha [3] 31/16 31/22 78/10</div> <div>already [5] 33/12 69/6 73/7 75/6 94/22</div> <div>also [20] 4/25 14/18 18/8 21/14 25/7 25/23 36/13 41/7 41/16 46/9 48/20 52/2 57/1 67/12 69/8 78/9 82/18 83/18 88/13 92/22</div> <div>alternative [3] 64/15 64/25 84/3</div> <div>Although [1] 10/21</div> <div>always [6] 15/13 36/9 42/12 43/2 66/3 74/5</div> <div>am [6] 1/2 44/24 45/1 79/7 81/17 96/11</div> <div>amending [1] 30/21</div> <div>America [1] 30/12</div> <div>American [1] 30/9</div> <div>among [1] 28/6</div> <div>amongst [2] 54/18</div>
---	--	---	---	---	--

(26) MS FRASER BUTLIN: - amongst

<p><b>A</b></p> <p>amongst... [1] 90/11</p> <p>amount [2] 50/20 67/4</p> <p>an agenda [1] 33/22</p> <p>an annual [2] 87/1 87/17</p> <p>an editorial [2] 56/25 57/1</p> <p>an explanation [1] 34/5</p> <p>an immediate [1] 42/25</p> <p>an immense [1] 67/3</p> <p>an occasion [1] 63/19</p> <p>an uneven [1] 14/17</p> <p>announced [1] 95/17</p> <p>annual [14] 4/9 15/1 16/11 16/12 16/12 17/19 18/17 59/22 60/7 62/15 67/20 76/8 87/1 87/17</p> <p>anonymised [1] 39/17</p> <p>another [5] 42/10 44/7 60/23 66/9 86/14</p> <p>answer [5] 23/12 43/19 58/20 92/1 95/24</p> <p>answering [1] 61/24</p> <p>answers [2] 37/2 61/22</p> <p>anticipating [1] 65/18</p> <p>anxiety [7] 60/15 60/17 60/21 60/23 61/4 61/8 61/11</p> <p>any [101]</p> <p>anybody [4] 12/2 32/18 58/15 80/25</p> <p>anyone [7] 20/24 22/21 33/18 35/22 43/22 44/16 93/6</p> <p>anything [10] 19/24 22/25 26/11 29/17 32/7 44/20 78/18 85/21 86/1 93/13</p> <p>anyway [4] 2/16 43/16 53/21 54/21</p> <p>Apart [1] 86/11</p> <p>apologies [15] 28/18 29/1 29/8 29/10 37/12 37/19 68/6 71/13 74/2 74/5 74/6 81/20 81/23 82/1 82/11</p> <p>appear [4] 9/25 42/6 47/8 55/11</p> <p>appeared [6] 1/11 1/12 61/17 62/23 64/2 84/18</p> <p>appears [3] 33/11 37/4 42/7</p> <p>applications [1] 88/8</p> <p>appointed [2] 68/20</p>	<p>69/9</p> <p>appreciation [1] 45/19</p> <p>approach [12] 5/24 7/11 21/21 21/22 31/25 32/2 47/20 65/9 65/16 65/23 70/16 81/5</p> <p>approaches [1] 70/13</p> <p>appropriate [5] 5/4 6/7 66/2 70/13 70/16</p> <p>appropriateness [1] 57/23</p> <p>approved [1] 75/13</p> <p>April [10] 3/23 3/24 4/8 13/6 17/9 17/14 17/20 18/16 23/9 41/23</p> <p>April 1983 [2] 3/24 17/9</p> <p>April 1985 [1] 4/8</p> <p>apropos [1] 18/10</p> <p>are [21] 1/25 2/1 2/25 7/16 9/20 10/24 13/9 28/15 30/11 30/13 34/24 44/16 53/7 58/3 58/14 79/6 79/7 85/8 85/24 88/4 89/1</p> <p>area [5] 54/13 54/16 55/10 76/6 92/2</p> <p>areas [2] 86/4 89/6</p> <p>aren't [1] 84/10</p> <p>arising [1] 29/25</p> <p>Armour [3] 31/16 31/22 76/13</p> <p>Aronstam [1] 45/20</p> <p>around [4] 10/14 48/10 49/7 49/21</p> <p>arranged [1] 23/14</p> <p>arrangements [2] 48/9 87/10</p> <p>arthritis [1] 52/10</p> <p>Arthur [6] 21/20 25/13 26/14 38/24 57/14 67/15</p> <p>Arthur Bloom [3] 21/20 25/13 67/15</p> <p>article [3] 8/15 21/15 55/22</p> <p>as [106]</p> <p>ascertain [1] 15/24</p> <p>ask [12] 2/9 26/1 28/25 37/21 63/10 63/19 65/2 68/10 79/25 83/8 92/2 93/11</p> <p>asked [7] 1/21 10/8 13/1 44/18 79/24 83/8 85/9</p> <p>asking [3] 25/5 68/10 83/1</p> <p>aspired [1] 47/21</p> <p>assembled [1] 16/13</p>	<p>assessment [1] 55/13</p> <p>asset [1] 84/22</p> <p>assist [1] 78/4</p> <p>assistance [1] 82/4</p> <p>associated [1] 49/24</p> <p>assumed [2] 62/5 62/6</p> <p>assumption [2] 27/10 27/12</p> <p>assurance [1] 23/22</p> <p>attached [2] 14/13 54/24</p> <p>attempt [5] 23/25 24/7 61/5 84/20 84/22</p> <p>attempting [1] 85/12</p> <p>attend [1] 68/4</p> <p>attended [8] 3/25 4/3 4/6 17/19 26/19 62/20 69/1 92/20</p> <p>attending [1] 13/4</p> <p>attention [2] 9/22 26/2</p> <p>audience [2] 2/2 2/6</p> <p>August [2] 31/8 78/2</p> <p>August '84 [1] 78/2</p> <p>authorities [1] 57/19</p> <p>availability [1] 83/21</p> <p>available [5] 7/12 25/10 26/4 60/14 63/14</p> <p>avoid [1] 13/20</p> <p>aware [26] 15/7 17/12 17/18 18/2 30/23 30/24 33/13 42/23 51/18 54/20 56/17 58/3 58/14 70/18 71/12 72/3 74/19 75/6 79/7 82/23 83/6 92/12 92/13 92/25 93/1 93/1</p> <p>awareness [2] 18/25 64/20</p> <p>away [3] 11/15 18/20 90/13</p> <p>awful [2] 48/15 52/10</p> <p>awkward [1] 10/16</p> <p><b>B</b></p> <p>back [23] 5/10 12/9 12/13 16/7 17/9 18/21 20/15 27/4 41/7 41/11 41/20 41/23 46/24 52/19 52/19 53/8 79/14 84/4 84/10 84/11 84/14 95/21 95/24</p> <p>background [3] 12/20 45/17 55/6</p> <p>bad [2] 51/2 51/2</p> <p>Balance [1] 40/20</p> <p>ball [1] 48/10</p> <p>ban [1] 83/18</p> <p>banned [2] 30/9 31/19</p> <p>Barber [3] 31/16 78/9</p>	<p>78/15</p> <p>Barry [2] 78/9 78/15</p> <p>Barry Barber [1] 78/9</p> <p>based [1] 7/11</p> <p>basically [2] 50/15 51/1</p> <p>basis [4] 14/4 15/3 76/20 78/23</p> <p>be [103]</p> <p>bear [1] 13/5</p> <p>became [10] 3/4 3/10 5/1 8/7 17/12 17/18 60/14 71/25 85/3 90/19</p> <p>because [35] 4/9 7/15 8/10 10/5 10/18 12/19 13/21 18/22 23/17 28/5 28/17 29/4 34/10 38/23 42/17 43/8 46/20 46/22 55/9 61/23 63/13 65/11 65/23 66/23 69/9 73/6 74/13 77/21 81/10 81/21 83/20 86/8 86/13 86/16 87/1</p> <p>become [5] 3/15 4/20 48/21 50/1 89/9</p> <p>becoming [1] 50/6</p> <p>been [96] 1/6 1/16 1/21 4/2 6/9 9/7 11/15 11/16 12/10 12/24 14/1 19/11 21/1 21/4 21/16 21/19 21/22 23/1 23/17 23/20 24/17 27/19 28/17 29/23 31/25 32/1 32/16 32/23 33/13 33/16 33/19 33/19 36/7 37/1 37/3 37/18 37/24 38/15 39/3 40/25 41/2 41/8 41/9 42/12 42/18 42/23 43/23 44/1 46/9 46/21 47/24 48/9 48/15 49/16 50/2 52/4 52/7 53/3 53/4 53/7 55/1 56/6 56/19 57/11 70/12 71/4 71/17 71/22 73/9 73/15 74/4 74/4 74/12 74/13 74/14 75/13 77/4 79/24 81/12 81/21 81/22 82/14 83/20 83/22 83/22 84/4 84/9 84/17 86/8 86/13 89/11 89/18 90/23 92/17 95/20 96/1</p> <p>before [18] 1/7 1/25 3/15 19/23 20/17 31/3 34/7 39/24 42/4 43/15 48/25 60/6 68/1 69/10 73/25 74/7 81/9 91/10</p>	<p>began [2] 86/6 86/7</p> <p>beginning [3] 10/15 50/24 84/10</p> <p>begins [1] 42/11</p> <p>being [37] 1/18 5/16 7/12 13/7 20/25 27/14 34/22 35/5 35/12 39/1 40/7 41/21 41/22 50/23 51/18 52/14 52/19 54/8 55/15 55/25 56/2 56/23 63/14 64/20 71/12 72/9 73/16 74/20 78/16 81/3 81/15 82/25 87/16 90/2 91/18 91/19 94/24</p> <p>believe [21] 3/21 4/3 14/16 17/1 20/2 34/9 35/24 39/6 39/12 40/8 58/19 63/4 70/24 73/4 73/4 76/18 77/23 81/21 85/15 91/22 92/23</p> <p>below [1] 20/11</p> <p>benefit [3] 61/7 64/8 67/5</p> <p>best [5] 32/19 64/7 74/5 82/19 83/5</p> <p>better [2] 14/10 53/3</p> <p>between [9] 2/3 5/6 14/4 17/5 21/19 31/4 65/9 67/14 83/20</p> <p>bisexual [1] 41/16</p> <p>Bishop [1] 31/16</p> <p>bit [7] 4/19 10/18 14/16 48/25 50/23 62/1 65/9</p> <p>bleed [3] 65/18 65/19 65/20</p> <p>bleeding [4] 35/13 40/22 42/25 43/1</p> <p>bleeds [2] 28/23 50/4</p> <p>blessing [1] 75/11</p> <p>bloke [1] 66/24</p> <p>blood [52] 9/23 10/6 16/7 22/12 24/10 24/15 30/10 31/20 43/4 52/6 52/7 52/12 53/4 56/12 68/1 68/16 69/6 69/22 70/7 71/5 71/15 71/20 71/25 75/2 75/7 75/10 77/18 77/22 78/5 78/21 80/3 80/5 80/8 82/17 82/20 83/6 83/16 83/19 83/21 83/23 84/2 84/7 84/21 85/6 91/9 94/1 94/7 94/11 94/13 94/18 94/20 95/5</p> <p>Bloom [35] 17/11 17/22 21/20 22/18 25/13 25/13 25/25</p>	<p>26/14 27/11 30/18 30/20 38/24 39/1 39/10 41/24 45/15 45/19 46/18 47/1 47/10 47/13 49/18 51/1 54/20 55/2 57/14 58/3 58/23 59/5 59/19 60/4 67/15 74/17 91/20 92/1</p> <p>Bloom's [7] 46/4 49/10 54/13 54/15 55/8 55/10 56/20</p> <p>board [3] 40/4 40/9 56/25</p> <p>bodies [2] 70/13 70/16</p> <p>body [2] 13/10 62/13</p> <p>bold [1] 40/16</p> <p>book [1] 8/2</p> <p>both [1] 35/14</p> <p>bottom [6] 23/13 37/15 37/17 45/13 53/12 82/9</p> <p>boys [3] 7/13 48/8 48/9</p> <p>BPL [4] 10/24 70/19 70/23 78/8</p> <p>BPLL0001351 [2] 24/23 25/20</p> <p>brackets [1] 34/4</p> <p>branch [12] 3/11 3/13 3/19 5/11 5/22 5/23 6/4 6/15 9/15 9/19 10/14 11/8</p> <p>branches [2] 87/2 88/22</p> <p>Brazil [1] 92/21</p> <p>break [5] 44/8 44/9 44/25 79/10 79/14</p> <p>breath [1] 44/11</p> <p>BRIAN [2] 86/3 97/4</p> <p>brief [1] 78/20</p> <p>briefly [2] 4/21 26/24</p> <p>brilliant [2] 66/17 66/23</p> <p>bring [2] 13/5 78/1</p> <p>Bristol [7] 35/15 35/20 37/25 38/14 38/16 41/4 47/9</p> <p>Britten [1] 92/23</p> <p>broadcast [4] 18/18 82/18 82/18 83/2</p> <p>broaden [1] 88/12</p> <p>brought [1] 10/19</p> <p>brush [1] 63/25</p> <p>bubbling [1] 11/15</p> <p>budget [1] 85/21</p> <p>bullet [1] 24/6</p> <p>bulletin [7] 8/5 8/14 9/11 19/6 42/1 46/23 82/6</p> <p>Bulletins [2] 8/6 9/6</p>
---	--	--	---	---	---

(27) amongst... - Bulletins



<b>B</b>	40/15 42/4 43/14 44/20 45/3 45/12 46/2 46/15 46/24 48/25 50/9 51/16 51/17 53/8 53/21 53/25 55/3 55/18 55/21 56/4 57/20 58/9 58/11 59/1 60/7 60/10 65/15 68/19 72/18 75/1 76/3 76/4 76/19 78/4 80/18 81/24 82/3 82/10 82/10 82/13 84/13 87/13 89/1 89/14 90/6 90/15 90/18 91/1 96/1 <b>can't</b> [19] 17/24 21/2 28/17 28/20 28/23 29/4 29/7 34/19 46/16 49/9 49/11 58/19 61/23 71/2 71/14 78/16 79/4 90/20 96/1 <b>cannot</b> [5] 35/20 39/12 46/3 75/22 95/20 <b>capacity</b> [3] 6/15 9/15 94/11 <b>capital</b> [1] 94/17 <b>capitals</b> [1] 42/11 <b>Cardiff</b> [7] 27/3 27/6 27/11 41/6 47/9 54/3 54/8 <b>careful</b> [3] 1/13 1/15 50/17 <b>carries</b> [2] 56/16 59/14 <b>carry</b> [1] 50/5 <b>case</b> [12] 2/22 10/4 27/3 27/6 46/22 54/3 54/8 58/15 65/11 68/22 69/22 88/7 <b>cases</b> [1] 54/2 <b>cash</b> [1] 95/12 <b>cause</b> [2] 66/25 89/14 <b>centre</b> [23] 5/17 5/20 5/21 6/5 6/6 6/12 6/14 6/16 6/18 6/19 7/10 8/9 8/12 11/10 22/9 54/23 62/25 63/20 65/10 65/13 65/23 88/22 88/23 <b>centres</b> [5] 54/24 59/7 63/2 66/1 85/1 <b>certain</b> [5] 9/1 16/25 18/4 84/13 90/12 <b>certainly</b> [18] 3/12 3/16 7/25 16/1 46/22 47/8 47/25 51/14 52/25 53/4 58/11 65/11 67/19 75/13 75/15 81/17 85/4 86/19 <b>chair</b> [4] 3/17 9/15 15/2 88/1	<b>chairman</b> [17] 3/10 3/13 3/15 3/18 3/19 5/10 22/3 26/24 30/17 36/20 39/19 45/15 54/21 57/21 58/16 59/19 66/23 <b>chairmanship</b> [1] 36/25 <b>chairperson</b> [1] 36/14 <b>challenge</b> [1] 64/1 <b>challenged</b> [1] 46/13 <b>challenges</b> [1] 96/1 <b>challenging</b> [1] 63/17 <b>Chalmers</b> [2] 6/12 6/16 <b>chance</b> [1] 44/10 <b>change</b> [1] 17/6 <b>changed</b> [4] 7/18 34/10 38/22 38/24 <b>charge</b> [1] 70/3 <b>charged</b> [3] 15/20 69/23 94/5 <b>charity</b> [2] 86/20 88/16 <b>charming</b> [1] 67/23 <b>check</b> [1] 58/4 <b>checked</b> [1] 58/17 <b>checking</b> [1] 58/18 <b>checks</b> [1] 31/18 <b>children</b> [4] 5/16 7/9 7/13 9/2 <b>chosen</b> [1] 68/19 <b>Christine</b> [1] 56/7 <b>Christine Lee</b> [1] 56/7 <b>chronology</b> [2] 3/4 68/3 <b>circulate</b> [1] 31/14 <b>circulated</b> [5] 57/8 58/14 58/20 59/6 72/21 <b>circumstances</b> [10] 21/4 27/13 28/20 29/1 39/15 41/4 41/5 54/11 86/11 95/7 <b>Civil</b> [2] 5/1 5/2 <b>clarified</b> [1] 23/5 <b>clarifying</b> [1] 32/23 <b>Clarke</b> [1] 82/16 <b>CLAUDE</b> [2] 2/11 97/2 <b>clear</b> [2] 57/3 61/9 <b>cleared</b> [1] 57/2 <b>clearer</b> [1] 71/25 <b>clearly</b> [9] 18/7 27/23 29/21 31/24 49/16 83/21 84/9 85/4 91/24 <b>clinical</b> [4] 7/2 8/1 66/4 76/1 <b>clinician's</b> [1] 58/6 <b>clinicians</b> [9] 22/17 58/4 58/20 62/16 63/1 64/21 65/5 94/19 95/2 <b>Clive</b> [4] 40/5 56/25	57/2 57/12 <b>Clive Knight</b> [3] 40/5 56/25 57/12 <b>clock</b> [1] 84/4 <b>close</b> [1] 38/11 <b>cloth</b> [1] 67/1 <b>clue</b> [1] 63/9 <b>Co</b> [4] 30/19 31/13 31/15 37/25 <b>Co-ordinator</b> [4] 30/19 31/13 31/15 37/25 <b>coffee</b> [2] 9/4 44/11 <b>collective</b> [1] 75/17 <b>collectively</b> [1] 64/17 <b>Colvin</b> [1] 74/17 <b>combined</b> [1] 95/4 <b>come</b> [21] 8/8 27/6 27/10 34/20 34/21 34/22 39/9 42/4 48/6 48/14 50/21 51/19 52/4 58/9 67/17 69/13 71/19 79/14 93/4 95/14 95/23 <b>comfortable</b> [5] 2/13 6/21 7/1 20/23 28/2 <b>coming</b> [4] 23/8 52/14 73/18 75/21 <b>command</b> [1] 66/21 <b>comment</b> [6] 21/16 34/16 39/4 43/17 72/22 83/4 <b>comments</b> [4] 12/10 30/13 35/25 75/25 <b>commercial</b> [1] 24/1 <b>commission</b> [2] 62/10 85/21 <b>commitment</b> [1] 93/25 <b>commitments</b> [1] 18/22 <b>committed</b> [2] 82/16 82/22 <b>committee</b> [158] <b>committees</b> [4] 65/25 68/23 68/25 69/5 <b>common</b> [1] 8/24 <b>communicate</b> [1] 15/4 <b>communicating</b> [1] 61/20 <b>communication</b> [2] 26/13 32/11 <b>communications</b> [1] 14/7 <b>community</b> [11] 41/15 41/16 41/18 41/18 42/2 47/5 61/19 63/16 64/6 94/22 95/9 <b>companies</b> [9] 32/11 76/17 76/24 77/2 77/10 77/14 78/21 85/11 85/12	<b>company</b> [1] 76/21 <b>compare</b> [1] 86/15 <b>compared</b> [1] 40/21 <b>compensate</b> [2] 91/8 95/13 <b>completely</b> [2] 7/17 49/7 <b>complied</b> [1] 1/18 <b>component</b> [1] 83/25 <b>concentrates</b> [5] 35/8 35/10 35/13 94/20 95/1 <b>concept</b> [1] 50/24 <b>concern</b> [3] 66/3 85/5 91/24 <b>concerned</b> [7] 8/18 30/11 49/15 49/16 80/22 86/25 91/21 <b>concerns</b> [8] 10/23 11/14 16/16 16/18 32/10 54/17 61/13 64/24 <b>concluding</b> [1] 84/20 <b>conclusion</b> [1] 71/24 <b>conditions</b> [1] 8/23 <b>conduct</b> [1] 50/18 <b>conduit</b> [1] 16/1 <b>conference</b> [5] 27/23 81/15 81/18 87/1 87/3 <b>conferences</b> [1] 87/3 <b>confidence</b> [1] 64/19 <b>confirm</b> [1] 2/20 <b>confirmed</b> [4] 35/20 37/24 54/3 54/8 <b>congress</b> [2] 27/2 27/21 <b>conjunction</b> [1] 6/16 <b>connection</b> [3] 14/3 93/2 93/9 <b>connections</b> [3] 14/2 67/22 92/25 <b>conscientious</b> [2] 11/25 36/23 <b>conscientiously</b> [1] 36/24 <b>consent</b> [6] 5/16 5/20 5/21 5/25 6/1 8/11 <b>consequences</b> [1] 50/3 <b>consequently</b> [1] 94/11 <b>consider</b> [3] 37/22 69/16 85/11 <b>consideration</b> [1] 16/6 <b>consistent</b> [1] 4/24 <b>constantly</b> [1] 60/25 <b>constraints</b> [2] 84/18 94/16 <b>consultation</b> [3] 6/17 33/17 33/19 <b>consulted</b> [1] 21/14	<b>contact</b> [2] 5/25 16/3 <b>contacts</b> [2] 75/23 93/6 <b>contained</b> [1] 59/8 <b>contaminated</b> [1] 91/9 <b>content</b> [7] 31/18 46/3 46/16 57/11 57/13 57/20 57/20 <b>contents</b> [2] 60/1 81/7 <b>context</b> [6] 64/8 66/9 66/14 77/11 77/21 78/17 <b>continuation</b> [2] 40/24 41/1 <b>continue</b> [5] 22/7 35/10 38/10 82/20 83/5 <b>contract</b> [1] 49/20 <b>contrast</b> [2] 47/14 87/8 <b>contribute</b> [2] 69/4 88/17 <b>contribution</b> [1] 76/22 <b>contributory</b> [1] 95/7 <b>conveyed</b> [3] 22/17 32/6 39/2 <b>coordinated</b> [1] 67/21 <b>coordinator</b> [8] 14/6 16/2 16/17 21/11 32/1 32/1 32/7 61/2 <b>copies</b> [2] 72/20 74/21 <b>copy</b> [5] 2/22 11/21 20/1 33/7 33/9 <b>correct</b> [14] 3/6 3/9 3/21 4/18 5/18 6/3 6/10 19/8 22/10 22/14 23/19 29/23 59/25 94/17 <b>correction</b> [1] 17/15 <b>correspondence</b> [1] 77/15 <b>corridor</b> [2] 6/20 7/1 <b>cost</b> [1] 87/11 <b>costs</b> [1] 76/23 <b>could</b> [41] 7/14 8/3 8/20 9/13 12/21 14/23 14/24 16/15 19/19 24/22 26/1 26/1 27/15 28/13 29/12 31/8 33/21 34/24 35/11 38/12 41/10 42/3 45/10 49/20 51/2 51/15 53/3 60/6 60/6 62/14 71/10 75/1 76/19 80/15 80/24 80/25 81/4 82/7 86/15 86/18 89/19 <b>couldn't</b> [2] 28/21 43/3 <b>council</b> [15] 13/16
----------	---	---	---	---	--

(28) busy - council

F:



<b>C</b> <b>council...</b> [14] 13/23 14/25 15/15 15/16 42/3 45/9 53/8 67/20 74/23 75/3 75/8 75/12 75/15 75/18 <b>counter</b> [1] 64/16 <b>countries</b> [1] 10/4 <b>country</b> [1] 14/17 <b>couple</b> [3] 46/11 49/2 49/6 <b>course</b> [20] 7/7 15/3 16/11 21/23 32/2 34/11 34/14 35/11 41/7 48/23 54/12 56/19 67/24 71/4 77/16 84/1 87/5 88/13 88/20 89/4 <b>coverage</b> [1] 22/22 <b>CPSU</b> [2] 86/9 86/23 <b>create</b> [1] 88/12 <b>created</b> [1] 45/21 <b>crisis</b> [5] 47/23 48/2 48/3 49/24 61/18 <b>criticism</b> [1] 74/7 <b>cropped</b> [1] 74/8 <b>cryoprecipitate</b> [3] 43/4 52/6 84/5 <b>currently</b> [1] 82/10 <b>Cutter</b> [4] 31/17 31/23 76/13 78/10 <b>cuttings</b> [1] 21/6	<b>dealing</b> [4] 7/8 7/17 19/6 77/13 <b>dealings</b> [1] 63/1 <b>dealt</b> [2] 33/14 46/25 <b>death</b> [6] 35/15 37/24 38/3 38/14 38/15 47/8 <b>debate</b> [2] 28/3 66/15 <b>debated</b> [1] 14/25 <b>debating</b> [1] 87/18 <b>Dec</b> [1] 9/21 <b>Dec 22nd</b> [1] 9/21 <b>decades</b> [2] 93/22 95/14 <b>December</b> [2] 10/22 53/23 <b>December 1983</b> [1] 53/23 <b>decide</b> [1] 70/9 <b>decided</b> [8] 11/1 11/14 11/17 32/3 49/10 68/24 69/15 69/18 <b>decision</b> [11] 16/14 21/22 26/6 27/17 28/2 31/22 36/1 40/23 40/24 40/25 61/3 <b>decisions</b> [7] 15/9 15/21 16/10 25/11 26/10 67/6 68/13 <b>deeply</b> [1] 90/7 <b>deference</b> [1] 67/6 <b>deferential</b> [8] 63/16 64/5 66/6 66/11 66/16 66/20 66/22 67/2 <b>deferred</b> [2] 26/25 27/15 <b>definite</b> [2] 24/1 89/1 <b>definitely</b> [1] 51/21 <b>delay</b> [1] 94/9 <b>delegates</b> [1] 13/19 <b>demonstrably</b> [1] 94/15 <b>demonstrate</b> [1] 18/6 <b>denial</b> [3] 46/8 51/10 51/19 <b>Department</b> [5] 4/17 4/19 11/19 35/9 94/23 <b>dependence</b> [1] 95/4 <b>dependency</b> [1] 52/20 <b>depressed</b> [1] 90/5 <b>derived</b> [1] 10/3 <b>describe</b> [2] 6/4 42/24 <b>described</b> [5] 5/13 33/6 37/6 61/12 95/22 <b>desirability</b> [1] 26/2 <b>desire</b> [1] 57/24 <b>detached</b> [1] 4/20 <b>detail</b> [3] 22/19 35/21 71/2 <b>detailed</b> [2] 71/8 75/23 <b>details</b> [1] 54/10	<b>determination</b> [1] 57/22 <b>determined</b> [1] 21/24 <b>determining</b> [1] 15/5 <b>detrimet</b> [1] 61/9 <b>developed</b> [1] 91/25 <b>developing</b> [1] 61/18 <b>developments</b> [5] 27/20 38/11 81/1 82/14 88/19 <b>DHSC0001228</b> [1] 19/19 <b>DHSC0001297</b> [2] 59/3 59/4 <b>DHSC0002205</b> [1] 9/13 <b>diagnosed</b> [3] 5/16 7/13 86/13 <b>diagnosis</b> [1] 3/7 <b>did</b> [61] 7/5 8/4 8/13 12/1 13/13 13/14 15/14 15/24 16/20 17/4 17/23 17/25 18/7 18/23 20/1 20/24 22/16 25/9 27/12 27/22 29/15 30/16 32/10 32/14 32/14 32/18 38/19 39/23 46/9 49/4 54/12 54/17 57/16 62/7 65/2 65/24 66/20 66/21 66/22 67/8 68/12 70/10 72/4 74/5 75/19 75/24 76/1 77/8 82/21 82/24 83/17 83/24 85/11 86/23 89/14 89/17 89/23 90/17 91/10 91/14 92/10 <b>didn't</b> [27] 8/22 18/19 18/21 26/11 33/2 36/12 40/1 40/1 40/3 40/3 40/4 41/3 41/5 49/7 50/19 52/18 52/19 53/19 53/21 54/19 56/24 62/9 62/10 62/10 63/8 67/17 92/1 <b>died</b> [1] 89/11 <b>difference</b> [4] 65/9 87/5 87/13 87/14 <b>different</b> [9] 35/22 49/13 52/24 53/7 64/4 64/21 65/23 73/25 76/6 <b>differential</b> [1] 95/10 <b>differently</b> [1] 53/2 <b>difficult</b> [14] 2/22 7/15 9/12 42/24 48/2 50/7 51/8 63/19 65/21 67/3 68/8 90/17 93/20 95/22 <b>difficulties</b> [3] 8/23	53/17 88/7 <b>difficulty</b> [2] 29/9 46/18 <b>dilemma</b> [1] 72/14 <b>diminish</b> [1] 42/15 <b>director</b> [1] 5/17 5/20 6/5 6/6 6/13 6/13 6/16 7/10 8/12 63/20 70/23 <b>Director's</b> [1] 5/22 <b>Directors</b> [8] 22/9 54/23 62/25 65/10 65/13 65/23 88/22 88/23 <b>disabilities</b> [1] 52/10 <b>disappeared</b> [1] 49/7 <b>disaster</b> [1] 95/8 <b>discharge</b> [1] 69/14 <b>disclosed</b> [5] 38/16 38/17 39/16 39/16 39/17 <b>discretion</b> [1] 65/25 <b>discuss</b> [4] 8/13 8/22 44/16 53/20 <b>discussed</b> [10] 22/25 23/4 27/2 34/6 37/13 69/17 81/7 81/19 82/4 91/18 <b>discussing</b> [4] 26/5 37/1 37/3 51/14 <b>discussion</b> [42] 9/5 14/23 21/19 22/15 22/19 23/6 24/8 24/16 24/19 26/25 27/14 27/16 28/3 30/4 30/24 31/4 31/6 34/15 35/18 35/19 35/21 38/19 42/17 54/17 55/14 55/15 55/21 56/1 66/14 71/2 71/23 72/20 73/15 75/23 76/24 78/20 79/2 79/4 83/9 83/12 90/16 91/22 <b>discussions</b> [8] 9/4 36/11 55/6 70/19 71/1 71/8 72/4 76/15 <b>disease</b> [1] 19/1 <b>displayed</b> [1] 8/11 <b>distancing</b> [1] 95/2 <b>distinguished</b> [1] 67/16 <b>distress</b> [1] 21/12 <b>distressed</b> [2] 9/20 10/21 <b>distressing</b> [3] 48/7 90/7 93/20 <b>divisive</b> [1] 95/9 <b>do</b> [56] 1/21 2/13 6/25 7/25 9/9 11/21 13/3 17/22 21/8 22/21 22/25 26/4 28/21	29/14 30/10 32/3 34/15 41/9 41/12 41/13 43/11 44/13 44/16 46/16 46/24 50/4 51/16 52/1 54/14 56/1 61/7 61/10 64/8 64/15 64/22 67/5 67/19 70/8 73/21 74/20 76/5 76/15 77/14 78/24 79/10 79/13 79/15 84/6 84/25 87/20 88/11 88/18 91/7 91/19 92/17 93/5 <b>doctor</b> [3] 58/15 60/2 63/24 <b>doctors</b> [2] 74/17 74/21 <b>document</b> [9] 9/13 18/5 18/13 19/5 33/23 34/8 72/21 80/9 80/16 <b>documented</b> [2] 71/9 85/4 <b>documents</b> [5] 2/21 6/9 16/10 85/5 85/18 <b>does</b> [5] 18/6 28/11 34/20 34/21 54/19 <b>doesn't</b> [5] 34/21 40/2 43/7 59/16 78/18 <b>doing</b> [8] 4/15 5/6 5/8 12/17 14/22 60/22 75/20 96/2 <b>don't</b> [60] 9/8 12/2 17/1 22/19 23/4 23/6 23/11 23/12 24/18 24/21 28/7 28/23 31/6 31/6 32/3 32/20 33/9 34/9 34/19 35/24 36/4 40/8 40/9 43/25 52/18 53/1 53/13 53/16 55/15 56/3 56/18 58/19 58/20 65/22 67/9 67/18 68/9 69/9 71/8 73/4 73/4 73/23 74/10 74/19 75/14 78/14 78/25 81/9 82/24 82/25 83/11 83/12 85/15 85/25 90/2 91/16 91/18 91/22 93/8 93/16 <b>donation</b> [1] 76/22 <b>donations</b> [1] 76/16 <b>done</b> [13] 11/25 21/17 46/9 48/15 48/24 48/24 50/2 51/23 64/16 64/17 73/7 75/14 90/23 <b>doorstep</b> [1] 20/3 <b>down</b> [4] 9/24 36/12 81/3 90/3 <b>downplaying</b> [6] 46/12 49/3 50/9 50/11	50/13 50/14 <b>Dr</b> [16] 6/12 6/16 7/7 8/2 10/9 12/25 14/1 14/13 45/19 45/20 57/16 58/2 59/20 64/22 94/1 94/6 <b>Dr Aronstam</b> [1] 45/20 <b>Dr Chalmers</b> [2] 6/12 6/16 <b>Dr David Owen</b> [1] 94/1 <b>Dr Gerard Vaughan</b> [2] 10/9 94/6 <b>Dr Kuttner</b> [2] 12/25 14/1 <b>Dr Lee</b> [2] 57/16 58/2 <b>Dr Peter Jones</b> [3] 7/7 8/2 14/13 <b>Dr Rizza</b> [1] 45/19 <b>Dr Tuddenham</b> [1] 59/20 <b>draft</b> [1] 40/2 <b>drafted</b> [2] 10/13 10/18 <b>draw</b> [3] 26/1 44/11 80/14 <b>dreadful</b> [2] 72/14 84/23 <b>dream</b> [1] 63/17 <b>driven</b> [1] 94/8 <b>dropped</b> [1] 47/3 <b>due</b> [2] 1/24 27/1 <b>Duncan</b> [1] 11/24 <b>during</b> [8] 13/13 13/17 17/4 60/18 61/22 68/14 85/17 93/22 <b>dusted</b> [1] 73/8 <b>duties</b> [1] 4/24 <b>dynamics</b> [1] 66/8
<b>D</b> <b>d'etre</b> [1] 51/24 <b>damage</b> [5] 43/1 46/8 48/15 50/2 90/22 <b>data</b> [1] 78/7 <b>date</b> [2] 22/13 74/12 <b>dated</b> [5] 9/16 26/7 33/23 80/18 92/14 <b>dates</b> [1] 3/2 <b>David</b> [21] 16/2 21/11 24/24 25/5 25/16 25/23 28/7 33/3 35/25 36/6 36/9 36/16 36/21 36/23 61/2 66/17 74/6 77/16 77/16 84/15 94/1 <b>David Watters</b> [7] 24/24 25/5 25/16 25/23 36/6 61/2 77/16 <b>day</b> [11] 7/8 7/8 14/4 14/4 15/3 15/3 19/15 35/16 63/1 63/1 96/11 <b>day-to-day</b> [2] 7/8 63/1 <b>days</b> [3] 1/4 1/5 2/3 <b>de</b> [1] 92/22 <b>deal</b> [5] 7/16 21/8 57/10 62/18 77/19	<b>dealing</b> [4] 7/8 7/17 19/6 77/13 <b>dealings</b> [1] 63/1 <b>dealt</b> [2] 33/14 46/25 <b>death</b> [6] 35/15 37/24 38/3 38/14 38/15 47/8 <b>debate</b> [2] 28/3 66/15 <b>debated</b> [1] 14/25 <b>debating</b> [1] 87/18 <b>Dec</b> [1] 9/21 <b>Dec 22nd</b> [1] 9/21 <b>decades</b> [2] 93/22 95/14 <b>December</b> [2] 10/22 53/23 <b>December 1983</b> [1] 53/23 <b>decide</b> [1] 70/9 <b>decided</b> [8] 11/1 11/14 11/17 32/3 49/10 68/24 69/15 69/18 <b>decision</b> [11] 16/14 21/22 26/6 27/17 28/2 31/22 36/1 40/23 40/24 40/25 61/3 <b>decisions</b> [7] 15/9 15/21 16/10 25/11 26/10 67/6 68/13 <b>deeply</b> [1] 90/7 <b>deference</b> [1] 67/6 <b>deferential</b> [8] 63/16 64/5 66/6 66/11 66/16 66/20 66/22 67/2 <b>deferred</b> [2] 26/25 27/15 <b>definite</b> [2] 24/1 89/1 <b>definitely</b> [1] 51/21 <b>delay</b> [1] 94/9 <b>delegates</b> [1] 13/19 <b>demonstrably</b> [1] 94/15 <b>demonstrate</b> [1] 18/6 <b>denial</b> [3] 46/8 51/10 51/19 <b>Department</b> [5] 4/17 4/19 11/19 35/9 94/23 <b>dependence</b> [1] 95/4 <b>dependency</b> [1] 52/20 <b>depressed</b> [1] 90/5 <b>derived</b> [1] 10/3 <b>describe</b> [2] 6/4 42/24 <b>described</b> [5] 5/13 33/6 37/6 61/12 95/22 <b>desirability</b> [1] 26/2 <b>desire</b> [1] 57/24 <b>detached</b> [1] 4/20 <b>detail</b> [3] 22/19 35/21 71/2 <b>detailed</b> [2] 71/8 75/23 <b>details</b> [1] 54/10	<b>determination</b> [1] 57/22 <b>determined</b> [1] 21/24 <b>determining</b> [1] 15/5 <b>detrimet</b> [1] 61/9 <b>developed</b> [1] 91/25 <b>developing</b> [1] 61/18 <b>developments</b> [5] 27/20 38/11 81/1 82/14 88/19 <b>DHSC0001228</b> [1] 19/19 <b>DHSC0001297</b> [2] 59/3 59/4 <b>DHSC0002205</b> [1] 9/13 <b>diagnosed</b> [3] 5/16 7/13 86/13 <b>diagnosis</b> [1] 3/7 <b>did</b> [61] 7/5 8/4 8/13 12/1 13/13 13/14 15/14 15/24 16/20 17/4 17/23 17/25 18/7 18/23 20/1 20/24 22/16 25/9 27/12 27/22 29/15 30/16 32/10 32/14 32/14 32/18 38/19 39/23 46/9 49/4 54/12 54/17 57/16 62/7 65/2 65/24 66/20 66/21 66/22 67/8 68/12 70/10 72/4 74/5 75/19 75/24 76/1 77/8 82/21 82/24 83/17 83/24 85/11 86/23 89/14 89/17 89/23 90/17 91/10 91/14 92/10 <b>didn't</b> [27] 8/22 18/19 18/21 26/11 33/2 36/12 40/1 40/1 40/3 40/3 40/4 41/3 41/5 49/7 50/19 52/18 52/19 53/19 53/21 54/19 56/24 62/9 62/10 62/10 63/8 67/17 92/1 <b>died</b> [1] 89/11 <b>difference</b> [4] 65/9 87/5 87/13 87/14 <b>different</b> [9] 35/22 49/13 52/24 53/7 64/4 64/21 65/23 73/25 76/6 <b>differential</b> [1] 95/10 <b>differently</b> [1] 53/2 <b>difficult</b> [14] 2/22 7/15 9/12 42/24 48/2 50/7 51/8 63/19 65/21 67/3 68/8 90/17 93/20 95/22 <b>difficulties</b> [3] 8/23	53/17 88/7 <b>difficulty</b> [2] 29/9 46/18 <b>dilemma</b> [1] 72/14 <b>diminish</b> [1] 42/15 <b>director</b> [1] 5/17 5/20 6/5 6/6 6/13 6/13 6/16 7/10 8/12 63/20 70/23 <b>Director's</b> [1] 5/22 <b>Directors</b> [8] 22/9 54/23 62/25 65/10 65/13 65/23 88/22 88/23 <b>disabilities</b> [1] 52/10 <b>disappeared</b> [1] 49/7 <b>disaster</b> [1] 95/8 <b>discharge</b> [1] 69/14 <b>disclosed</b> [5] 38/16 38/17 39/16 39/16 39/17 <b>discretion</b> [1] 65/25 <b>discuss</b> [4] 8/13 8/22 44/16 53/20 <b>discussed</b> [10] 22/25 23/4 27/2 34/6 37/13 69/17 81/7 81/19 82/4 91/18 <b>discussing</b> [4] 26/5 37/1 37/3 51/14 <b>discussion</b> [42] 9/5 14/23 21/19 22/15 22/19 23/6 24/8 24/16 24/19 26/25 27/14 27/16 28/3 30/4 30/24 31/4 31/6 34/15 35/18 35/19 35/21 38/19 42/17 54/17 55/14 55/15 55/21 56/1 66/14 71/2 71/23 72/20 73/15 75/23 76/24 78/20 79/2 79/4 83/9 83/12 90/16 91/22 <b>discussions</b> [8] 9/4 36/11 55/6 70/19 71/1 71/8 72/4 76/15 <b>disease</b> [1] 19/1 <b>displayed</b> [1] 8/11 <b>distancing</b> [1] 95/2 <b>distinguished</b> [1] 67/16 <b>distress</b> [1] 21/12 <b>distressed</b> [2] 9/20 10/21 <b>distressing</b> [3] 48/7 90/7 93/20 <b>divisive</b> [1] 95/9 <b>do</b> [56] 1/21 2/13 6/25 7/25 9/9 11/21 13/3 17/22 21/8 22/21 22/25 26/4 28/21	29/14 30/10 32/3 34/15 41/9 41/12 41/13 43/11 44/13 44/16 46/16 46/24 50/4 51/16 52/1 54/14 56/1 61/7 61/10 64/8 64/15 64/22 67/5 67/19 70/8 73/21 74/20 76/5 76/15 77/14 78/24 79/10 79/13 79/15 84/6 84/25 87/20 88/11 88/18 91/7 91/19 92/17 93/5 <b>doctor</b> [3] 58/15 60/2 63/24 <b>doctors</b> [2] 74/17 74/21 <b>document</b> [9] 9/13 18/5 18/13 19/5 33/23 34/8 72/21 80/9 80/16 <b>documented</b> [2] 71/9 85/4 <b>documents</b> [5] 2/21 6/9 16/10 85/5 85/18 <b>does</b> [5] 18/6 28/11 34/20 34/21 54/19 <b>doesn't</b> [5] 34/21 40/2 43/7 59/16 78/18 <b>doing</b> [8] 4/15 5/6 5/8 12/17 14/22 60/22 75/20 96/2 <b>don't</b> [60] 9/8 12/2 17/1 22/19 23/4 23/6 23/11 23/12 24/18 24/21 28/7 28/23 31/6 31/6 32/3 32/20 33/9 34/9 34/19 35/24 36/4 40/8 40/9 43/25 52/18 53/1 53/13 53/16 55/15 56/3 56/18 58/19 58/20 65/22 67/9 67/18 68/9 69/9 71/8 73/4 73/4 73/23 74/10 74/19 75/14 78/14 78/25 81/9 82/24 82/25 83/11 83/12 85/15 85/25 90/2 91/16 91/18 91/22 93/8 93/16 <b>donation</b> [1] 76/22 <b>donations</b> [1] 76/16 <b>done</b> [13] 11/25 21/17 46/9 48/15 48/24 48/24 50/2 51/23 64/16 64/17 73/7 75/14 90/23 <b>doorstep</b> [1] 20/3 <b>down</b> [4] 9/24 36/12 81/3 90/3 <b>downplaying</b> [6] 46/12 49/3 50/9 50/11	50/13 50/14 <b>Dr</b> [16] 6/12 6/16 7/7 8/2 10/9 12/25 14/1 14/13 45/19 45/20 57/16 58/2 59/20 64/22 94/1 94/6 <b>Dr Aronstam</b> [1] 45/20 <b>Dr Chalmers</b> [2] 6/12 6/16 <b>Dr David Owen</b> [1] 94/1 <b>Dr Gerard Vaughan</b> [2] 10/9 94/6 <b>Dr Kuttner</b> [2] 12/25 14/1 <b>Dr Lee</b> [2] 57/16 58/2 <b>Dr Peter Jones</b> [3] 7/7 8/2 14/13 <b>Dr Rizza</b> [1] 45/19 <b>Dr Tuddenham</b> [1] 59/20 <b>draft</b> [1] 40/2 <b>drafted</b> [2] 10/13 10/18 <b>draw</b> [3] 26/1 44/11 80/14 <b>dreadful</b> [2] 72/14 84/23 <b>dream</b> [1] 63/17 <b>driven</b> [1] 94/8 <b>dropped</b> [1] 47/3 <b>due</b> [2] 1/24 27/1 <b>Duncan</b> [1] 11/24 <b>during</b> [8] 13/13 13/17 17/4 60/18 61/22 68/14 85/17 93/22 <b>dusted</b> [1] 73/8 <b>duties</b> [1] 4/24 <b>dynamics</b> [1] 66/8
					<b>E</b> <b>each</b> [4] 57/6 76/8 76/11 85/8 <b>earlier</b> [15] 3/12 15/4 15/17 18/2 18/3 23/2 39/8 50/23 56/24 57/9 62/16 75/22 81/13 84/3 90/19 <b>earliest</b> [1] 22/12 <b>early</b> [3] 94/16 95/3 95/23 <b>easier</b> [2] 16/21 88/23 <b>easy</b> [3] 14/20 95/20 96/1 <b>EC</b> [1] 37/6 <b>economical</b> [1] 65/16 <b>editor</b> [7] 40/6 40/6 40/8 42/5 56/25 57/

<b>E</b>	<b>ethical</b> [1] 77/1 <b>European</b> [1] 92/10 <b>even</b> [6] 32/18 33/12 35/12 39/13 90/16 91/17 <b>evening</b> [3] 18/18 18/22 19/2 <b>event</b> [3] 7/18 23/20 65/20 <b>events</b> [2] 8/20 72/24 <b>eventually</b> [1] 38/1 <b>ever</b> [10] 5/6 58/14 63/7 64/1 66/16 74/20 76/24 81/7 82/21 89/19 <b>every</b> [1] 59/22 <b>everybody</b> [1] 45/24 <b>everyone</b> [2] 1/18 25/18 <b>everyone's</b> [2] 82/19 83/5 <b>Everything</b> [1] 75/25 <b>evidence</b> [14] 1/3 1/24 1/24 2/16 21/5 22/6 24/2 44/4 44/15 44/17 47/7 50/20 50/25 52/7 <b>exact</b> [4] 28/20 46/3 46/16 51/8 <b>exactly</b> [3] 48/3 68/22 75/14 <b>example</b> [5] 49/14 58/2 69/5 76/13 77/25 <b>exclusively</b> [1] 54/23 <b>executive</b> [102] <b>exercise</b> [1] 86/16 <b>exercised</b> [1] 84/13 <b>existence</b> [1] 69/6 <b>existing</b> [4] 36/2 41/1 49/25 69/5 <b>expended</b> [1] 10/2 <b>experience</b> [1] 58/8 <b>experiences</b> [1] 7/8 <b>expert</b> [7] 57/13 57/18 58/1 61/17 61/20 62/13 62/14 <b>expertise</b> [1] 69/11 <b>explained</b> [2] 21/5 65/17 <b>explanation</b> [1] 34/5 <b>explicit</b> [1] 27/7 <b>explicitly</b> [3] 47/24 53/19 63/7 <b>explore</b> [1] 62/1 <b>exposed</b> [1] 35/12 <b>express</b> [2] 20/24 90/17 <b>expressed</b> [1] 61/15 <b>expressly</b> [1] 80/11 <b>extended</b> [2] 11/10 69/2 <b>extent</b> [2] 10/1 89/3	<b>extremely</b> [1] 14/14 <b>eyebrows</b> [1] 49/21 <b>eyes</b> [1] 51/16 <b>F</b> <b>face</b> [2] 37/5 46/9 <b>facilities</b> [4] 6/18 6/19 6/25 7/12 <b>facility</b> [1] 94/10 <b>fact</b> [16] 13/13 13/24 28/18 30/8 31/19 32/10 37/23 38/1 38/18 39/15 41/8 48/12 55/11 57/16 81/12 83/25 <b>factor</b> [8] 10/1 10/3 10/4 30/12 35/7 35/10 41/21 48/21 <b>Factor VIII</b> [4] 10/1 30/12 35/7 35/10 <b>factors</b> [2] 47/6 95/8 <b>factual</b> [2] 32/4 59/12 <b>failed</b> [1] 94/9 <b>failure</b> [1] 94/17 <b>fair</b> [6] 16/14 27/18 27/19 36/8 55/12 88/3 <b>faith</b> [1] 62/22 <b>faithfully</b> [1] 36/16 <b>familiar</b> [1] 86/9 <b>families</b> [6] 5/15 5/25 6/2 7/4 52/16 93/23 <b>family</b> [2] 39/16 93/21 <b>far</b> [24] 1/19 26/9 26/11 36/4 38/4 38/17 40/5 40/18 52/4 54/20 57/20 57/25 76/2 76/4 76/19 82/22 85/9 86/24 88/10 88/18 89/14 90/15 91/20 92/9 <b>fatalities</b> [3] 41/24 50/20 50/21 <b>fatality</b> [1] 35/20 <b>fault</b> [1] 37/13 <b>fears</b> [2] 21/18 45/21 <b>feature</b> [2] 42/12 42/18 <b>February</b> [4] 9/16 10/15 71/10 84/11 <b>February '81</b> [1] 84/11 <b>February '84</b> [1] 71/10 <b>federation</b> [2] 92/6 92/21 <b>feel</b> [5] 2/12 2/13 25/7 53/1 66/22 <b>feeling</b> [11] 28/6 41/8 46/8 47/2 47/22 47/25 48/19 48/20 51/21 53/20 90/19 <b>fellowship</b> [4] 5/15 52/2 88/5 88/12 <b>felt</b> [9] 13/2 15/22	20/20 52/25 63/18 64/1 66/2 66/16 69/3 <b>few</b> [1] 79/23 <b>field</b> [3] 57/19 62/17 63/23 <b>file</b> [2] 2/20 2/21 <b>Finally</b> [1] 85/16 <b>finances</b> [1] 85/19 <b>financial</b> [4] 6/23 76/18 95/10 95/15 <b>find</b> [1] 35/23 <b>fine</b> [1] 44/1 <b>finger</b> [1] 91/25 <b>finished</b> [1] 89/6 <b>Finsberg</b> [3] 25/4 26/1 34/11 <b>firm</b> [1] 59/11 <b>first</b> [26] 1/4 3/25 4/2 4/5 17/16 17/17 18/25 20/6 20/17 21/6 25/24 34/4 34/6 34/17 37/24 42/8 45/10 47/12 56/22 57/8 57/15 60/4 69/1 80/1 86/6 92/15 <b>Firstly</b> [1] 23/21 <b>fit</b> [1] 12/21 <b>fitted</b> [1] 18/24 <b>five</b> [3] 75/3 79/14 79/15 <b>flattered</b> [1] 12/24 <b>flog</b> [1] 84/22 <b>floor</b> [2] 23/11 87/17 <b>focus</b> [3] 60/16 60/17 61/11 <b>focused</b> [2] 9/22 58/12 <b>focusing</b> [2] 24/6 37/18 <b>follow</b> [5] 44/3 56/23 82/21 82/24 87/25 <b>followed</b> [1] 78/20 <b>following</b> [4] 3/7 18/16 25/12 96/11 <b>follows</b> [2] 42/16 43/22 <b>Forbes</b> [1] 74/17 <b>form</b> [1] 39/17 <b>format</b> [7] 4/2 4/5 8/22 9/3 14/22 63/4 82/24 <b>former</b> [1] 10/4 <b>formulated</b> [1] 87/16 <b>forthcoming</b> [1] 27/2 <b>forward</b> [4] 51/5 53/23 68/22 69/13 <b>forwards</b> [1] 84/24 <b>found</b> [2] 8/1 16/21 <b>Francisco</b> [1] 18/3 <b>frankly</b> [1] 49/21 <b>FRASER</b> [2] 2/17 97/3 <b>free</b> [1] 2/13 <b>friend</b> [2] 49/14 66/19 <b>from</b> [86] 5/21 8/4 9/7	10/3 10/6 12/1 12/2 12/8 13/22 13/25 16/4 16/4 17/13 17/14 17/22 18/2 21/9 22/17 23/10 25/10 25/13 25/23 26/12 26/13 27/6 27/10 28/15 30/12 30/18 32/7 33/11 34/12 35/11 38/23 39/1 39/10 40/22 42/1 42/17 42/19 43/23 46/20 47/12 49/14 52/5 52/11 55/11 56/23 57/18 59/5 59/6 59/10 63/22 64/2 64/21 65/1 67/8 68/4 68/11 70/11 71/10 73/5 73/13 73/16 74/9 74/16 74/21 76/16 78/8 78/10 79/8 80/19 81/11 83/23 85/5 85/24 86/3 86/11 87/17 88/8 90/13 93/4 94/20 95/2 96/5 97/4 <b>front</b> [5] 1/25 2/7 2/19 11/18 80/17 <b>frustrate</b> [1] 84/19 <b>frustrated</b> [1] 94/15 <b>fulfilled</b> [1] 94/3 <b>full</b> [5] 4/2 4/16 4/22 5/7 22/11 <b>full-time</b> [2] 4/16 4/22 <b>function</b> [2] 57/2 88/16 <b>fund</b> [1] 88/16 <b>funding</b> [5] 25/15 26/3 76/25 77/2 87/10 <b>fundraisers</b> [1] 14/14 <b>fundraising</b> [2] 6/15 8/19 <b>funds</b> [2] 6/17 47/21 <b>further</b> [9] 9/24 26/25 31/18 38/12 55/15 55/25 60/8 86/1 94/9 <b>Furthermore</b> [1] 9/25 <b>future</b> [4] 50/1 50/6 90/25 91/20 <b>G</b> <b>gap</b> [1] 83/20 <b>gathering</b> [3] 4/4 19/10 19/18 <b>gave</b> [3] 7/4 62/20 84/15 <b>general</b> [15] 1/21 4/9 14/25 15/1 16/12 17/19 18/17 21/12 23/18 67/19 67/20 69/3 87/17 90/15 90/19 <b>generally</b> [7] 9/6	29/10 36/6 37/23 51/11 63/14 83/14 <b>generated</b> [1] 77/15 <b>genuine</b> [1] 57/23 <b>Geoffrey</b> [1] 25/4 <b>Gerard</b> [2] 10/9 94/6 <b>German</b> [1] 30/9 <b>Germany</b> [1] 31/19 <b>get</b> [13] 12/1 18/21 28/21 43/3 45/7 48/25 53/13 63/8 64/16 70/10 74/5 76/19 89/17 <b>getting</b> [4] 12/2 28/22 47/12 74/9 <b>gift</b> [1] 76/12 <b>gifts</b> [1] 76/9 <b>give</b> [13] 1/24 7/5 24/4 29/11 44/10 44/18 49/18 61/17 64/6 79/15 81/4 82/3 93/18 <b>given</b> [16] 6/22 15/2 20/12 22/11 27/11 36/4 44/17 45/16 54/10 55/1 61/21 71/13 82/2 83/25 87/25 93/3 <b>giving</b> [6] 2/16 30/20 44/15 62/23 62/24 65/7 <b>Glenarthur</b> [6] 33/23 34/12 34/13 35/3 37/8 38/22 <b>go</b> [25] 5/10 17/9 20/11 20/17 21/16 26/21 28/15 30/1 37/12 41/23 51/22 52/15 52/19 53/8 53/25 56/4 56/5 60/8 62/24 64/15 68/9 71/19 75/1 89/17 95/24 <b>goal</b> [1] 83/17 <b>goes</b> [1] 64/19 <b>going</b> [23] 12/13 20/23 21/2 21/16 23/14 27/23 33/13 36/19 41/17 45/8 48/3 51/5 64/24 64/25 66/19 68/24 72/8 73/17 73/25 84/9 84/14 86/14 90/3 21/3 26/16 33/12 73/19 83/3 <b>good</b> [8] 14/14 27/4 28/18 29/6 36/18 48/1 67/14 67/22 <b>Gosh</b> [1] 30/5 <b>got</b> [17] 2/20 12/4 13/19 19/3 21/25 34/1
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(30) effect - got

F:



<b>G</b>	<b>haemophilia</b> [49] 1/4 3/3 3/5 3/8 3/14 4/15 5/23 6/14 7/7 8/2 8/9 9/19 10/14 11/8 11/10 11/22 12/21 21/15 35/12 38/6 42/12 42/18 47/2 47/15 52/1 57/19 59/6 59/7 62/7 67/25 80/20 81/11 84/12 85/16 86/7 86/13 86/19 87/9 88/15 89/10 89/16 91/6 92/5 92/6 92/9 92/10 92/13 93/2 93/19	92/20 92/22 94/2 94/3 <b>he'd</b> [4] 39/3 39/7 46/21 83/3 <b>he's</b> [1] 25/23 <b>heading</b> [12] 20/14 22/1 26/22 30/2 31/11 35/3 48/1 54/1 71/15 71/20 78/5 82/13 <b>headings</b> [1] 34/10 <b>headline</b> [1] 20/11 <b>health</b> [7] 4/17 4/19 11/20 27/4 94/2 94/21 94/23 <b>hearing</b> [6] 1/5 1/5 1/8 1/12 1/14 96/5 <b>hearings</b> [2] 2/4 84/10 <b>heat</b> [9] 72/11 84/25 85/2 85/6 90/23 90/23 90/24 91/3 95/5 <b>heat-treated</b> [3] 84/25 85/2 85/6 <b>held</b> [1] 35/14 <b>hello</b> [2] 4/4 19/18 <b>help</b> [5] 5/19 7/19 50/9 68/19 71/14 <b>helped</b> [1] 45/21 <b>helpful</b> [2] 41/10 45/16 <b>hence</b> [1] 50/16 <b>hepatitis</b> [3] 10/5 42/21 42/22 <b>her</b> [2] 49/15 57/16 <b>herbalist</b> [1] 65/1 <b>here</b> [15] 13/20 34/8 46/18 47/4 50/16 53/7 53/13 55/21 72/11 72/12 84/14 84/16 89/2 89/4 95/23 <b>Hertfordshire</b> [1] 11/11 <b>Herts</b> [1] 11/6 <b>heterosexual</b> [1] 41/18 <b>high</b> [2] 10/4 87/7 <b>highlighting</b> [1] 37/19 <b>highly</b> [1] 67/24 <b>him</b> [12] 6/17 7/2 30/20 65/2 66/17 66/23 67/4 70/15 78/16 82/25 83/1 83/2 <b>himself</b> [1] 82/16 <b>hindsight</b> [5] 51/20 53/2 61/7 64/8 67/5 <b>hinterland</b> [1] 11/13 <b>his</b> [26] 6/7 6/10 22/3 22/3 31/15 33/4 38/16 39/5 39/6 39/16 39/16 46/21 51/3 51/7 54/11 64/24 65/2 67/22 67/24 70/15 71/22 82/1 82/22 83/2 88/2 88/2	<b>historic</b> [1] 49/25 <b>history</b> [2] 41/12 84/14 <b>hit</b> [2] 38/7 52/21 <b>Hitchin</b> [1] 11/5 <b>HIV</b> [2] 89/11 91/8 <b>Hmm</b> [1] 58/7 <b>hold</b> [1] 25/6 <b>holding</b> [2] 51/3 72/16 <b>home</b> [6] 17/22 47/16 47/16 52/12 86/11 94/23 <b>homeopathy</b> [1] 65/1 <b>homosexual</b> [2] 41/15 42/2 <b>honest</b> [4] 12/3 21/2 23/12 86/12 <b>honestly</b> [4] 43/18 49/11 67/9 71/2 <b>hope</b> [2] 61/22 90/23 <b>hoped</b> [2] 66/19 77/2 <b>Horizon</b> [1] 18/18 <b>Hospital</b> [3] 4/11 6/13 8/9 <b>hour</b> [1] 44/9 <b>hours</b> [1] 66/18 <b>how</b> [34] 6/4 7/23 9/9 10/11 13/9 13/13 13/14 14/20 15/6 15/24 20/20 39/1 42/16 43/11 52/25 53/20 55/16 57/4 61/17 62/4 63/10 65/2 65/15 67/6 68/19 68/23 69/9 70/8 75/14 75/19 75/21 89/16 90/17 91/25 <b>Howard</b> [2] 69/8 77/17 <b>Howard Abrahams</b> [1] 69/8 <b>HSOC0014373</b> [1] 80/15 <b>HSOC0019505</b> [1] 60/7 <b>HSOC0019923</b> [3] 45/11 53/11 74/25 <b>HSOC0020347</b> [1] 33/21 <b>HSOC0029476</b> [11] 20/9 26/19 28/14 31/9 34/24 53/24 55/19 71/11 74/1 78/1 82/7 <b>huge</b> [1] 50/20 <b>humiliating</b> [1] 95/10 <b>Huntingtonshire</b> [1] 11/11 <b>hurry</b> [1] 10/18 <b>I</b> <b>I absolutely</b> [1] 53/18 <b>I agree</b> [1] 42/9 <b>I always</b> [1] 74/5	<b>I assumed</b> [2] 62/5 62/6 <b>I attended</b> [3] 4/3 4/6 17/19 <b>I believe</b> [8] 3/21 39/6 39/12 70/24 76/18 77/23 81/21 92/23 <b>I can</b> [19] 2/19 13/5 28/10 33/3 33/20 37/20 38/17 40/1 40/5 46/24 53/21 57/20 76/3 76/4 76/19 81/24 90/6 90/18 91/1 <b>I can't</b> [9] 17/24 21/2 28/20 29/7 34/19 49/9 58/19 79/4 90/20 <b>I cannot</b> [2] 35/20 46/3 <b>I certainly</b> [1] 58/11 <b>I could</b> [1] 19/19 <b>I couldn't</b> [1] 28/21 <b>I did</b> [4] 27/12 66/20 66/22 74/5 <b>I didn't</b> [5] 18/19 40/1 40/1 40/3 53/21 <b>I do</b> [2] 13/3 64/22 <b>I don't</b> [54] 9/8 12/2 17/1 23/6 23/11 23/12 24/18 24/21 28/7 28/23 31/6 31/6 32/3 32/20 33/9 34/9 34/19 35/24 36/4 40/8 40/9 43/25 52/18 53/1 55/15 56/3 56/18 58/19 58/20 65/22 67/9 67/18 68/9 69/9 71/8 73/4 73/4 73/23 74/10 75/14 78/14 78/25 81/9 82/24 82/25 83/11 83/12 85/15 85/25 90/2 91/16 91/18 91/22 93/8 <b>I ever</b> [1] 66/16 <b>I felt</b> [2] 13/2 63/18 <b>I follow</b> [1] 44/3 <b>I go</b> [1] 53/8 <b>I had</b> [8] 5/3 12/19 12/20 62/22 63/19 67/1 67/3 80/14 <b>I hardly</b> [1] 64/1 <b>I hate</b> [1] 90/20 <b>I have</b> [9] 44/14 57/17 59/11 79/6 79/23 86/4 86/12 92/12 93/10 <b>I honestly</b> [3] 49/11 67/9 71/2 <b>I hope</b> [1] 61/22 <b>I hoped</b> [1] 66/19 <b>I joined</b> [2] 69/1 86/19 <b>I just</b> [10] 1/6 1/13 1/20 33/24 42/4 48/25	68/2 72/7 79/23 96/2 <b>I kind</b> [1] 52/25 <b>I knew</b> [1] 86/18 <b>I know</b> [3] 49/18 63/13 90/5 <b>I listened</b> [1] 17/21 <b>I may</b> [3] 33/25 76/7 86/5 <b>I mean</b> [23] 8/25 27/20 29/6 29/21 33/3 39/12 41/3 43/18 48/13 49/21 51/24 54/19 56/18 66/17 69/22 70/5 71/3 76/22 77/23 84/9 87/5 87/13 90/11 <b>I mention</b> [1] 6/7 <b>I might</b> [1] 13/4 <b>I must</b> [2] 65/20 66/20 <b>I needed</b> [1] 74/9 <b>I never</b> [2] 65/1 65/17 <b>I note</b> [3] 44/6 59/16 78/3 <b>I often</b> [1] 18/21 <b>I only</b> [1] 75/23 <b>I ought</b> [1] 1/20 <b>I pass</b> [1] 74/7 <b>I pick</b> [1] 72/18 <b>I probably</b> [1] 53/1 <b>I put</b> [1] 65/15 <b>I read</b> [1] 72/7 <b>I really</b> [2] 57/17 78/16 <b>I recall</b> [5] 10/20 11/4 18/10 28/5 41/2 <b>I received</b> [2] 18/14 29/4 <b>I recognise</b> [2] 10/15 95/19 <b>I regarded</b> [1] 66/17 <b>I remember</b> [2] 34/12 41/25 <b>I right</b> [1] 81/17 <b>I said</b> [10] 15/3 15/17 18/2 23/10 55/20 56/24 57/9 75/22 84/3 90/19 <b>I say</b> [5] 15/12 41/4 44/14 64/5 67/23 <b>I see</b> [1] 71/21 <b>I seem</b> [1] 87/11 <b>I sensed</b> [1] 48/20 <b>I should</b> [3] 23/5 71/12 80/19 <b>I start</b> [1] 3/2 <b>I subsequently</b> [1] 11/4 <b>I suppose</b> [7] 12/23 47/21 50/22 63/9 67/2 83/2 90/8 <b>I suspect</b> [3] 65/3 69/10 95/20
----------	--	---	--	---	--

(31) got... - I suspect

F:

I	29/8 29/10 29/23 30/1 31/10 31/21 33/3 33/25 34/1 35/2 36/7 36/8 37/12 38/25 39/13 40/11 41/10 41/23 43/1 43/2 45/3 45/10 45/12 50/2 53/1 53/4 53/25 56/4 56/5 56/19 58/19 59/25 60/7 64/3 64/16 73/7 73/24 74/4 74/11 74/15 74/23 75/1 76/6 77/25 78/5 80/10 81/3 81/5 81/10 81/21 82/12 83/16 84/24 85/25 86/5 86/18 87/12 87/16 88/6 92/16 93/16 ignore [1] 89/20 illustrious [1] 63/22 immediate [2] 42/25 85/1 immediately [5] 2/7 19/14 31/3 38/2 60/14 immense [1] 67/3 imminent [1] 50/4 Immuno [1] 76/13 immunodeficiency [1] 56/10 impact [1] 67/6 imperative [2] 24/14 85/3 import [2] 31/20 42/7 importance [1] 24/10 important [6] 1/18 8/3 17/23 25/19 88/15 88/20 importation [7] 24/1 24/7 24/20 82/20 83/6 83/15 83/19 imported [8] 10/2 30/12 34/2 34/17 35/7 35/10 94/19 95/4 imports [1] 30/9 impression [5] 9/9 20/20 51/9 62/13 81/2 improve [4] 6/18 6/25 7/12 51/25 improvements [1] 80/7 improving [1] 52/3 inadequacy [1] 52/8 inaudible [1] 59/20 incidentally [1] 17/24 include [1] 1/16 included [1] 36/7 Including [2] 60/4 84/19 incoming [1] 94/5 incorporated [2] 26/14 56/20 increased [1] 95/1	increasing [1] 94/25 indeed [3] 6/21 27/24 62/23 independent [1] 85/20 India [1] 92/24 indicated [1] 70/17 individual [8] 7/3 16/4 39/15 41/4 41/5 54/11 58/6 66/5 individuals [6] 1/16 5/24 14/5 32/8 41/22 53/21 inevitably [1] 41/17 infected [2] 89/11 95/11 infecting [1] 10/5 infection [2] 91/9 95/2 infer [2] 80/5 80/13 inference [1] 80/14 influence [3] 85/13 86/22 93/25 inform [2] 61/4 61/16 informal [4] 4/3 9/4 19/10 78/23 informality [1] 79/4 information [29] 7/5 7/19 9/6 9/10 22/16 23/7 27/6 27/7 32/5 32/6 32/19 38/17 55/2 58/1 59/9 59/12 60/13 61/1 61/9 63/14 63/15 63/21 70/9 70/11 75/9 80/24 81/4 85/13 85/21 informative [1] 45/20 informed [5] 57/13 57/25 60/22 61/6 80/25 initiative [1] 94/9 innocently [1] 62/12 input [3] 29/12 59/10 73/5 Inquiry [5] 1/16 2/22 58/22 93/17 95/16 instantly [1] 87/13 instead [1] 87/16 intelligent [2] 67/12 67/24 intended [6] 25/3 36/16 46/6 57/11 62/21 75/24 intention [2] 61/5 61/16 interact [1] 13/15 interacted [2] 6/4 13/10 interaction [1] 17/5 interest [9] 12/17 32/12 77/17 77/21 81/12 86/6 87/4 92/23 92/24	interested [5] 12/22 13/7 13/22 77/24 86/17 interested in [2] 12/22 77/24 interesting [1] 12/19 interests [2] 82/19 83/5 interfered [1] 1/23 internal [2] 46/2 60/8 international [3] 31/17 92/19 92/25 intervals [1] 15/17 into [12] 12/21 24/5 25/15 29/12 37/3 44/2 48/6 48/14 52/2 52/14 68/9 95/21 intonations [1] 47/12 introduce [1] 4/5 introduced [1] 71/22 introduction [3] 45/16 85/6 95/5 invaluable [1] 8/2 investment [1] 94/18 invitation [1] 69/3 invited [4] 12/25 13/18 39/4 67/19 involved [3] 20/25 29/5 69/8 involvement [10] 3/3 4/12 7/21 11/9 32/25 39/23 39/24 57/7 68/12 78/20 Irish [5] 80/20 81/11 92/8 92/13 93/2 isn't [4] 3/22 13/19 43/9 89/22 issue [22] 17/25 18/11 19/25 21/23 27/17 27/23 31/7 38/2 46/13 47/4 49/4 49/23 50/9 57/10 61/3 69/10 75/15 77/1 77/18 80/7 81/14 84/13 issued [1] 21/5 issues [12] 8/15 14/20 16/21 17/5 29/12 48/12 49/13 50/2 66/15 69/15 70/19 85/10 it's [47] 1/6 3/22 10/15 11/2 11/7 18/14 20/8 22/1 25/20 26/19 31/12 31/24 34/1 35/24 37/15 40/11 41/10 42/7 42/24 43/12 43/13 43/16 43/23 46/1 50/19 51/8 53/2 56/4 56/6 56/21 57/16 59/3 59/4 61/1 63/13 65/11 71/16 72/11 74/15 79/11	80/18 80/19 81/23 81/25 82/13 89/23 90/17 italics [2] 42/5 42/8 item [2] 9/3 10/20 items [4] 23/20 75/3 75/5 75/5 its [4] 19/25 45/16 57/22 87/25 itself [4] 66/9 86/24 87/24 88/1	J Janeiro [1] 92/22 job [3] 4/16 4/22 29/5 John [3] 67/11 69/8 77/17 John Prothero [1] 69/8 join [3] 8/21 12/25 69/3 joined [5] 3/20 12/14 69/1 80/1 86/19 joining [1] 86/7 joint [2] 40/6 40/8 joints [1] 52/10 Jones [5] 7/7 8/2 14/13 47/20 65/11 judgments [1] 66/4 July [6] 27/1 28/13 28/15 30/1 81/18 82/2 July '83 [1] 81/18 June [8] 4/9 4/11 26/19 27/22 81/13 89/7 89/8 91/16 June '85 [1] 91/16 June 1983 [1] 81/13 June 1985 [2] 4/9 4/11 just [43] 1/6 1/13 1/20 2/20 2/25 3/2 4/21 15/8 17/3 17/3 19/5 19/18 20/11 24/6 28/16 31/21 32/22 33/14 33/24 36/3 36/20 39/9 42/4 45/3 45/5 48/25 49/6 55/4 58/5 58/12 60/6 68/2 71/19 72/7 72/24 74/7 74/13 74/15 79/23 86/15 89/5 93/15 96/2	Ken Milne's [1] 75/23 Kenneth [1] 82/16 key [1] 36/10 kick [1] 48/10 Killer [4] 17/13 18/18 19/3 22/22 kind [10] 12/21 14/10 14/11 18/2 18/24 18/25 51/15 52/21 52/25 72/16 Kingdom [1] 45/18 knew [2] 54/15 86/18 Knight [4] 39/19 40/5 56/25 57/12 know [82] 3/16 6/22 6/23 7/24 11/10 11/12 12/13 12/24 13/2 13/2 13/20 15/16 17/16 18/4 19/18 21/3 21/11 23/11 23/12 24/22 28/23 32/4 41/3 41/5 41/12 47/7 48/8 48/8 48/10 48/12 48/16 49/15 49/17 49/18 49/21 49/22 50/15 50/17 50/18 51/2 51/16 51/23 52/9 52/13 53/1 54/19 54/22 58/21 62/5 62/15 62/18 62/22 63/13 65/22 66/4 66/18 66/22 66/25 67/21 69/9 69/12 69/13 69/23 70/8 70/13 75/16 75/19 75/24 78/13 78/14 78/24 85/25 86/15 88/7 89/1 89/4 90/5 90/21 90/22 91/6 91/24 92/9 knowledge [4] 13/3 35/15 59/11 77/8 known [3] 78/15 89/10 92/18 Kuttner [2] 12/25 14/1	L Laboratories [1] 78/10 laboratory [6] 6/20 9/23 84/21 94/7 94/12 94/18 lack [1] 35/13 landed [1] 20/3 LANGSTAFF [2] 86/3 97/4 language [2] 13/20 48/18 lapse [1] 1/19 large [2] 2/6 48/22 last [8] 1/7 1/10 2/2 29/9 32/21 72/18
---	--	---	--	--	--	--	---

(32) I think - last



<b>L</b>	45/25 69/5 85/22 86/8 86/23 87/16 88/6 92/2 93/14 93/15 93/17 <b>likely</b> [1] 92/17 <b>limited</b> [6] 10/1 47/13 78/11 86/20 86/21 88/10 <b>line</b> [1] 47/19 <b>link</b> [3] 13/23 88/11 92/13 <b>links</b> [7] 88/20 92/5 92/8 92/10 92/12 92/16 92/19 <b>list</b> [6] 75/2 75/5 75/5 76/9 81/22 81/23 <b>listed</b> [1] 62/15 <b>listened</b> [1] 17/21 <b>litigation</b> [1] 58/22 <b>little</b> [7] 3/12 4/10 38/12 48/25 62/1 64/6 86/18 <b>lived</b> [1] 18/20 <b>lively</b> [1] 66/14 <b>lives</b> [6] 7/17 7/24 47/19 50/18 52/3 52/15 <b>Living</b> [2] 7/7 8/1 <b>local</b> [17] 3/10 3/13 5/22 6/4 6/5 6/14 8/16 8/17 9/9 9/14 11/2 11/3 13/22 13/25 63/20 88/21 88/24 <b>logical</b> [1] 43/8 <b>logically</b> [2] 42/16 77/23 <b>London</b> [2] 5/5 18/20 <b>long</b> [3] 71/3 79/16 95/25 <b>look</b> [21] 20/8 21/25 23/13 33/24 34/1 35/6 38/12 43/18 45/10 51/1 52/16 60/7 68/16 69/18 70/4 70/6 73/24 73/25 74/15 80/15 91/2 <b>looked</b> [2] 73/24 88/8 <b>looked at</b> [1] 73/24 <b>looking</b> [6] 32/22 45/24 74/12 75/5 84/11 88/6 <b>looks</b> [1] 51/16 <b>looming</b> [1] 27/21 <b>loose</b> [1] 14/10 <b>Lord</b> [4] 33/23 34/11 35/3 38/22 <b>Lord Glenarthur</b> [3] 33/23 35/3 38/22 <b>loss</b> [1] 64/19 <b>lot</b> [1] 28/22 <b>lots</b> [1] 49/12 <b>lovely</b> [1] 66/24 <b>loyal</b> [1] 36/23	<b>lunch</b> [2] 79/14 80/16 <b>Luncheon</b> [1] 79/19 <b>lunchtime</b> [1] 79/11 <b>lurking</b> [1] 48/16	<b>M</b> <b>Macfarlane</b> [2] 91/12 91/13 <b>Macfarlane Trust</b> [1] 91/12 <b>made</b> [17] 15/6 15/9 27/7 30/13 31/17 31/25 32/2 32/23 33/13 46/14 48/4 52/5 53/4 66/4 67/7 76/12 93/25 <b>Mail</b> [5] 21/9 21/14 54/5 54/7 55/22 <b>mailing</b> [1] 22/3 <b>main</b> [5] 13/23 14/3 16/1 71/3 86/12 <b>mainly</b> [1] 8/18 <b>maintain</b> [2] 88/11 88/20 <b>maintained</b> [2] 39/7 77/9 <b>maintaining</b> [2] 24/10 24/14 <b>major</b> [1] 95/7 <b>make</b> [8] 6/25 27/12 47/17 57/22 88/23 93/15 94/17 95/16 <b>making</b> [6] 15/21 16/15 25/11 26/10 43/7 70/13 <b>man</b> [6] 37/25 38/14 66/21 67/1 67/23 67/23 <b>manage</b> [1] 7/24 <b>managed</b> [1] 53/3 <b>management</b> [1] 5/4 <b>manager</b> [1] 78/8 <b>manners</b> [1] 29/6 <b>manufactured</b> [1] 53/5 <b>many</b> [7] 29/4 29/5 45/21 46/10 63/16 76/11 80/4 <b>MAP</b> [1] 76/2 <b>March</b> [5] 55/18 55/20 68/6 73/14 73/24 <b>March 1984</b> [1] 55/18 <b>marginal</b> [1] 93/24 <b>margins</b> [1] 90/16 <b>Marshall</b> [1] 31/16 <b>Mary</b> [1] 2/9 <b>mask</b> [1] 2/14 <b>massively</b> [1] 65/21 <b>mates</b> [1] 48/10 <b>matter</b> [6] 10/9 15/6 27/1 43/16 74/14 76/2 <b>matters</b> [4] 25/6 29/25	55/17 79/23 <b>may</b> [45] 1/1 1/16 2/4 4/1 4/6 7/19 17/14 19/21 20/6 20/21 22/4 23/2 24/22 24/25 25/6 25/9 25/17 26/7 26/8 26/10 26/15 28/21 30/17 33/25 34/11 41/8 42/23 47/24 48/12 51/2 53/6 56/5 56/13 56/17 56/21 69/2 71/13 74/12 74/12 76/7 78/3 80/18 86/5 92/14 94/5 <b>May 1979</b> [1] 94/5 <b>May 1983</b> [4] 17/14 19/21 20/6 23/2 <b>May 1984</b> [1] 56/17 <b>Maybe</b> [2] 52/23 52/24 <b>me</b> [19] 6/10 12/25 13/1 14/9 18/23 19/2 33/20 40/10 43/8 59/25 61/25 64/22 68/8 74/9 78/18 79/10 80/17 81/12 93/17 <b>mean</b> [33] 5/19 8/25 27/20 29/6 29/21 32/17 33/3 39/12 40/2 41/3 43/18 48/13 49/13 49/21 50/10 51/24 54/14 54/19 56/18 61/10 66/17 68/20 69/22 70/5 71/3 76/22 77/23 78/18 80/10 84/9 87/5 87/13 90/11 <b>meaning</b> [2] 13/9 25/20 <b>means</b> [2] 50/13 60/12 <b>meant</b> [1] 46/10 <b>meantime</b> [3] 82/19 83/5 84/18 <b>measure</b> [1] 7/14 <b>mechanics</b> [3] 39/9 39/13 68/11 <b>media</b> [4] 1/11 17/14 22/22 45/22 <b>medical</b> [36] 8/23 24/17 24/25 25/10 26/12 54/21 57/13 58/7 58/17 59/11 59/19 60/1 61/25 62/8 62/8 62/11 62/25 63/3 64/18 66/7 67/15 70/22 72/21 73/2 73/6 73/7 73/10 73/17 75/25 85/20 88/5 88/13 88/14 88/21 91/23 94/22 <b>meet</b> [2] 76/23 94/12 <b>meeting</b> [95] 3/25 4/3	4/6 4/10 9/1 10/13 10/19 10/20 13/16 15/1 16/13 17/11 17/19 17/20 18/8 18/17 19/14 19/15 20/6 20/18 21/6 23/1 23/14 23/17 23/21 24/22 25/4 26/8 26/18 27/1 28/19 28/24 29/2 29/11 29/12 29/22 29/23 30/1 30/24 30/25 31/2 31/4 31/5 31/8 32/9 33/22 35/3 35/6 35/16 35/18 36/15 36/20 37/4 37/8 38/21 42/3 45/9 45/23 46/5 46/12 46/19 46/20 46/21 46/24 47/15 49/3 49/5 51/7 53/9 55/12 55/13 55/18 55/20 56/1 67/20 69/2 71/11 71/13 72/4 73/14 73/24 74/23 75/15 77/10 81/14 82/3 82/8 82/11 82/15 83/8 83/10 83/11 87/17 90/3 90/16 <b>meetings</b> [24] 8/18 9/5 13/4 13/23 14/24 14/25 15/16 15/16 15/19 29/3 29/5 62/20 63/4 63/8 63/11 65/24 67/17 67/18 67/20 68/4 68/7 68/11 72/5 92/21 <b>member</b> [11] 3/5 4/13 19/24 20/1 20/12 59/20 68/17 86/24 87/7 93/19 94/4 <b>member-led</b> [1] 86/24 <b>members</b> [40] 5/23 8/7 9/10 9/19 10/5 10/20 11/6 16/5 16/15 19/20 19/23 20/21 21/9 21/13 21/18 22/7 24/12 24/25 26/16 30/17 38/3 39/24 40/3 42/1 49/23 51/11 51/13 52/9 59/7 59/21 60/13 60/22 61/13 62/11 64/4 72/21 88/6 88/24 89/17 89/20 <b>members'</b> [1] 11/15 <b>membership</b> [12] 5/4 7/21 15/23 22/4 28/6 47/2 47/15 48/22 87/8 87/11 87/17 87/21 <b>memories</b> [1] 95/25 <b>memory</b> [3] 2/25 18/5 18/13 <b>mention</b> [4] 6/7 6/10	9/1 55/24 <b>mentioned</b> [7] 16/24 18/8 18/24 62/16 72/11 74/1 78/17 <b>mere</b> [1] 41/8 <b>message</b> [1] 40/17 <b>Messrs</b> [1] 31/16 <b>Messrs Marshall</b> [1] 31/16 <b>met</b> [6] 8/13 25/9 34/13 58/8 63/7 78/7 <b>meticulous</b> [1] 33/4 <b>mid</b> [1] 84/15 <b>mid-1970s</b> [1] 84/15 <b>midst</b> [1] 90/22 <b>might</b> [13] 3/15 11/21 12/9 13/4 29/9 32/12 37/3 44/17 44/18 55/11 76/25 77/4 91/21 <b>mild</b> [1] 18/12 <b>million</b> [1] 10/2 <b>Milne</b> [10] 16/9 32/3 67/11 69/7 69/23 70/12 74/16 77/17 78/7 78/9 <b>Milne's</b> [2] 71/16 75/23 <b>mind</b> [5] 14/12 34/20 34/21 34/22 93/16 <b>minds</b> [8] 3/4 10/25 11/15 41/8 41/11 41/20 47/24 49/13 <b>minimising</b> [1] 48/4 <b>minister</b> [6] 23/15 23/21 26/6 30/8 82/15 82/21 <b>minute</b> [5] 28/10 29/9 33/6 55/11 55/16 <b>minuted</b> [1] 37/6 <b>minutes</b> [34] 20/8 27/15 28/13 28/15 29/15 29/21 29/24 31/8 31/24 33/4 33/11 34/25 35/8 35/23 35/24 36/3 36/5 36/8 36/9 38/13 40/9 45/10 51/6 53/8 55/25 63/5 63/8 63/10 71/10 72/6 73/13 78/2 81/17 82/12 <b>minuting</b> [1] 37/7 <b>miss</b> [1] 52/21 <b>mistakes</b> [1] 29/24 <b>Mm</b> [3] 39/21 70/20 73/20 <b>model</b> [1] 12/21 <b>moment</b> [5] 19/9 45/5 55/4 58/9 58/12 <b>Monday</b> [3] 18/16 19/2 19/2 <b>money</b> [4] 6/25 7/11
----------	---	---	---	--	--	---

(33) last... - money

F:

<b>M</b>	<b>MS [2]</b> 2/17 97/3 <b>much [24]</b> 8/18 9/9 10/24 14/10 15/10 17/6 17/8 21/7 21/24 27/16 28/10 34/14 50/22 51/3 52/20 54/22 60/15 65/15 66/17 71/6 75/19 77/19 83/22 93/10 <b>must [4]</b> 35/10 44/15 65/20 66/20 <b>my [48]</b> 4/23 10/15 12/4 15/14 17/8 18/5 18/13 18/14 18/23 18/25 19/2 21/6 28/22 29/5 37/11 37/13 37/19 37/19 37/20 41/9 49/14 50/22 51/6 51/8 58/7 58/20 59/17 63/25 69/1 69/10 71/12 72/6 74/5 74/8 74/13 81/22 84/20 86/12 86/15 87/2 87/6 89/5 93/18 93/20 93/21 95/3 95/12 95/19 <b>mystery [1]</b> 19/5	<b>N</b> <b>name [8]</b> 6/7 6/10 38/16 39/16 74/1 78/17 81/22 81/25 <b>named [2]</b> 60/2 60/2 <b>names [2]</b> 59/21 80/25 <b>national [4]</b> 5/1 9/22 11/22 13/10 <b>naturally [1]</b> 8/25 <b>nature [4]</b> 66/6 77/8 90/1 90/10 <b>nearly [1]</b> 79/11 <b>necessary [1]</b> 24/2 <b>neck [1]</b> 55/8 <b>need [6]</b> 21/7 23/7 25/14 25/15 48/5 79/9 <b>needed [4]</b> 29/10 59/12 74/9 94/10 <b>needs [1]</b> 66/2 <b>negative [1]</b> 27/20 <b>negotiating [1]</b> 5/3 <b>never [7]</b> 9/3 63/17 65/1 65/17 76/20 90/14 95/12 <b>new [6]</b> 20/12 52/13 54/2 55/2 75/9 80/25 <b>Newcastle [4]</b> 14/12 16/24 47/20 65/12 <b>newly [2]</b> 5/15 7/13 <b>newspapers [1]</b> 18/4 <b>next [9]</b> 2/20 26/18 31/3 48/23 50/3 51/23 56/6 68/2 73/13	<b>NHS [1]</b> 6/24 <b>no [75]</b> 1/13 4/9 5/9 7/2 8/6 16/23 19/5 21/15 21/16 22/24 23/3 23/25 24/7 26/7 27/9 27/20 28/5 29/14 31/1 32/9 33/9 33/10 33/19 34/2 34/19 34/19 34/23 38/23 40/8 41/1 41/2 43/7 43/21 49/6 51/21 53/14 53/16 54/2 54/19 55/24 56/3 57/7 59/11 61/16 61/19 63/8 68/15 68/18 72/6 72/13 73/23 74/8 74/8 74/22 75/10 75/15 76/4 76/18 77/7 77/12 78/17 78/25 80/4 81/9 82/6 82/14 85/15 85/23 91/12 91/16 91/18 91/22 91/22 93/8 93/8 <b>No. [1]</b> 40/12 <b>nobody [1]</b> 80/11 <b>non [3]</b> 42/22 42/22 88/5 <b>non-A [1]</b> 42/22 <b>non-B [1]</b> 42/22 <b>non-medical [1]</b> 88/5 <b>nonetheless [2]</b> 6/22 50/19 <b>normal [3]</b> 47/19 48/13 52/15 <b>north [3]</b> 5/5 11/5 11/11 <b>not [79]</b> 6/21 7/25 11/2 12/7 15/18 18/14 21/2 21/14 27/13 27/14 29/9 31/19 32/15 33/18 34/20 35/24 36/1 36/8 37/5 37/6 38/16 38/17 38/24 39/15 39/16 39/17 41/8 41/21 42/16 42/18 43/1 43/7 43/12 43/18 44/16 46/9 46/13 47/23 47/24 48/1 48/13 51/2 51/14 54/10 55/3 55/5 55/7 55/7 59/10 60/25 61/15 63/20 63/24 63/24 65/3 65/19 68/10 72/11 72/14 72/15 74/1 74/3 74/3 74/7 76/5 78/7 80/4 82/2 82/5 83/18 83/24 84/1 84/12 85/8 88/3 92/12 92/25 93/8 94/3 <b>note [7]</b> 30/3 44/6 54/12 59/16 76/12 78/3 81/12	<b>noted [7]</b> 12/10 54/3 54/13 55/4 55/11 82/13 82/15 <b>notes [4]</b> 2/20 2/25 11/15 46/20 <b>nothing [6]</b> 12/11 12/12 12/12 18/10 19/25 72/12 <b>notice [2]</b> 15/1 21/16 <b>noting [2]</b> 11/7 61/12 <b>notwithstanding [1]</b> 95/17 <b>November [1]</b> 82/9 <b>November '83 [1]</b> 82/9 <b>now [32]</b> 11/2 11/3 18/10 18/13 18/15 19/19 20/17 21/2 23/10 24/22 27/3 37/1 37/24 44/8 48/14 49/9 49/22 50/16 50/24 52/11 54/3 54/8 62/9 63/13 66/6 71/12 79/9 79/14 80/15 89/3 89/9 90/24 <b>number [7]</b> 1/5 1/8 4/24 47/10 56/23 89/10 89/11 <b>number 1 [1]</b> 56/23 <b>numbers [2]</b> 2/1 56/23	<b>O</b> <b>o'clock [1]</b> 96/7 <b>oath [1]</b> 2/10 <b>objective [3]</b> 84/19 94/12 94/15 <b>obligation [1]</b> 76/20 <b>obliged [1]</b> 94/18 <b>obtain [3]</b> 23/7 25/6 32/19 <b>obtained [3]</b> 5/16 5/21 70/8 <b>obvious [2]</b> 1/9 52/8 <b>obviously [7]</b> 11/19 12/23 20/17 29/8 49/15 78/14 80/7 <b>occasion [3]</b> 1/10 63/19 90/14 <b>occasions [1]</b> 87/21 <b>occurrence [1]</b> 56/10 <b>occurring [3]</b> 41/15 41/16 41/17 <b>October [4]</b> 42/3 45/9 46/5 53/8 <b>October 1983 [2]</b> 45/9 46/5 <b>odd [1]</b> 1/19 <b>off [4]</b> 60/24 68/3 84/21 84/22 <b>offer [1]</b> 7/19 <b>office [10]</b> 11/22 14/6 16/2 21/12 28/8 34/11 60/25 61/1 61/1 89/7 <b>officer [2]</b> 4/25 14/2 <b>often [1]</b> 18/21 <b>Oh [6]</b> 14/18 55/7 71/21 77/4 84/9 89/25 <b>okay [2]</b> 4/23 74/14 <b>old [1]</b> 37/25 <b>older [1]</b> 52/8 <b>once [4]</b> 54/10 54/12 66/25 67/9 <b>one [20]</b> 7/11 11/18 11/19 12/25 15/23 16/8 27/13 29/22 29/23 33/24 35/15 57/15 57/16 58/5 58/15 63/17 65/7 68/3 69/3 92/22 <b>one's [1]</b> 68/11 <b>oneself [1]</b> 68/22 <b>ongoing [1]</b> 71/6 <b>only [18]</b> 1/15 1/25 4/4 7/3 8/6 23/1 29/21 35/11 40/1 41/21 63/25 65/7 75/23 76/4 84/1 84/12 85/2 94/9 <b>open [2]</b> 51/15 84/2 <b>operate [1]</b> 13/13 <b>operated [1]</b> 62/4 <b>opinion [6]</b> 35/23 57/14 61/20 62/13 95/3 95/12 <b>opinions [2]</b> 70/22 71/1 <b>opportunity [8]</b> 15/13 15/15 29/17 29/23 30/20 73/11 73/12 93/18 <b>opposite [1]</b> 73/19 <b>or [74]</b> 6/21 8/8 13/17 15/7 15/8 16/16 16/21 17/6 19/2 20/25 22/18 22/21 22/22 23/4 28/2 32/3 32/7 32/15 33/14 36/16 39/5 39/13 39/24 40/23 44/17 47/19 48/16 50/4 51/7 51/11 51/19 54/11 54/17 55/13 57/22 58/3 58/15 61/12 62/23 64/11 65/1 66/13 66/13 68/12 68/20 68/22 69/18 70/18 71/8 72/14 72/15 73/11 74/2 74/3 75/7 75/24 76/11 76/12 76/13 76/13 76/22 77/2 80/24 81/5 81/6 82/5 83/10 85/9 86/1 87/11 88/3 88/17 89/11 93/4 <b>orally [1]</b> 32/9 <b>order [2]</b> 5/22 56/12	<b>ordinary [1]</b> 3/5 <b>ordinator [4]</b> 30/19 31/13 31/15 37/25 <b>organisation [7]</b> 12/19 13/7 85/17 86/14 87/9 92/4 93/7 <b>organisational [2]</b> 12/23 13/8 <b>organisations [3]</b> 86/17 92/11 93/8 <b>organised [4]</b> 14/11 14/14 14/19 16/24 <b>original [1]</b> 18/15 <b>origins [1]</b> 91/10 <b>other [37]</b> 8/20 16/22 25/7 31/5 32/14 35/11 39/22 40/2 41/6 42/23 48/16 49/16 51/3 52/24 55/6 58/4 58/20 61/19 61/23 62/24 63/18 64/3 64/21 65/5 65/6 65/13 71/9 73/10 75/16 80/8 85/9 85/10 87/23 90/21 92/10 93/1 95/7 <b>others [3]</b> 14/11 22/18 44/13 <b>otherwise [1]</b> 22/6 <b>ought [3]</b> 1/20 11/2 37/18 <b>our [41]</b> 1/21 3/4 5/3 7/8 7/10 7/21 8/22 10/5 11/2 11/17 28/17 40/17 41/7 49/14 51/22 54/24 62/8 62/9 62/20 62/25 63/3 63/19 64/2 64/18 64/24 65/14 66/25 67/17 67/17 77/5 79/14 83/23 86/13 88/10 88/24 89/17 89/20 90/10 90/22 90/23 91/23 <b>ourselves [2]</b> 4/5 90/11 <b>out [23]</b> 3/2 11/17 19/20 19/23 20/21 20/23 20/24 21/4 21/16 25/3 26/16 29/7 33/12 33/14 38/4 41/11 46/11 46/23 49/3 50/8 56/17 58/17 80/9 <b>outlined [1]</b> 22/3 <b>outlining [1]</b> 45/16 <b>outside [3]</b> 1/15 65/5 72/4 <b>outweigh [1]</b> 40/18 <b>over [11]</b> 2/3 4/24 9/4 17/3 23/23 26/21 30/1 34/12 80/16 87/18 95/13
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<p><b>O</b></p> <p><b>overlap</b> [1] 5/6</p> <p><b>overriding</b> [1] 66/3</p> <p><b>oversee</b> [1] 39/19</p> <p><b>overspeaking</b> [3] 43/14 43/15 71/18</p> <p><b>Owen</b> [2] 84/15 94/1</p> <p><b>own</b> [6] 7/8 62/10 65/14 65/24 65/24 83/23</p> <p><b>P</b></p> <p><b>page</b> [33] 20/14 23/13 23/23 26/21 26/22 30/2 31/10 35/2 35/2 37/11 37/12 37/15 40/14 40/15 45/12 46/2 46/2 53/11 53/25 55/19 55/21 56/6 59/1 59/3 59/4 60/8 60/10 71/14 74/15 75/1 78/5 82/9 82/12</p> <p><b>page 12</b> [1] 46/2</p> <p><b>page 2</b> [4] 20/14 53/11 74/15 78/5</p> <p><b>page 3</b> [1] 75/1</p> <p><b>page 4</b> [1] 60/8</p> <p><b>pages</b> [2] 38/7 60/8</p> <p><b>paid</b> [3] 4/13 5/7 29/5</p> <p><b>painful</b> [1] 95/21</p> <p><b>Paisners</b> [1] 54/5</p> <p><b>pamphlets</b> [3] 59/8 59/9 59/13</p> <p><b>panel</b> [33] 25/1 25/10 26/12 54/21 54/22 58/7 58/9 59/11 59/20 59/21 61/25 62/4 62/6 62/8 62/9 62/9 62/11 62/25 63/3 64/18 65/5 65/7 66/8 67/16 72/22 73/2 73/6 73/7 73/10 73/17 75/25 88/21 91/23</p> <p><b>panels</b> [2] 58/8 58/8</p> <p><b>panic</b> [1] 28/6</p> <p><b>paper</b> [7] 69/24 70/1 71/16 71/22 72/25 73/16 73/16</p> <p><b>papers</b> [2] 16/6 69/20</p> <p><b>paragraph</b> [15] 22/1 25/24 25/24 32/21 37/11 37/17 39/18 45/25 46/1 46/15 60/10 60/16 72/18 80/19 80/21</p> <p><b>paragraph 2</b> [1] 80/19</p> <p><b>Paragraph 34</b> [1] 46/1</p> <p><b>paragraphs</b> [1] 17/11</p> <p><b>paragraphs 21</b> [1] 17/11</p> <p><b>parents</b> [2] 7/13 48/8</p>	<p><b>park</b> [2] 27/17 28/2</p> <p><b>parked</b> [2] 27/25 81/15</p> <p><b>part</b> [12] 5/14 11/6 49/1 59/5 72/18 73/25 78/19 87/14 88/15 91/15 94/7 95/19</p> <p><b>participate</b> [1] 68/13</p> <p><b>particular</b> [16] 14/20 15/6 16/16 16/20 33/25 37/23 54/17 66/1 70/4 70/6 70/18 70/19 75/18 80/12 87/25 93/6</p> <p><b>particularly</b> [6] 24/12 48/7 51/12 93/4 95/22 95/25</p> <p><b>parties</b> [1] 35/14</p> <p><b>partners</b> [1] 49/17</p> <p><b>pass</b> [1] 74/7</p> <p><b>passing</b> [2] 60/13 77/4</p> <p><b>pastoral</b> [1] 88/9</p> <p><b>patchy</b> [1] 85/6</p> <p><b>patient</b> [2] 93/7 93/8</p> <p><b>patients</b> [5] 5/22 7/3 56/11 66/3 95/2</p> <p><b>pause</b> [1] 31/21</p> <p><b>pay</b> [2] 52/16 62/10</p> <p><b>paying</b> [1] 87/12</p> <p><b>payments</b> [1] 88/8</p> <p><b>Peggy</b> [1] 92/23</p> <p><b>Peggy Britten</b> [1] 92/23</p> <p><b>penny</b> [1] 47/3</p> <p><b>people</b> [48] 1/5 1/6 1/8 1/13 1/20 1/25 7/1 7/16 8/3 8/20 9/1 11/9 11/16 13/22 13/25 14/15 21/1 35/12 38/6 44/4 46/10 46/11 47/6 47/8 47/17 49/2 49/4 49/6 49/16 52/14 52/22 52/24 57/25 60/25 61/6 61/16 62/15 62/18 63/23 64/6 65/21 67/10 67/11 67/16 68/19 90/17 93/24 95/13</p> <p><b>people's</b> [4] 47/24 48/21 49/13 51/16</p> <p><b>per</b> [1] 10/2</p> <p><b>perhaps</b> [9] 37/20 41/20 43/10 44/11 59/1 65/6 66/13 74/10 86/8</p> <p><b>period</b> [8] 43/4 52/12 61/22 68/8 72/13 87/18 90/3 93/20</p> <p><b>permanent</b> [1] 52/20</p> <p><b>permission</b> [1] 1/17</p> <p><b>permitted</b> [1] 47/21</p>	<p><b>person</b> [2] 69/13 96/8</p> <p><b>Personal</b> [1] 74/14</p> <p><b>personally</b> [2] 68/9 90/5</p> <p><b>PETER</b> [7] 2/11 7/7 8/2 14/13 47/20 65/11 97/2</p> <p><b>Peter Jones</b> [2] 47/20 65/11</p> <p><b>pharmaceutical</b> [6] 76/17 76/21 77/10 77/13 78/21 85/10</p> <p><b>pharmaceuticals</b> [1] 32/8</p> <p><b>philosophical</b> [1] 43/19</p> <p><b>phone</b> [1] 16/17</p> <p><b>photograph</b> [1] 1/11</p> <p><b>photographs</b> [1] 1/15</p> <p><b>photography</b> [1] 1/14</p> <p><b>phrase</b> [3] 50/22 63/3 90/20</p> <p><b>physical</b> [2] 50/25 52/9</p> <p><b>physics</b> [1] 63/25</p> <p><b>pick</b> [3] 28/24 61/25 72/18</p> <p><b>picked</b> [1] 43/22</p> <p><b>picking</b> [2] 36/3 85/10</p> <p><b>piece</b> [1] 42/5</p> <p><b>pithy</b> [1] 36/11</p> <p><b>place</b> [10] 1/14 4/10 13/16 18/17 26/8 27/22 30/25 31/15 37/20 38/6</p> <p><b>placed</b> [1] 9/10</p> <p><b>places</b> [1] 10/17</p> <p><b>plainly</b> [2] 92/5 92/8</p> <p><b>plasma</b> [1] 43/3</p> <p><b>play</b> [2] 10/24 61/21</p> <p><b>played</b> [1] 81/3</p> <p><b>please</b> [22] 2/9 2/13 9/13 19/19 20/9 24/23 26/21 28/14 30/2 31/9 33/21 34/24 40/14 45/11 46/1 53/24 55/19 55/19 56/6 60/8 75/1 82/7</p> <p><b>pleased</b> [1] 81/3</p> <p><b>plight</b> [1] 9/23</p> <p><b>plus</b> [1] 37/25</p> <p><b>pm</b> [3] 79/18 79/20 96/10</p> <p><b>point</b> [24] 18/15 24/6 27/16 27/20 28/4 33/25 34/1 34/22 35/7 36/3 41/9 43/6 44/9 44/19 47/16 49/9 49/22 61/21 68/3 68/23 70/4 83/9 89/5 91/16</p> <p><b>pointing</b> [2] 38/4</p>	<p>91/25</p> <p><b>points</b> [9] 25/3 25/23 35/5 36/10 43/19 46/13 47/10 70/18 85/8</p> <p><b>policies</b> [1] 94/16</p> <p><b>policy</b> [20] 15/6 21/24 22/6 36/2 41/2 41/3 69/25 70/9 71/4 72/8 73/1 73/5 73/8 73/16 85/1 86/24 87/16 88/1 94/8 94/12</p> <p><b>political</b> [1] 93/25</p> <p><b>position</b> [18] 30/16 33/6 36/17 36/22 38/6 38/21 39/7 43/18 47/14 51/3 59/15 64/1 64/16 69/12 72/17 83/16 84/1 89/19</p> <p><b>positions</b> [1] 64/21</p> <p><b>possibility</b> [4] 24/19 48/11 48/15 60/23</p> <p><b>possible</b> [7] 22/12 29/9 38/9 40/18 58/1 63/15 64/7</p> <p><b>possibly</b> [3] 3/12 53/5 80/24</p> <p><b>postcard</b> [1] 12/10</p> <p><b>posted</b> [1] 8/8</p> <p><b>potential</b> [1] 94/13</p> <p><b>potentially</b> [1] 50/16</p> <p><b>powers</b> [1] 36/21</p> <p><b>practical</b> [1] 68/23</p> <p><b>practice</b> [2] 46/21 76/1</p> <p><b>practitioners</b> [2] 62/17 66/5</p> <p><b>pre</b> [1] 12/4</p> <p><b>pre-empted</b> [1] 12/4</p> <p><b>precipitate</b> [1] 49/12</p> <p><b>precise</b> [1] 39/13</p> <p><b>predominant</b> [1] 16/14</p> <p><b>preface</b> [1] 71/12</p> <p><b>preparation</b> [1] 33/5</p> <p><b>prepare</b> [2] 57/3 59/12</p> <p><b>prepared</b> [6] 16/6 33/16 33/22 46/20 55/25 56/2</p> <p><b>present</b> [15] 11/1 17/21 22/8 45/17 45/18 46/6 69/12 72/3 74/2 78/3 81/19 81/21 81/21 82/2 83/7</p> <p><b>presented</b> [6] 30/3 38/1 39/13 39/14 75/16 75/18</p> <p><b>presently</b> [1] 80/22</p> <p><b>preserve</b> [1] 36/2</p> <p><b>press</b> [5] 9/22 17/14 21/5 38/2 83/18</p> <p><b>pressing</b> [1] 84/6</p>	<p><b>pressure</b> [1] 60/24</p> <p><b>pretty</b> [17] 8/18 15/10 17/8 21/7 21/8 21/23 34/14 46/19 47/3 49/6 51/3 52/20 54/22 55/16 71/6 77/19 84/23</p> <p><b>prevalent</b> [1] 93/4</p> <p><b>prevented</b> [1] 74/9</p> <p><b>previous</b> [7] 10/22 39/5 39/6 40/24 46/21 47/14 85/19</p> <p><b>previously</b> [3] 42/19 42/19 55/1</p> <p><b>primarily</b> [2] 13/16 77/13</p> <p><b>primary</b> [1] 12/17</p> <p><b>principally</b> [1] 14/12</p> <p><b>principle</b> [1] 1/22</p> <p><b>prior</b> [3] 21/15 52/6 95/5</p> <p><b>private</b> [1] 94/20</p> <p><b>privately</b> [1] 90/8</p> <p><b>privatisation</b> [2] 84/22 94/8</p> <p><b>privileged</b> [1] 12/24</p> <p><b>probably</b> [7] 41/10 53/1 53/3 70/12 77/16 86/21 89/4</p> <p><b>problems</b> [1] 90/25</p> <p><b>produce</b> [3] 38/8 69/20 83/23</p> <p><b>produced</b> [5] 56/5 59/10 60/1 60/19 73/17</p> <p><b>product</b> [1] 78/7</p> <p><b>production</b> [3] 9/25 39/20 39/22</p> <p><b>products</b> [55] 9/23 16/8 22/12 24/1 24/8 24/11 24/15 25/16 30/10 31/20 34/2 34/17 43/4 52/6 52/12 53/5 56/12 68/1 68/16 69/6 69/22 70/7 71/5 71/15 71/20 75/2 75/7 75/10 77/18 77/22 78/6 78/22 80/3 80/5 80/8 82/17 82/20 83/6 83/16 83/19 83/21 83/23 84/3 84/21 84/25 85/2 85/7 91/3 91/9 94/2 94/7 94/11 94/14 94/18 95/5</p> <p><b>Professor</b> [42] 17/11 17/22 21/20 22/18 25/12 25/13 25/25 26/14 27/11 30/18 30/20 38/24 39/1 39/10 40/6 41/24 45/15 45/19 46/4 46/18 47/1 47/10</p>	<p>47/13 49/10 49/18 51/1 54/13 54/15 54/20 55/2 55/8 55/10 56/20 58/3 58/23 59/5 59/19 60/4 67/14 74/17 91/20 92/1</p> <p><b>Professor Arthur</b> [1] 38/24</p> <p><b>Professor Arthur Bloom</b> [1] 26/14</p> <p><b>Professor Bloom</b> [28] 17/11 17/22 22/18 25/13 25/25 27/11 30/18 30/20 39/1 39/10 41/24 45/15 45/19 46/18 47/1 47/10 47/13 49/18 51/1 54/20 55/2 58/3 58/23 59/5 59/19 60/4 91/20 92/1</p> <p><b>Professor Bloom's</b> [7] 46/4 49/10 54/13 54/15 55/8 55/10 56/20</p> <p><b>programme</b> [10] 9/21 10/21 10/23 11/17 17/13 18/19 18/19 22/23 65/12 65/19</p> <p><b>programmes</b> [10] 22/8 46/11 47/18 51/4 51/25 52/21 65/10 88/17 88/18 95/6</p> <p><b>progress</b> [1] 83/1</p> <p><b>projects</b> [1] 26/3</p> <p><b>prompted</b> [6] 8/15 18/5 18/13 23/10 23/12 49/11</p> <p><b>promulgated</b> [1] 15/10</p> <p><b>proper</b> [1] 95/14</p> <p><b>prophylactic</b> [6] 47/18 48/9 52/13 65/12 65/19 94/24</p> <p><b>proportion</b> [1] 2/1</p> <p><b>prospect</b> [1] 50/5</p> <p><b>Prothero</b> [2] 67/11 69/8</p> <p><b>prove</b> [1] 22/6</p> <p><b>proved</b> [1] 60/12</p> <p><b>provide</b> [6] 5/14 7/14 58/1 62/14 66/1 88/23</p> <p><b>provided</b> [7] 11/21 27/7 33/7 52/1 74/20 80/16 85/13</p> <p><b>provides</b> [1] 56/9</p> <p><b>providing</b> [3] 7/18 15/1 61/9</p> <p><b>province</b> [1] 92/19</p> <p><b>provision</b> [3] 83/20 95/10 95/15</p> <p><b>PRSE0001094</b> [1] 56/4</p>
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(35) overlap - PRSE0001094

<b>P</b>	83/3	34/15 34/19 35/20	referred [5] 7/6 22/23	remit [3] 70/5 70/5	Reverend Alan	
<b>PRSE0004474 [1]</b> 40/14	<b>raise [12]</b> 6/17 6/25 14/20 16/16 16/21 25/8 29/17 29/25 32/10 32/18 54/17 88/16	38/17 39/12 40/5 41/2 46/3 46/16 51/6 51/8 55/3 55/15 56/1 57/20 58/19 71/2 71/8 74/20 75/22 76/3 76/4 76/15 76/19 77/14 79/2 79/4 82/24 83/11 83/12 84/6 84/25 87/11 89/15 90/15 91/18 91/19 95/21	46/4 72/12 76/2 <b>referring [1]</b> 78/24 <b>reflect [3]</b> 28/11 33/3 49/23 <b>reflected [1]</b> 33/3 <b>reflecting [1]</b> 90/8 <b>reflection [5]</b> 89/15 89/24 89/25 90/4 90/7 <b>reforms [1]</b> 53/4 <b>refreshments [1]</b> 8/25 <b>refuse [1]</b> 64/24 <b>regard [2]</b> 1/18 86/24 <b>regarded [2]</b> 66/17 93/23 <b>region [1]</b> 5/5 <b>regular [1]</b> 16/3 <b>regularly [1]</b> 15/18 <b>related [5]</b> 25/15 26/3 37/24 56/14 85/8 <b>relating [1]</b> 1/3 <b>relation [29]</b> 5/3 7/23 8/19 17/25 35/7 38/5 42/21 43/19 47/4 47/11 47/16 48/11 51/4 54/8 59/18 59/23 61/18 66/2 70/17 71/25 76/1 80/6 81/6 83/14 84/24 85/10 85/20 95/4 95/15 <b>relationship [8]</b> 7/2 7/3 7/10 64/18 67/14 79/5 88/22 91/23 <b>relationships [3]</b> 77/9 77/11 79/3 <b>relatively [1]</b> 87/7 <b>relevant [7]</b> 6/6 6/14 59/1 59/3 59/9 78/12 78/14 <b>reliance [2]</b> 91/20 95/1 <b>reliant [1]</b> 64/11 <b>relied [2]</b> 54/22 70/22 <b>rely [3]</b> 7/5 82/6 94/19 <b>relying [2]</b> 57/17 67/13 <b>remain [1]</b> 78/23 <b>remained [1]</b> 3/19 <b>remains [2]</b> 30/16 40/17 <b>remarks [1]</b> 84/20 <b>remember [25]</b> 16/8 17/24 21/2 22/15 28/20 28/23 29/4 29/7 34/12 41/25 49/9 49/11 51/24 56/18 64/22 74/10 75/14 78/16 81/9 81/10 82/25 90/2 90/17 93/5 93/8 <b>remind [4]</b> 1/6 1/13 1/20 40/10	70/16 <b>remove [1]</b> 2/13 <b>rent [1]</b> 52/16 <b>replies [3]</b> 73/15 74/16 74/21 <b>report [17]</b> 16/11 16/12 20/14 21/9 35/3 37/5 38/18 38/19 45/13 53/9 58/22 59/5 59/22 60/7 62/15 75/12 83/1 <b>reported [17]</b> 16/11 18/11 21/11 21/14 27/3 31/13 32/9 35/17 39/3 41/22 41/24 45/15 74/16 75/3 75/8 78/9 82/6 <b>reports [5]</b> 9/21 18/3 71/3 71/8 76/8 <b>representations [1]</b> 16/4 <b>representatives [3]</b> 79/8 79/24 85/25 <b>reputable [1]</b> 64/3 <b>required [1]</b> 69/11 <b>requirement [1]</b> 71/7 <b>requiring [1]</b> 87/20 <b>research [8]</b> 24/5 25/15 26/3 52/2 63/15 70/16 88/17 88/17 <b>resolution [5]</b> 30/4 30/25 31/11 31/14 31/18 <b>resources [4]</b> 84/7 86/21 87/6 88/10 <b>respect [7]</b> 43/25 62/19 66/22 67/1 67/3 67/4 67/6 <b>respective [2]</b> 8/23 11/18 <b>respectively [1]</b> 31/17 <b>responded [1]</b> 14/7 <b>responding [1]</b> 65/20 <b>response [7]</b> 12/1 12/2 12/7 46/12 49/3 50/9 55/24 <b>responsibility [5]</b> 15/21 55/10 69/14 69/24 75/17 <b>rest [1]</b> 88/2 <b>result [3]</b> 76/21 89/18 90/11 <b>retarded [1]</b> 94/11 <b>revealed [1]</b> 10/23 <b>Reverend [21]</b> 21/20 26/15 33/17 36/13 36/18 36/25 39/10 40/7 42/6 56/20 57/1 57/3 57/12 62/7 66/13 67/15 67/22 69/2 88/1 90/12 92/20	<b>Tanner [2]</b> 21/20 33/17 <b>Reverend Alan</b> <b>Tanner's [1]</b> 26/15 <b>Reverend Tanner [8]</b> 39/10 40/7 42/6 57/1 69/2 88/1 90/12 92/20 <b>revise [1]</b> 41/3 <b>rich [1]</b> 87/7 <b>right [18]</b> 3/22 4/17 4/23 6/12 13/19 20/16 30/22 37/10 40/15 56/8 56/19 57/6 70/12 81/17 86/9 89/19 92/22 96/9 <b>right-hand [1]</b> 40/15 <b>ringing [1]</b> 60/25 <b>Rio [1]</b> 92/22 <b>Rio de Janeiro [1]</b> 92/22 <b>risk [24]</b> 10/5 40/18 40/21 41/21 42/6 42/12 42/14 42/17 42/17 42/18 42/25 43/2 43/5 43/7 43/9 43/9 43/11 43/20 50/4 50/5 50/16 80/22 81/2 95/1 <b>risks [13]</b> 35/13 40/20 40/22 42/21 42/23 43/14 47/6 48/5 49/24 49/25 49/25 50/1 94/21 <b>Rizza [2]</b> 45/19 74/17 <b>role [6]</b> 4/15 4/21 5/2 5/7 5/14 80/11 <b>roll [1]</b> 52/19 <b>room [6]</b> 1/6 1/8 1/12 1/14 48/17 49/22 <b>round [3]</b> 73/19 87/12 87/23 <b>row' [1]</b> 10/6 <b>rubber [1]</b> 27/17 <b>rudiments [1]</b> 91/17 <b>rule [1]</b> 1/21 <b>rumoured [1]</b> 18/11 <b>running [1]</b> 65/13 <b>runs [1]</b> 10/4	
<b>Q</b>	<b>qualification [1]</b> 39/6 <b>qualified [1]</b> 7/25 <b>qualifying [1]</b> 15/12 <b>quality [1]</b> 80/7 <b>quantification [1]</b> 43/12 <b>quantify [2]</b> 43/11 48/2 <b>quarter [2]</b> 44/10 44/23 <b>question [21]</b> 12/4 23/5 23/10 24/14 32/15 32/18 32/20 43/12 43/13 43/21 48/23 51/23 61/22 63/21 70/6 71/12 72/10 83/14 83/15 89/22 89/23 <b>questioned [1]</b> 18/9 <b>questioning [4]</b> 22/21 37/2 86/5 89/6 <b>questions [15]</b> 2/17 37/21 50/7 54/25 63/19 74/7 79/6 79/8 85/9 85/24 86/2 86/3 95/24 97/3 97/4 <b>quick [1]</b> 19/18 <b>quickly [2]</b> 36/15 49/6 <b>quiet [1]</b> 61/12 <b>quietly [2]</b> 54/13 55/4 <b>quite [10]</b> 17/24 18/6 18/6 18/14 18/21 28/7 36/11 88/14 89/10 95/20	<b>reading [2]</b> 42/1 72/6 <b>reads [1]</b> 80/21 <b>real [1]</b> 50/24 <b>realised [1]</b> 55/9 <b>reality [1]</b> 50/6 <b>really [37]</b> 2/1 7/10 7/24 11/8 12/19 13/19 15/19 22/19 27/15 34/9 36/22 37/17 39/12 43/17 48/1 48/19 51/24 52/23 57/4 57/17 61/19 61/23 64/23 65/2 65/17 65/22 67/9 70/15 72/16 75/22 78/16 78/18 88/14 90/6 91/1 92/1 92/19 <b>Reaper [2]</b> 48/16 90/22 <b>reason [4]</b> 28/24 41/2 60/23 76/5 <b>reasonably [1]</b> 27/4 <b>reasoning [1]</b> 44/1 <b>reasons [3]</b> 1/9 65/16 65/22 <b>reassurance [1]</b> 7/15 <b>reassurances [1]</b> 49/19 <b>reassure [1]</b> 46/6 <b>recall [65]</b> 8/17 9/8 10/20 11/4 12/2 12/11 12/13 17/10 18/10 22/19 22/21 22/25 23/4 23/6 24/18 24/21 26/4 26/9 26/12 28/5 28/10 31/6 31/6 32/20 33/9 33/20 34/10	18/14 42/1 95/17 <b>reckoning [2]</b> 48/14 95/15 <b>recognise [2]</b> 10/15 95/19 <b>recognised [3]</b> 79/8 79/24 85/25 <b>recollection [2]</b> 46/17 73/21 <b>recommend [2]</b> 8/3 70/10 <b>recommendations [2]</b> 75/21 95/16 <b>recommended [1]</b> 7/6 <b>record [4]</b> 17/15 19/6 31/15 35/8 <b>recorded [10]</b> 31/12 31/24 35/15 35/24 35/25 36/10 36/16 47/8 71/16 74/4 <b>recording [1]</b> 33/4 <b>records [1]</b> 45/14 <b>recriminations [1]</b> 90/11 <b>redacted [3]</b> 6/9 64/22 74/13 <b>redaction [3]</b> 81/23 81/24 81/25 <b>redactions [1]</b> 28/17 <b>reduce [1]</b> 61/4 <b>reduced [1]</b> 60/23 <b>refer [3]</b> 62/7 73/6 84/19 <b>reference [6]</b> 27/14 40/9 62/6 74/24 78/6 80/9 <b>referenced [1]</b> 74/15 <b>references [1]</b> 48/4			
<b>R</b>	<b>rack [1]</b> 8/10 <b>radio [3]</b> 82/17 83/1					

(36) PRSE0004474 - said



<b>S</b>	37/12 39/18 40/1 40/1 40/3 40/3 40/9 40/15 41/9 45/12 46/2 50/24 53/25 55/21 56/5 60/10 71/21 75/1 80/18 81/24 82/10 82/10 82/13 86/18 87/13 89/1 89/25 90/9 91/10	42/8 42/10 83/4 <b>September [6]</b> 33/24 34/7 34/25 47/22 68/5 74/24 <b>September 1984 [2]</b> 68/5 74/24 <b>sequence [1]</b> 72/24 <b>series [5]</b> 56/18 57/9 59/7 59/18 61/3 <b>serious [3]</b> 43/1 52/9 89/12 <b>servant [1]</b> 36/23 <b>Servants [2]</b> 5/1 5/2 <b>serve [1]</b> 13/1 <b>served [1]</b> 94/9 <b>service [3]</b> 78/7 84/8 88/24 <b>services [1]</b> 7/20 <b>session [3]</b> 45/13 45/20 53/9 <b>set [4]</b> 45/7 80/9 83/15 88/1 <b>setting [1]</b> 25/3 <b>seven [1]</b> 84/16 <b>sex [2]</b> 48/13 50/18 <b>sexual [5]</b> 47/11 48/5 48/11 49/19 87/4 <b>shakier [5]</b> 34/4 34/17 34/19 34/20 34/21 <b>shall [2]</b> 25/18 40/4 <b>she [5]</b> 11/25 18/23 36/12 49/15 56/9 <b>shock [2]</b> 71/7 90/5 <b>short [1]</b> 44/25 <b>shortly [1]</b> 4/4 <b>should [20]</b> 1/14 7/24 21/21 23/5 25/7 26/25 28/3 30/10 30/19 38/2 38/22 43/9 47/13 71/12 72/21 73/11 76/16 78/23 80/19 91/7 <b>side [4]</b> 12/23 12/25 13/8 40/15 <b>significance [1]</b> 78/16 <b>significant [1]</b> 82/14 <b>significantly [1]</b> 38/25 <b>similar [2]</b> 2/4 92/24 <b>similarly [1]</b> 60/17 <b>Simon [2]</b> 96/6 96/8 <b>Simon Taylor [1]</b> 96/8 <b>simply [4]</b> 28/25 40/24 43/17 68/10 <b>since [5]</b> 1/7 1/7 27/1 82/14 83/2 <b>sincere [1]</b> 37/11 <b>sir [19]</b> 2/18 37/10 37/14 37/19 44/2 44/6 44/19 45/3 79/6 79/17 79/22 81/24 85/24 86/1 86/3 91/1 96/5 96/9 97/4	<b>sit [1]</b> 68/24 <b>sitting [1]</b> 90/3 <b>situated [1]</b> 14/11 <b>situation [15]</b> 6/24 14/17 14/19 15/19 18/3 26/24 28/11 32/13 32/24 45/17 59/18 71/25 83/22 92/24 95/3 <b>six [1]</b> 84/16 <b>size [1]</b> 87/6 <b>sketching [1]</b> 3/2 <b>skilled [1]</b> 36/9 <b>skillful [1]</b> 36/14 <b>skills [1]</b> 13/5 <b>slightly [5]</b> 3/15 9/24 10/16 67/3 92/3 <b>slipped [1]</b> 37/3 <b>small [6]</b> 2/1 7/21 61/1 85/17 86/20 87/9 <b>smaller [2]</b> 14/15 33/15 <b>so [100]</b> <b>Social [2]</b> 4/17 4/19 <b>society [70]</b> 1/4 3/3 3/5 3/14 3/20 4/12 4/16 4/25 5/8 5/23 8/5 8/7 9/7 9/20 10/14 11/8 11/23 12/1 12/21 20/1 21/7 21/15 22/5 27/8 30/8 30/17 31/25 34/6 35/9 36/24 38/2 38/5 38/21 47/2 47/15 52/1 59/6 59/10 60/14 62/7 66/6 69/12 69/25 70/22 72/1 76/8 76/16 76/25 80/20 80/22 81/2 81/5 81/11 82/21 84/6 84/12 84/25 85/16 86/7 86/19 87/9 88/3 89/16 90/10 91/6 92/5 92/9 92/14 93/2 93/19 <b>Society's [5]</b> 22/6 55/24 71/4 83/16 88/16 <b>some [31]</b> 1/6 2/20 3/2 7/14 7/18 12/22 13/3 13/4 14/10 28/3 30/13 34/13 36/20 38/7 43/8 44/11 48/2 49/18 49/21 52/22 65/21 69/11 69/11 70/4 70/18 71/4 73/5 79/7 85/4 87/21 88/6 <b>somebody [1]</b> 1/10 <b>somehow [1]</b> 48/16 <b>someone [5]</b> 18/11 29/12 66/19 74/1 78/15 <b>something [18]</b> 1/17 2/4 7/25 8/15 15/7	18/9 21/8 21/17 33/14 44/1 51/19 58/2 63/12 65/1 69/16 78/12 87/12 91/7 <b>sometimes [1]</b> 74/8 <b>somewhat [1]</b> 28/7 <b>son [8]</b> 3/7 28/22 49/15 64/24 65/2 67/24 74/13 86/13 <b>sooner [3]</b> 23/8 53/6 83/22 <b>sorry [12]</b> 1/23 12/6 22/20 23/4 40/7 45/6 48/18 56/3 59/4 71/19 78/17 80/19 <b>sort [35]</b> 8/20 16/9 28/5 36/18 36/21 36/21 36/22 39/7 40/7 43/19 43/25 46/24 46/25 47/12 47/19 48/2 48/4 48/18 49/12 49/18 50/24 51/24 62/11 66/22 69/4 70/3 72/14 80/4 83/24 86/16 87/10 88/5 88/9 90/2 92/11 <b>sorts [1]</b> 84/18 <b>sought [2]</b> 21/17 23/1 <b>Soumik [14]</b> 19/19 20/8 28/13 30/2 33/21 35/4 40/14 46/1 53/11 53/24 55/20 56/6 74/24 82/7 <b>sound [1]</b> 64/2 <b>source [4]</b> 14/3 38/16 59/12 64/3 <b>sources [4]</b> 7/4 10/6 83/23 83/24 <b>Southern [4]</b> 30/3 30/11 31/11 31/13 <b>speaking [1]</b> 2/2 <b>special [1]</b> 20/12 <b>specialised [1]</b> 88/15 <b>specific [1]</b> 76/23 <b>specifically [2]</b> 57/10 59/23 <b>speculate [1]</b> 21/3 <b>speech [3]</b> 46/4 46/16 49/10 <b>speeches [1]</b> 62/20 <b>speed [1]</b> 38/9 <b>spell [1]</b> 41/10 <b>spending [1]</b> 94/16 <b>spoke [1]</b> 93/6 <b>spoken [4]</b> 55/7 55/7 66/6 66/7 <b>springs [1]</b> 14/12 <b>St [1]</b> 4/11 <b>staff [1]</b> 4/13 <b>staffing [1]</b> 85/19 <b>stage [4]</b> 11/7 23/2 41/3 72/10	<b>stages [1]</b> 46/15 <b>stake [1]</b> 49/13 <b>stamping [1]</b> 27/17 <b>standing [1]</b> 70/5 <b>stark [1]</b> 47/14 <b>start [2]</b> 1/23 3/2 <b>started [2]</b> 1/7 1/7 <b>starting [7]</b> 47/7 48/6 48/13 48/19 48/20 50/1 64/23 <b>state [9]</b> 10/23 40/20 46/8 51/10 52/20 61/21 84/23 90/4 94/2 <b>stated [3]</b> 47/14 47/25 82/18 <b>statement [23]</b> 5/14 17/12 17/16 18/15 30/18 32/23 33/1 33/2 33/7 33/9 33/11 33/13 33/16 38/3 45/24 49/1 50/23 56/20 70/17 70/21 82/22 83/13 93/15 <b>statements [2]</b> 30/21 33/5 <b>States [6]</b> 10/3 18/1 41/25 93/4 93/7 94/21 <b>stay [1]</b> 58/12 <b>steer [1]</b> 8/4 <b>steps [3]</b> 38/4 81/5 91/19 <b>Stewart [2]</b> 11/4 11/19 <b>sticking [1]</b> 72/9 <b>still [9]</b> 10/24 30/11 35/14 50/15 50/22 51/1 54/20 72/13 78/4 <b>Stockholm [5]</b> 27/2 27/21 81/15 82/5 92/21 <b>straight [1]</b> 19/17 <b>strand [6]</b> 7/11 88/5 88/6 88/9 88/13 88/14 <b>strands [2]</b> 88/4 89/2 <b>strategy [1]</b> 94/21 <b>Street [4]</b> 14/6 15/4 16/2 28/8 <b>strength [1]</b> 38/7 <b>strides [1]</b> 52/4 <b>strike [1]</b> 43/8 <b>stringencies [1]</b> 6/23 <b>strong [1]</b> 34/22 <b>strongly [1]</b> 56/11 <b>structure [1]</b> 14/9 <b>struggling [1]</b> 14/16 <b>studies [1]</b> 56/13 <b>style [1]</b> 10/16 <b>sub [28]</b> 16/8 68/1 68/16 68/17 68/23 68/25 69/1 69/15 69/17 69/18 69/20 69/22 70/4 70/8 71/7 71/15 71/20 75/2 75/7
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(37) salvation - sub

<b>S</b>	21/14 54/5 54/7 55/22	<b>team</b> [1] 28/17	49/17 49/17 52/10	77/23 83/18 89/21	89/23 90/7 90/10
<b>sub...</b> [9] 75/11 75/20	<b>supplies</b> [1] 72/1	<b>technical</b> [2] 16/10	52/16 59/6 62/17	<b>they'd</b> [2] 8/14 36/7	90/18 91/24 92/15
77/22 78/6 78/22 80/3	<b>supply</b> [4] 24/10	63/11	63/23 65/24 65/24	<b>they're</b> [4] 36/8 60/2	93/18 94/23 95/14
80/6 80/12 87/3	24/14 80/24 84/2	<b>technology</b> [1] 63/13	65/25 66/2 70/10	78/2 85/9	<b>timeline</b> [1] 84/24
<b>Sub Committee</b> [16]	<b>support</b> [8] 5/15 7/14	<b>teenage</b> [1] 48/8	75/21 77/4 77/21	<b>thing</b> [3] 7/16 45/25	<b>timely</b> [1] 94/17
68/16 68/17 69/1	22/11 24/4 76/19	<b>telephone</b> [1] 14/7	93/23 94/8 94/19 95/2	79/13	<b>times</b> [4] 13/17 16/16
69/15 69/17 69/18	88/21 89/21 95/11	<b>television</b> [1] 9/21	<b>them</b> [25] 7/18 7/19	<b>things</b> [18] 8/5 8/13	79/1 95/20
69/20 69/22 70/4 71/7	<b>supporting</b> [2] 85/11	<b>tell</b> [6] 4/21 10/11	7/19 8/4 8/8 8/9 9/2	9/1 9/11 12/23 13/8	<b>tiny</b> [2] 40/21 42/7
75/7 75/11 75/20	85/12	12/17 13/13 17/17	38/3 41/25 49/11 57/3	36/7 48/1 53/3 53/6	<b>to</b> [602]
77/22 80/3 80/12	<b>suppose</b> [8] 12/23	51/15	57/3 58/1 58/17 58/18	65/6 66/10 69/19 74/8	<b>today</b> [3] 53/2 89/4
<b>sub committees</b> [1]	47/21 50/22 62/12	<b>telling</b> [1] 64/22	60/1 61/17 64/13 72/7	75/6 76/25 77/3 91/25	93/1
68/25	63/9 67/2 83/2 90/8	<b>temerity</b> [1] 63/21	76/11 76/11 77/10	<b>think</b> [124]	<b>together</b> [6] 8/13 8/14
<b>Sub-Committee</b> [8]	<b>supposed</b> [1] 89/21	<b>temporary</b> [1] 24/20	77/19 83/25 92/18	<b>thinking</b> [5] 13/11	16/9 57/12 62/1 69/24
16/8 68/1 71/15 71/20	<b>sure</b> [7] 11/25 33/3	<b>Ten</b> [1] 96/7	<b>themselves</b> [2] 47/7	16/7 44/4 48/21 65/14	<b>told</b> [13] 15/7 18/23
75/2 78/6 78/22 80/6	35/19 35/25 42/16	<b>Ten o'clock</b> [1] 96/7	90/18	<b>third</b> [2] 10/3 92/2	19/2 19/23 19/25 21/1
<b>sub-conferences</b> [1]	46/19 74/3	<b>tended</b> [3] 15/9 66/10	<b>then</b> [37] 3/10 3/17	<b>thirdly</b> [1] 24/3	27/5 31/22 38/13 54/9
87/3	<b>surprise</b> [2] 20/3	87/24	4/18 9/24 12/14 14/15	<b>this</b> [101]	70/25 80/2 89/7
<b>subheading</b> [2] 34/1	20/24	<b>term</b> [2] 34/19 89/6	15/10 20/6 23/23	<b>Thomas'</b> [1] 4/11	<b>tomorrow</b> [3] 96/4
75/2	<b>surprised</b> [1] 64/3	<b>terms</b> [7] 7/23 39/9	29/17 30/13 30/13	<b>thoroughly</b> [1] 1/19	96/5 96/7
<b>subject</b> [4] 5/16 5/19	<b>suspect</b> [3] 65/3	50/20 65/10 66/8	31/8 32/21 39/11 42/3	<b>those</b> [37] 2/7 5/24	<b>too</b> [8] 28/18 42/14
22/8 38/7	69/10 95/20	72/24 80/9	42/10 42/10 47/1	6/1 7/12 8/6 8/6 9/4	61/8 61/11 64/9 64/11
<b>subjects</b> [1] 25/7	<b>suspected</b> [2] 35/16	<b>terrible</b> [3] 47/23	48/23 50/2 53/6 53/23	11/9 14/4 15/25 17/4	67/1 67/13
<b>submitted</b> [4] 16/12	54/2	49/23 90/4	55/12 55/18 59/14	17/4 17/21 19/11 20/8	<b>took</b> [20] 1/11 4/10
69/21 70/1 87/2	<b>suspend</b> [2] 23/25	<b>terribly</b> [1] 65/3	65/13 69/17 69/19	25/6 26/10 28/25 32/8	11/8 12/25 13/16
<b>subscriptions</b> [1]	24/7	<b>terrific</b> [1] 66/18	69/21 69/25 73/1	45/18 46/6 49/4 68/7	18/17 26/8 27/21
87/7	<b>suspension</b> [3] 24/20	<b>Terrifically</b> [1] 50/6	73/14 73/18 78/8	71/1 74/21 77/3 77/11	30/24 34/12 36/6
<b>subsequent</b> [4] 29/22	34/2 34/16	<b>text</b> [4] 7/6 8/3 57/16	78/19 89/9	79/2 79/6 85/24 89/10	36/21 37/10 52/24
72/6 83/12 93/22	<b>symptoms</b> [1] 18/12	58/19	<b>therapeutic</b> [1] 95/6	91/8 92/12 92/25	61/20 64/4 65/14 83/2
<b>subsequently</b> [5] 11/4	<b>syndrome</b> [1] 56/11	<b>than</b> [17] 6/1 14/11	<b>Therapeutics</b> [1]	95/11 95/24 96/1	87/3 87/4
58/25 83/10 91/5 95/8	<b>T</b>	16/22 23/2 23/8 34/4	78/10	<b>thought</b> [7] 1/20	<b>tool</b> [1] 62/6
<b>substantial</b> [4] 12/12	<b>table</b> [3] 14/23 14/24	34/17 36/19 39/22	<b>therapies</b> [3] 64/25	41/20 57/18 65/15	<b>top</b> [4] 23/24 26/22
12/12 55/14 68/2	15/13	41/6 58/5 62/24 63/18	88/19 94/24	67/14 91/17 93/3	55/21 59/4
<b>substantially</b> [1] 28/4	<b>tabled</b> [5] 15/15 54/6	65/18 66/19 71/9	<b>therapy</b> [6] 17/23	<b>three</b> [7] 1/4 13/17	<b>topic</b> [4] 17/23 18/7
<b>substantiated</b> [1]	71/16 71/17 71/22	73/16	47/16 47/17 51/4	23/20 32/11 35/5 86/4	44/7 68/2
31/19	<b>take</b> [11] 1/14 1/15	<b>thank</b> [20] 2/15 2/18	52/12 90/23	89/6	<b>touch</b> [3] 17/24 17/25
<b>substantive</b> [1] 12/11	2/9 10/9 44/8 44/9	26/20 35/4 44/5 44/12	<b>there</b> [130]	<b>three days</b> [1] 1/4	18/7
<b>succeeded</b> [1] 89/3	46/15 49/11 67/8	44/22 45/3 45/11	<b>there's</b> [15] 19/5	<b>through</b> [10] 13/16	<b>touched</b> [3] 25/14
<b>successive</b> [1] 93/24	73/12 79/14	53/11 60/9 79/17	20/14 27/14 30/3 34/5	16/1 16/2 16/17 22/1	47/10 92/3
<b>such</b> [10] 7/20 49/12	<b>taken</b> [8] 11/16 21/21	79/22 93/10 93/12	42/10 42/25 45/13	31/25 35/13 91/3 91/9	<b>towards</b> [5] 8/4 60/10
61/11 66/23 66/24	21/23 36/1 38/4 38/21	93/17 95/18 95/19	55/24 60/16 62/5 63/9	95/24	66/13 66/16 66/23
68/11 70/14 79/5	68/13 91/19	96/2 96/3	71/15 72/12 81/23	<b>throughout</b> [4] 15/17	<b>trade</b> [7] 12/20 13/20
86/17 92/16	<b>taking</b> [4] 36/9 81/5	<b>Thanks</b> [1] 80/17	<b>therefore</b> [1] 86/21	17/7 17/8 62/22	13/21 86/8 86/15
<b>suffered</b> [1] 91/8	89/18 91/9	<b>that</b> [526]	<b>these</b> [15] 11/22	<b>thrust</b> [1] 71/3	86/23 87/6
<b>suffering</b> [4] 42/25	<b>talk</b> [6] 13/7 17/10	<b>that I</b> [4] 12/12 55/3	16/10 16/10 28/15	<b>thus</b> [1] 52/4	<b>transactional</b> [2]
50/21 91/8 95/13	44/20 49/4 51/8 51/10	65/8 79/9	32/11 33/11 34/24	<b>tie</b> [1] 68/2	83/25 94/20
<b>sufficiency</b> [12] 22/12	<b>talked</b> [4] 17/4 58/25	<b>that I could</b> [1] 86/15	47/6 50/1 59/9 63/22	<b>time</b> [71] 1/6 4/7 4/16	<b>transcript</b> [2] 46/23
23/22 53/6 71/5 80/6	81/13 81/14	<b>that is</b> [1] 68/3	67/16 68/24 72/6	4/22 5/5 5/7 6/6 6/14	51/7
82/17 82/22 83/15	<b>talking</b> [5] 2/6 13/9	<b>that's</b> [33] 3/21 7/15	88/20	6/23 7/20 13/14 13/17	<b>Transfusion</b> [1] 84/8
83/17 84/16 94/1	75/20 91/12 92/4	19/3 20/16 21/21	<b>they</b> [51] 7/23 8/6 8/7	14/9 14/16 15/14	<b>transfusions</b> [1] 52/7
94/13	<b>Tanner</b> [21] 21/20	21/23 25/19 28/10	8/8 8/8 8/13 9/10	15/23 17/7 17/8 17/23	<b>transmissible</b> [2] 19/1
<b>Suffolk</b> [1] 11/11	32/3 33/17 36/13	30/22 33/6 37/13	14/13 14/23 14/24	18/20 21/13 25/8	56/14
<b>suggest</b> [3] 29/6 65/7	36/18 39/10 40/6 40/7	37/20 44/3 44/5 50/18	15/4 15/7 16/17 21/22	26/11 28/4 28/9 28/12	<b>transmission</b> [7] 23/8
81/17	42/6 57/1 57/3 57/12	51/6 52/23 52/25	26/10 28/1 36/12 41/6	32/5 38/24 42/14	41/12 46/7 48/5 48/12
<b>suggested</b> [2] 56/12	62/7 66/13 66/21	53/21 55/8 56/8 56/19	44/16 49/6 49/7 49/7	42/22 43/22 44/5 44/6	49/19 56/12
56/13	67/15 67/22 69/2 88/1	77/23 78/24 80/10	49/10 50/8 57/7 58/14	46/7 47/9 47/12 50/19	<b>treat</b> [2] 72/14 72/15
<b>suitability</b> [1] 57/22	90/12 92/20	85/3 89/13 90/6 90/25	58/17 62/20 62/20	51/18 52/11 53/1	<b>treated</b> [4] 28/22
<b>summarise</b> [1] 36/15	<b>Tanner's</b> [3] 26/15	92/14 92/22 93/10	62/23 63/7 65/24	54/21 57/18 57/23	84/25 85/2 85/6
<b>summarised</b> [2] 26/24	36/25 56/21	96/9	65/25 66/1 67/11	59/17 61/21 62/3	<b>treating</b> [1] 65/18
36/11	<b>task</b> [1] 94/6	<b>their</b> [31] 1/17 7/17	67/13 67/17 67/18	62/22 64/7 65/15 66/7	<b>treatment</b> [37] 22/8
<b>summary</b> [1] 55/16	<b>tasks</b> [1] 5/3	7/24 9/2 10/24 22/7	67/19 68/20 69/9 70/9	68/14 69/10 71/5 72/9	40/18 43/3 46/10
<b>Sunday</b> [5] 21/10	<b>Taylor</b> [2] 96/6 96/8	22/9 30/15 31/14	70/10 70/10 75/20	73/3 74/20 75/18 79/9	47/11 47/13 47/18
		45/18 46/10 48/10	75/21 76/22 77/17	85/17 87/18 88/8 88/9	48/5 49/24 49/25 50/3

(38) sub... - treatment



<b>T</b>	<b>understand</b> [4] 6/11 17/15 44/19 65/22 <b>understandable</b> [1] 62/21 <b>understanding</b> [5] 59/15 59/17 59/25 62/4 73/3 <b>understood</b> [5] 42/19 42/22 71/6 87/15 94/22 <b>undertaking</b> [1] 84/15 <b>undertook</b> [1] 39/19 <b>undoubtedly</b> [1] 64/14 <b>uneven</b> [1] 14/17 <b>unfortunately</b> [1] 28/16 <b>unified</b> [1] 95/17 <b>union</b> [9] 5/2 12/20 13/20 13/21 86/8 86/15 87/2 87/6 87/7 <b>unions</b> [1] 86/24 <b>United</b> [7] 10/3 18/1 41/25 45/18 93/4 93/7 94/21 <b>United Kingdom</b> [1] 45/18 <b>United States</b> [6] 10/3 18/1 41/25 93/4 93/7 94/21 <b>unless</b> [2] 32/2 42/24 <b>unlikely</b> [2] 43/24 49/20 <b>unnecessary</b> [2] 60/15 61/4 <b>unpick</b> [1] 48/25 <b>unreasonable</b> [1] 27/13 <b>until</b> [10] 3/19 18/21 22/5 27/1 44/9 68/5 71/24 81/15 93/1 96/11 <b>untreated</b> [1] 40/22 <b>up</b> [24] 10/9 10/19 18/9 23/8 25/18 28/24 32/20 36/3 43/22 45/25 47/6 49/10 49/21 59/1 61/25 69/10 71/10 71/19 72/18 74/8 78/1 82/21 82/24 85/10 <b>update</b> [1] 56/9 <b>upgrade</b> [1] 94/10 <b>upon</b> [12] 7/11 17/24 17/25 18/7 21/12 25/14 47/10 49/23 54/22 62/14 91/20 95/9 <b>uppermost</b> [1] 10/24 <b>urge</b> [1] 95/16 <b>urgent</b> [1] 94/10 <b>urgently</b> [3] 21/8	21/18 28/22 <b>us</b> [33] 1/25 4/21 5/13 5/19 6/4 8/24 10/11 11/1 12/17 13/13 17/17 24/1 24/7 31/20 50/10 62/14 62/23 62/24 64/7 64/23 66/18 68/19 71/14 78/4 78/15 80/25 81/4 82/3 83/16 83/19 84/2 89/7 90/12 <b>USA</b> [1] 35/11 <b>use</b> [6] 7/14 27/24 47/17 48/18 83/23 90/20 <b>used</b> [2] 50/22 70/9 <b>useful</b> [3] 45/20 63/10 63/11 <b>using</b> [3] 13/20 30/11 85/2 <b>usual</b> [1] 15/2 <b>usually</b> [3] 7/6 74/6 76/22 <b>V</b> <b>various</b> [2] 2/3 5/3 <b>Vaughan</b> [2] 10/9 94/6 <b>verbally</b> [1] 32/6 <b>verification</b> [1] 32/14 <b>very</b> [73] 1/13 1/13 2/4 2/4 6/21 6/21 7/15 9/12 10/21 10/24 11/24 14/14 14/14 14/15 14/18 16/24 17/6 17/23 32/21 33/4 36/6 36/9 36/14 36/14 36/15 36/18 36/23 42/24 43/25 44/3 47/12 48/7 50/22 52/8 52/21 60/4 61/1 61/2 63/10 63/10 63/22 63/22 64/2 64/2 64/3 64/5 66/17 66/24 66/24 67/10 67/12 67/12 67/22 67/23 67/23 68/8 68/23 74/19 76/11 79/11 83/6 86/20 86/20 86/21 87/7 87/8 87/9 88/10 88/15 88/20 90/5 90/17 93/10 <b>view</b> [10] 25/6 30/16 35/14 38/1 52/24 58/5 58/6 64/5 65/7 73/12 <b>views</b> [3] 22/21 25/10 29/11 <b>VIII</b> [4] 10/1 30/12 35/7 35/10 <b>Village</b> [4] 17/13 18/18 19/3 22/23 <b>visited</b> [1] 95/9 <b>visualise</b> [1] 46/25	<b>visualise sort</b> [1] 46/25 <b>voicing</b> [1] 35/22 <b>volume</b> [1] 28/8 <b>volunteer</b> [2] 4/12 4/14 <b>W</b> <b>walked</b> [3] 46/11 49/2 50/8 <b>want</b> [13] 17/9 17/15 33/24 35/6 36/5 44/5 46/9 52/18 52/19 58/11 68/2 68/9 76/6 <b>wanted</b> [7] 12/20 28/24 29/20 52/18 68/10 86/18 87/21 <b>wants</b> [1] 86/1 <b>warning</b> [1] 15/8 <b>was</b> [436] <b>was left</b> [1] 80/12 <b>was:</b> [1] 48/23 <b>was: what</b> [1] 48/23 <b>wasn't</b> [23] 4/13 7/24 10/19 13/21 18/8 19/7 23/4 23/10 27/16 31/3 31/4 42/23 55/9 63/15 65/4 70/14 74/10 80/8 81/21 83/11 86/14 92/13 93/1 <b>watch</b> [1] 38/11 <b>Watters</b> [13] 16/2 21/11 24/24 25/5 25/16 25/23 36/6 37/7 39/10 61/2 66/13 77/16 80/20 <b>way</b> [21] 12/22 15/2 32/16 32/19 36/11 37/6 39/14 40/5 46/25 46/25 48/14 50/17 53/4 54/14 60/14 61/19 61/23 73/19 77/5 87/23 90/21 <b>ways</b> [3] 14/22 36/20 63/16 <b>we</b> [224] <b>we'd</b> [4] 52/4 52/5 52/10 64/16 <b>we'll</b> [3] 44/8 44/9 78/1 <b>we're</b> [7] 12/13 45/8 64/5 73/25 84/9 84/10 89/4 <b>we've</b> [11] 17/3 17/3 21/25 51/22 58/22 73/24 80/16 85/9 85/18 85/18 92/9 <b>week</b> [6] 1/3 1/7 1/10 2/2 2/5 87/3 <b>weekend</b> [2] 19/1 87/4 <b>weighed</b> [1] 47/6 <b>weight</b> [1] 9/9	<b>welcome</b> [1] 20/12 <b>welcoming</b> [1] 6/22 <b>well</b> [55] 2/4 8/4 8/17 11/12 11/24 12/9 12/19 13/2 14/14 14/18 14/22 16/24 17/19 25/18 26/13 29/21 31/3 31/24 33/2 35/19 39/3 40/1 40/6 41/12 43/11 43/18 44/3 44/8 47/3 47/23 50/14 50/15 53/21 55/5 57/9 58/7 59/16 62/5 63/8 64/22 65/3 65/8 66/16 67/9 69/20 70/12 79/11 86/4 86/12 87/1 87/4 89/16 91/13 92/19 93/15 <b>went</b> [8] 19/20 19/23 37/22 39/24 49/21 58/4 58/17 73/2 <b>were</b> [159] <b>weren't</b> [8] 4/13 30/23 68/4 68/17 72/3 78/3 81/19 83/7 <b>west</b> [1] 11/11 <b>Wetherell</b> [20] 1/24 2/9 2/11 2/12 2/19 28/25 33/25 36/4 41/19 44/10 45/7 76/6 77/25 79/7 79/23 83/7 86/1 86/5 93/13 97/2 <b>Wetherell's</b> [1] 81/25 <b>what</b> [104] <b>what's</b> [4] 37/4 48/24 51/23 59/16 <b>when</b> [45] 1/10 3/20 5/10 7/4 8/13 13/7 13/8 17/9 17/16 17/17 19/2 19/13 20/3 21/23 22/15 25/9 25/11 26/5 26/9 30/17 34/4 34/17 35/17 38/7 41/23 50/8 51/10 58/2 60/18 63/19 64/22 68/16 69/1 71/1 72/7 72/13 75/8 80/1 81/18 86/19 89/18 90/14 92/4 94/2 95/25 <b>where</b> [14] 14/6 15/20 27/5 52/12 52/23 60/1 63/18 66/10 66/14 70/10 72/18 74/9 81/14 89/19 <b>whether</b> [23] 12/4 12/7 16/20 28/3 32/15 32/18 38/20 39/4 39/4 43/3 43/21 44/7 57/7 58/4 58/14 58/15 72/14 74/3 76/16 79/9 83/8 86/2 89/23 <b>which</b> [41] 1/11 1/12	1/15 1/17 3/23 9/22 10/6 14/13 15/22 17/20 18/1 18/6 18/14 18/16 18/17 21/4 25/7 31/18 35/15 35/23 42/18 45/21 46/4 47/20 56/9 57/14 58/25 59/8 65/20 68/2 68/9 69/11 69/20 71/15 78/1 85/8 87/4 89/3 91/14 94/3 94/25 <b>While</b> [1] 54/2 <b>whilst</b> [2] 2/16 8/25 <b>who</b> [31] 1/16 7/16 11/9 11/16 13/25 14/5 19/11 25/14 27/7 31/17 32/11 41/22 48/9 49/4 52/9 65/5 65/14 66/21 68/24 69/13 69/15 69/18 74/2 75/20 77/10 77/13 78/15 80/25 84/12 91/8 92/16 <b>whoever</b> [1] 44/16 <b>whole</b> [4] 47/16 51/24 52/13 63/20 <b>whom</b> [5] 54/22 62/18 62/24 63/1 64/15 <b>why</b> [13] 17/24 18/14 23/1 28/20 57/14 68/10 73/6 74/10 76/24 78/12 78/14 83/17 89/4 <b>widely</b> [1] 89/9 <b>wife</b> [2] 18/23 19/2 <b>will</b> [10] 1/5 2/9 23/25 42/14 44/10 79/15 79/17 84/19 95/12 96/5 <b>willing</b> [1] 13/1 <b>wise</b> [1] 72/1 <b>wished</b> [2] 31/15 36/16 <b>wishes</b> [2] 15/22 15/25 <b>with</b> [144] <b>with it</b> [3] 64/19 72/9 77/20 <b>within</b> [19] 1/12 1/14 14/5 23/22 24/8 24/16 34/15 38/20 47/2 54/12 58/22 65/4 65/25 66/8 67/7 70/15 84/12 89/15 94/22 <b>without</b> [6] 20/24 24/1 51/6 51/7 73/5 93/24 <b>WITN3912001</b> [1] 46/1 <b>witness</b> [5] 17/12 17/16 18/15 37/11 45/23 <b>witnesses</b> [2] 44/15 85/19
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(39) treatment... - witnesses

F:



<p><b>W</b></p> <p><b>wives</b> [1] 49/17</p> <p><b>women</b> [1] 49/20</p> <p><b>won't</b> [1] 7/14</p> <p><b>wonder</b> [2] 44/6 79/9</p> <p><b>wondered</b> [1] 81/4</p> <p><b>woods</b> [1] 55/8</p> <p><b>word</b> [10] 7/15 12/24 13/19 34/20 34/21 50/13 56/19 62/5 67/3 83/2</p> <p><b>wording</b> [1] 10/15</p> <p><b>words</b> [9] 27/25 32/14 36/5 42/11 51/3 73/10 75/16 80/4 80/8</p> <p><b>work</b> [7] 5/7 18/22 27/4 52/15 77/22 78/21 94/10</p> <p><b>worked</b> [3] 36/24 75/7 75/10</p> <p><b>working</b> [4] 4/16 13/3 18/20 66/18</p> <p><b>world</b> [5] 10/3 11/6 52/13 92/6 92/20</p> <p><b>worry</b> [1] 64/23</p> <p><b>worth</b> [1] 11/7</p> <p><b>would</b> [93] 4/2 4/18 5/21 6/17 6/24 8/6 8/8 8/8 9/1 9/25 11/25 15/4 16/14 22/7 22/11 24/2 24/4 26/6 27/18 27/19 29/6 29/21 29/22 32/1 33/2 33/5 33/16 35/25 36/7 38/1 38/6 38/10 39/25 40/20 43/5 44/1 44/2 46/9 47/17 47/18 49/16 52/14 55/12 56/17 57/2 57/3 57/13 62/24 63/10 63/17 63/20 64/15 64/16 64/17 65/6 66/20 69/13 69/15 69/20 69/21 69/23 70/1 70/3 70/5 70/10 70/12 72/1 73/4 73/6 73/8 73/10 73/11 74/4 75/12 76/4 76/20 77/24 79/13 80/23 81/3 81/10 81/11 81/22 83/20 83/22 84/4 88/4 89/19 90/12 90/24 92/17 93/14 93/15</p> <p><b>wouldn't</b> [3] 29/14 66/16 90/9</p> <p><b>write</b> [5] 11/2 30/19 30/20 33/2 36/12</p> <p><b>writing</b> [2] 32/7 33/1</p> <p><b>written</b> [6] 10/11 12/8 24/24 39/3 56/6 58/2</p> <p><b>wrong</b> [6] 37/11 37/20</p>	<p>43/10 52/24 59/25 89/17</p> <p><b>wrote</b> [4] 9/14 30/17 58/16 58/23</p> <p><b>Y</b></p> <p><b>yeah</b> [55] 4/5 5/12 6/6 6/12 9/3 14/19 16/19 19/16 19/22 20/2 20/10 20/19 23/6 23/16 25/19 27/22 27/22 27/24 28/20 30/7 32/4 32/9 39/21 40/19 41/25 42/9 42/9 44/12 50/15 53/10 54/4 54/7 55/23 58/10 58/13 59/2 61/4 62/2 63/6 66/12 67/2 67/8 70/5 71/21 72/23 74/14 75/4 76/10 76/14 80/14 80/17 81/16 86/17 87/5 90/8</p> <p><b>year</b> [11] 4/10 10/2 10/22 13/17 15/18 16/16 18/4 37/25 39/8 59/22 87/11</p> <p><b>years</b> [8] 4/25 17/3 17/3 17/4 23/23 52/5 84/17 95/23</p> <p><b>yes</b> [65] 3/1 3/14 3/18 3/21 4/14 6/8 9/17 10/10 10/13 12/16 13/2 13/12 14/18 19/12 20/5 20/7 20/13 25/2 25/21 26/16 27/12 27/19 29/7 29/16 29/19 30/5 32/18 34/3 34/13 35/1 37/9 39/12 40/13 42/13 43/6 43/14 44/8 45/2 50/12 56/8 56/15 58/24 59/24 60/3 60/5 60/20 61/14 64/10 64/14 68/8 68/8 70/24 77/6 77/23 79/21 84/9 85/3 86/4 87/1 87/22 91/4 91/4 91/14 92/7 92/22</p> <p><b>yet</b> [2] 44/17 78/7</p> <p><b>you</b> [310]</p> <p><b>you'd</b> [3] 48/12 81/20 86/8</p> <p><b>you're</b> [13] 1/24 2/6 2/16 13/8 13/10 25/20 37/10 41/19 42/25 44/15 70/18 82/23 91/12</p> <p><b>you've</b> [20] 2/19 12/4 22/23 25/24 36/4 37/1 37/6 43/23 45/23 49/2 51/19 61/12 66/6 66/7 70/17 70/21 85/5</p>	<p>85/16 92/3 95/22</p> <p><b>your</b> [66] 1/23 2/7 2/8 2/13 3/3 3/7 3/10 4/7 4/12 4/16 4/21 4/21 5/7 5/7 5/13 5/14 9/9 9/14 9/15 10/8 12/10 12/17 13/14 16/11 17/7 17/12 17/16 20/3 20/6 20/17 20/20 20/25 26/5 27/10 27/24 28/1 28/18 29/1 29/8 29/10 29/11 36/5 41/11 41/20 43/25 45/23 49/1 50/5 50/14 50/18 59/15 59/25 61/22 62/4 68/6 70/17 70/21 73/3 74/1 81/5 81/20 82/10 85/17 86/6 86/11 89/6</p> <p><b>yourself</b> [2] 40/20 63/10</p>			
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(40) wives - yourself

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