Witness Name: Dr Bernadette Auger
Statement No.: WITN4053001
Exhibits: Nil
Dated: 14 November 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR BERNADETTE AUGER

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 14 November 2020

I, Bernadette Auger, will say as follows: -

Section 1: Introduction

1. *Please set out your name, address, date of birth and professional qualifications.*

   Dr Bernadette Maria Auger. My address is known to the inquiry.
   DOB: GRO-C 56. Professional qualifications: MBChB MRCP.

2. *Please set out your employment history as a clinical assistant/nurse/healthcare professional, including the positions you have held, the dates that you held these positions, the haemophilia centres and other healthcare organisations in which you held these positions and your role and responsibilities in these positions.*

   Clinical Assistant in the Haemophilia Centre at the Royal Infirmary Edinburgh 23rd November 1987 until 31st March 1989. Part time post of 5 sessions per week. My role was to work with members of the Haemophilia team to provide additional support to patients with Haemophilia. I assisted in the management

of acute bleeding episodes when patients attended the Haemophilia Centre or a treatment room on the ward. I assisted in the management of the long term effects of recurrent bleeds when patients attended outpatient clinics. I was not involved in the management of inpatients. I provided support and counselling for patients and their relatives when attending the hospital or in their homes. My post was a junior position and did not require previous Haematology experience. My involvement in the management of patients was supervised by more senior Haematology staff and the patients were all under the care of Dr Ludlam. I have not worked in any other Haemophilia Centres.

3. *Please set out your membership, past or present, of any committees, groups, associations, societies or working parties relevant to the Inquiry's Terms of Reference (attached to this letter), including the dates of your membership and the nature of your involvement.*

   None.

4. *Please confirm whether you have provided any evidence or been involved in any other inquiries, investigations, criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. If you have, please provide details of your involvement and copies of any statements that you made.*

   I was contacted by the Penrose Inquiry team to warn me that my name had been mentioned as part of that Inquiry. I did not provide any evidence to the inquiry.

Section 2: Your role at the Edinburgh Royal Infirmary ("the Centre")

5. *Please provide details of your role within the Centre, including the dates when you worked there, your responsibilities and, if you can remember, names of significant or senior staff members who were working there at the time. In particular please describe your involvement in the treatment of patients with bleeding disorders.*

I worked in the Centre from 23rd November 1987 until 31st March 1989.
My role was to work with members of the Haemophilia team to provide additional support to patients with Haemophilia. I assisted in the management of acute bleeding episodes when patients attended the Haemophilia Centre or a treatment room on the ward. I assisted in the management of the long term effects of recurrent bleeds when patients attended outpatient clinics. I was not involved in the management of inpatients. I provided support and counselling for patients and their relatives when attending the hospital or in their homes.

My post was a junior position and did not require previous Haematology experience. My involvement in the management of patients was supervised by more senior Haematology staff and the patients were all under the care of Dr Ludlam.

In the Centre I worked with the nursing staff based there, namely Sr Michelle Jones and Staff nurse Billie Reynolds. I cannot remember the names of the Haematology medical staff employed at that time other than Dr Ludlam. If I needed advice about the management of a patient I would contact the on call doctor or Dr Ludlam. In outpatient clinics other members of the medical team would be available including Dr Ludlam. Alison Richardson, Clinical Psychologist, started in post during my time working at the Centre. I recognise the names of Dr R Cuthbert and Geraldine Brown, social worker, from the Inquiry documents sent to me. However I do not recall working directly with them and knew them from attending meetings about patients which we all attended.

I do not recall that I administered blood products to patients but I discussed management of a bleeding episode with patients, the nursing team and on call medical staff if needed. My main role was to be available to support patients who had concerns about their disease and the additional uncertainty of dealing with being HIV positive or not knowing if they were HIV positive.

6. *Please explain the hierarchy and dynamics at the Centre, identifying in particular who was responsible for (a) decisions as to the selection and purchase of blood products, (b) decisions as to use of blood products (including factor VIII and IX concentrates) for patients' treatment and (c) decisions as to what information to provide to patients about treatment, testing and/or diagnosis.*

In the Centre I worked with whichever of the nurses was on duty.

a. I do not know who selected and purchased blood products.
b. Decisions about which blood products to use were made by discussing with patients, referring to their medical records, discussing with the nursing staff and on call Haematology medical staff if necessary, depending on the clinical situation.
c. My recollection is that I could refer to a patient's medical notes to see what previous treatment and information had been given. If a change in treatment seemed to be indicated I would have discussed this with the patient and more senior medical staff.

There was a multi-disciplinary team (MDT) meeting but I do not recall specific discussions about testing and /or diagnosis.

Section 3: Policies and practices and the Centre and knowledge of risk

7. *What was the Centre's approach and in particular the approach of Professor Ludlam to the use of blood products (in particular factor VIII and IX concentrates) for the treatment of patients with bleeding disorders? How did this change or develop over time?*

My recollection is that the Centre and Dr Ludlam's approach was to use blood products to treat acute bleeds and this was guided by response to previous treatment and severity of disease. I do not recall any change or development during my time at the Centre.

8. *What was the Centre's approach and in particular the approach of Professor Ludlam to home treatment and to prophylactic treatment for patients with bleeding disorders? How did this change or develop over time?*

My recollection is that the Centre and Dr Ludlam's approach was that home treatment was an option for some patients with severe disease, especially for those who lived at some distance from Edinburgh or had other difficulties attending the Centre. My recollection is that prophylactic treatment was used for some patients depending on the severity of their disease, prior to procedures or activities which had an increased risk of bleeding. I do not recall any change or development during my time at the Centre.

9. *What was the Centre's approach and in particular the approach of Professor Ludlam to the use of cryoprecipitate for the treatment of patients with bleeding disorders? How did this change or develop over time?*

I cannot recall what approach the Centre or Dr Ludlam had to the use of cryoprecipitate. I cannot recall cryoprecipitate being used in the Centre.

10. *What was the Centre's approach and in particular the approach of Professor Ludlam to the use of factor concentrates for children with bleeding disorders? How did this change or develop over time?*

I do not recall that the Centre treated children so I am unable to answer this question.

11. *What if any involvement did you have in decisions as to what blood products to use for patients, or in decisions as to home treatment or prophylactic treatment?*

I was not involved in decisions as to what blood products to use for patients or in decisions as to home treatment or prophylactic treatment.

12. *Do you recall any policies or standard operating procedures (written or otherwise) relating to the use of blood products being in place? If so, please describe what they were and whether they changed or developed over time.*

I do not recall any policies or standing operating procedures relating to the use of blood products being in place.

13. *What was your general understanding as to the risks of infection associated with the use of blood and blood products? What was the source of your understanding? Were you provided with any information or training, whether at the Centre or elsewhere, about the risks of infection and if so when? How did your understanding develop over time? How did your knowledge affect your clinical practice?*

It is difficult to separate my knowledge as to the risks of infection associated with the use of blood and blood products at that time, from knowledge acquired over my subsequent medical career.

My general medical training would have made me aware of the risk of Hepatitis B from blood and blood products. My previous medical experience would have made me aware of avoiding the risk of blood coming into contact with an open wound or needle stick injury and to take care to avoid this, by wearing gloves and re- sheathing needles before disposing of them.

Knowledge of HIV as another risk of infection from blood products was developing at that time and the only change to my practice is that I would use gloves if taking or handling blood samples.

I do not recall any specific information or training at the Centre.

14. *What was your understanding as to the risks of the transmission of hepatitis (including Hepatitis B and Non A Non B Hepatitis/Hepatitis C) from blood and blood products? What was the source of your understanding? When did you first become aware that hepatitis could be transmitted by blood or blood products? Were you provided with any information or training, whether at the Centre or elsewhere, about the risks of the transmission of hepatitis and if so when? How did your understanding develop over time? How did your knowledge affect your clinical practice?*

It is difficult to separate my knowledge as to the risks of transmission of hepatitis (including Hepatitis B and Non A Non B /Hepatitis C) from blood and blood products at that time, from knowledge acquired over my subsequent medical career.

My general medical training would have made me aware of the risk of Hepatitis B being transmitted by blood or blood products. I cannot recall when I became aware of Non A Non B Hepatitis as a separate risk of being transmitted by blood and blood products.

Information and training about the risks of transmission of infection by blood or blood products formed part of my general medical training.

My previous medical experience would have made me aware of avoiding the risk of blood coming in contact with an open wound or needle stick injury and to take care to avoid this, by wearing gloves and re- sheathing needles before disposing of them.

I do not recall any change in my medical practice during my time in the Centre.

15. *What was your understanding as to the risks of the transmission of HIV/AIDS from blood and blood products? What was the source of your understanding? When did you first become aware that HIV/AIDS could be transmitted by blood or blood products? Were you provided with any information or training, whether at the Centre or elsewhere, about the risks of the transmission of HIV/AIDS and if so when? How did your understanding develop over time? How did your knowledge affect your clinical practice?*

I was aware that HIV could be transmitted by blood and blood products, but I am unable to recall when I first became aware of this. This was a developing area of knowledge both in medical journals and other media. I cannot recall any specific information or training at the Centre or elsewhere about the transmission of HIV. The knowledge would not change my practice because

the risk of transmission of infection by blood or blood products already existed and I was already aware of how to avoid the risk.

16. *What was your understanding of the relative risks of infection from (a) the use of commercially supplied blood products and (b) the use of NHS blood and blood products? How did your understanding change or develop over time?*

I cannot recall what my understanding was of the relative risks of infection from commercially supplied blood products and NHS blood and blood products. I was aware that commercially supplied products from America might have used donations from paid donors whereas NHS donors were volunteers.

I did not know if there were differences in the screening of donated blood between commercial products and the NHS blood and blood products, which would affect the relative risk.

At some point I became aware that the Edinburgh Haemophiliac patients who became HIV positive had received a commercially supplied blood product. However I cannot recall exactly when I became aware of this, and whether or not it was during my time working in the Centre.

17. *Was any training or advice provided (and if so, what training or advice) to clinical staff at the Centre in relation to advising patients of the risks of infection associated with the use of blood and blood products? Who provided this training or advice?*

I do not recall any training or advice being provided to clinical staff at the Centre in relation to advising patients of the risks of infection associated with the use of blood and blood products.

18. *Were any steps taken at or by the Centre to mitigate or reduce the risk of infection from the use of blood or blood products? If so, please detail what steps were taken and when.*

The Centre mitigated or reduced risk from infection from the use of blood or blood products by providing gloves, appropriate disposal of sharps and cleaning products for cleaning of any blood spillages.

Section 4: Testing, treatment and care of patients

19. *A nurse who worked at the Centre has described receiving a brown envelope in and or around 1986, listing two columns of initials which she later realised were those of patients who had been tested for HIV [PRSE0001844]. Were you aware of the existence of a list of this kind? If so, please provide full details.*

    I was not employed in the Centre in 1986. I was not aware of a list of this kind.

20. *What information was provided to patients at the Centre about the risks of infection (generally and/or specifically in relation to hepatitis and/or HIV) associated with the use of blood and blood products, and by whom?*

    I am unable to say what information was provided to patients about the risks of infection associated with the use of blood and blood products or by whom. Most of the patients had been attending the Centre for many years so I assume would have been given this information prior to my involvement in their care.

21. *What information was provided to patients at the Centre about alternatives to treatment with factor concentrates, and by whom?*

    I am unable to say what information was provided to patients at the Centre about alternatives to treatment with factor concentrates or by whom. If a patient had asked for this information I would have referred them to a more senior member of staff.

22. *What information was provided to patients at the Centre before they began home treatment, and by whom?*

    I cannot recall that any patients were started on home treatment during my time working at the Centre. Patients on home treatment had been known to the Haemophilia service prior to my involvement in their care, so I assume had been given this information prior to my time working in the Centre.

23. *What was the Centre's approach and in particular the approach of Professor Ludlam to obtaining patient consent to treatment and to testing? What information would be provided to patients and by whom? To what extent were decisions about treatment and testing taken by the doctors rather than the patients? Did this change or develop over time and if so how?*

I do not recall being present when anyone in the Centre, including Dr Ludlam, obtained a patient's consent to treatment and to testing. I am unable to say what information was provided for patients and by whom. I am unable to comment to what extent decisions about treatment and testing were being taken by the doctors rather than the patients.

24. *Was any training or advice or instruction provided to you at the Centre in relation to obtaining patient consent to treatment and to testing? If so, please describe the training, advice or instruction given.*

I do not recall any training, advice or instruction being provided by the Centre in relation to obtaining consent to treatment and to testing.

25. *Were you ever told to withhold information from a patient or patients about risks, or treatment, or testing, or diagnosis, or their condition? If so, by whom and in what circumstances?*

I do not recall ever being told to withhold information from any patient about risks or treatment or testing or diagnosis or their condition.

26. *Was it customary to take blood samples from patients when they attended the Centre and for what purpose? What information was given to patients about the purposes for which blood samples were taken, and by whom?*

I do not recall that it was customary to take blood samples from patients when they attended the Centre. If they were attending for assessment and treatment of an acute bleed I do not recall that blood samples were routinely taken. If they were attending for review I assume that blood samples were taken to monitor the effects of their chronic condition. Some patients attended the Centre for

support, these were drop in visits and I do not recall that blood samples were taken during these attendances.

My recollection is that blood samples were taken by the nursing staff. I assume patients were told the blood tests were to monitor their disease but I do not recall what was actually said to patients or by whom.

27. *What information would routinely be given to patients about liver function tests and the results of such tests?*

I cannot recall what information would be routinely given to patients about liver function tests and the results of such tests.

28. *Were patients informed if their blood was going to be tested for HIV, HBV and/or HCV and, if so, by whom? Did the approach to informing patients change over time?*

I cannot recall what information was given about testing for HIV, or HBV. I assume this was done as part of the monitoring of their disease, which patients were aware of, and was a continuation of monitoring which would have been established prior to my starting to work in the Centre. I do not recall that the approach to informing patients changed during my time in the Centre.

29. *What was the practice at the Centre about informing patients of test results (whether positive or negative or inconclusive) for HIV, HBV and/or HCV? Were patients informed of the test results promptly or were there delays in test results being communicated to them? How, as a matter of usual practice, were they advised of their test results (e.g. by letter, or by telephone, or in person at a routine appointment or at a specific appointment) and by whom? What, if any, involvement did you have in informing patients of test results?*

My recollection is that most of the communication about test results for HIV and HBV had taken place prior to my starting to work in the Centre, so I am unable to comment if patients were informed of the test results promptly or if there were delays in test results being communicated to them. I am unable to comment how, as a matter of usual practice, patients were advised of their test results or

by whom. I do not recall personally informing patients of their HIV or HBV results.

I am aware that patients could choose not to be told their results because I was involved in supporting patients who did not want to know their HIV status. I cannot recall if any patients had chosen not to know their HBV status.

30. *In the transcripts of oral evidence from the Penrose Inquiry, there is reference to the medical records of a patient, in which you noted on 20 March 1989, "Aware we have been doing HIV tests. Does not want to know the result. Consents to continuation of HIV testing. I have told him that if he ever wants to discuss his HIV results, he can contact one of the doctors in the centre and arrange to see them at any time. I have advised him to assume that he is at risk of passing on HIV infection and therefore should use protection for intercourse and be especially careful with the disposal of needles and blood spillages" [PRSE0006032, page 121-125]. Please respond to the following questions in reference to your general practice, and not as regards to this particular patient.*

    a. *Over what period of time were HIV tests undertaken in relation to the Centre's patients?*

        HIV testing commenced prior to my starting to work in the Centre so I am unable to say over what period of time HIV tests were undertaken in relation to the Centre's patients.

    b. *What did you mean by "continuation of HIV testing"?*

        I assume this means that patients were aware that HIV testing was continuing as part of monitoring their condition.

    c. *Why was HIV testing being undertaken in respect of patients who did not want to know the results?*

        I assume it was part of monitoring the patients' condition so that information would be available if they wanted to discuss it in the future.

d. *Which category of patients were advised that they should assume they were at risk of passing on HIV infection?*

My recollection is that all the patients receiving blood products attending the Centre were advised that they should assume they were at risk of passing on HIV infection.

e. *What did obtaining consent for the continuation of HIV testing involve, and what information was provided to patients about HIV testing?*

I assume the consent referred to in my notes was a continuation of consent previously given for HIV testing. I would have assumed that information had been provided previously to patients about HIV testing.

f. *Were you responsible for taking HIV tests, and if so, what did such testing involve?*

I do not recall that I was responsible for taking HIV tests so am unable to comment what such testing involved.

31. *In Professor Ludlam's statement to the Penrose Inquiry [PRSE0004704], he referred to a group meeting with patients that took place to discuss HTLV-III. His evidence suggested that it took place on 16 December 1984. Did you attend this meeting? If so, please describe the purpose of the meeting, who was invited to attend the meeting, your recollection of what happened at the meeting and what information was provided to individuals.*

I did not attend the meeting on 16 December 1984 as I was not working in the Centre at that time.

32. *The above statement also refers to letters and information sheets sent to patients following the December 1984 meeting. If you were responsible for sending such information sheets, and were aware of this, please describe what information was contained within the letters and information sheets. Were they sent to all patients or only some?*

I was not working in the Centre at that time so had no involvement in sending out letters and information sheets following the December 1984 meeting. I cannot comment on which patients received them. I have no recollection of being aware of these letters or information sheets during my time working in the Centre.

33. *In the enclosed letter dated 14 June 1988 from you and Alice Richardson to a patient [WITN2232023], you stated that you were "hoping to visit all people that attend this unit and who may have worries about the AIDS virus at the present time". You proceeded to make arrangements for a time to visit the patient. Please set out the purpose of such visits, which patients were chosen for these visits, and what information was provided during the course of such visits.*

My recollection is that Alison Richardson started working in the Centre during my time there, so June 1988 was likely to have been soon after she started to work with the Haemophilia team. I assume the letter was one of the ways it had been decided by the team to introduce Alison to patients who might benefit from her support.

I assume the purpose of the visits was to review how patients were getting on and introduce Alison as a new member of the team who could provide more specialist psychological support.

I cannot recall which patients were chosen for these visits but I assume they were patients who I had either met previously in the Centre or who had been identified as needing more psychological support by members of the Haemophilia team. I assume it was felt that they would benefit from a home visit rather than an invitation to attend the Centre for an appointment. I cannot recall what information was provided during the course of such visits. I assume we tried to address patients' concerns and encouraged them to continue contacting the Centre and its staff for support.

34. *What information or advice was provided to patients diagnosed with HIV, HBV and/or HCV regarding the management of their infection including the risks of infecting others? How did this change or develop over time?*

My recollection is that the same advice was given to all patients about the management of their infection, including the risks of infecting others. The entry in the medical records of a patient on 20 March 1989 referred in question 30 gives an example of the advice I would have given - "that he should assume that he is at risk of passing on HIV infection and therefore should use protection for intercourse and be especially careful with the disposal of needles and blood spillages" This entry is towards the end of my time working in the Centre so I assume this advice had remained unchanged during my time working in the Centre.

35. *What was the practice at the Centre as regards testing and/or providing information to the partners and/or family members of people known or suspected to be infected with HIV, HBV or HCV?*

I cannot recall what the practice at the Centre was as regards testing and / or providing information to the partners and / or family members of people known or suspected to be infected with HIV or HBV. I assume this predates my working at the Centre.

36. *Was any form of counselling or psychological support made available to patients infected with HIV, HBV and/or HCV or to their families? If so, please detail what support was available, and when this became available to patients.*

My understanding is that the post of Clinical Assistant was part of the development of the Haemophilia service to provide additional counselling and psychological support to all patients and their families who were known to the Haemophilia service. My recollection is that support was available during planned outpatient appointments and on a drop-in basis when patients presented to the Centre. This support was provided by myself and the nursing staff. Support to family members would be in relation to the patient, individual support would also be available from their GP and Primary Care team. Alison Richardson Clinical Psychologist was appointed during my time working in the Centre to provide more specialist psychological support to patients. I cannot recall if she provided this specialist psychological support for family members.

37. *Was any form of social work support made available at the Centre to patients infected with HIV, HBV and/or HCV or to their families? If so, please detail what support was available.*

Geraldine Brown, Social Worker, was part of the Haemophilia service. I do not recall that she was based in the Centre but I assume we would make referrals to her either when seeing patients in the Centre or Outpatients. She also attended patient MDT meetings.

I am unable to give details of the support given but I assume this was support from Geraldine herself and signposting to other support available especially financial.

38. *In paragraph 64 of the witness statement of witness W2189 [WITN2189001], witness W2189 states that the first time counselling was mentioned to her was when you and Alice Richardson sent a letter on 24th November 1988 inviting her husband to a meeting with other infected haemophiliacs. Witness W2189 states that wives/partners/parents were not invited to this meeting. As far as you recall, please explain the purpose of this meeting. Please explain the circumstances in which counselling was offered to patients, and which patients counselling services provided to. Were partners and/or parents of patients provided counselling services? If not, why not?*

I am unable to recall the letter of invitation or the meeting on 24th November 1988, and I am unable to explain the purpose of this meeting. There is no copy of this letter of invitation in the documents sent to me.

My recollection is that support and counselling was available to patients during planned outpatient appointments and on a drop-in basis when patients presented to the Centre. This was provided by myself and the nursing staff. Support to family members would be in relation to the patient, individual support would also be available from their GP and Primary Care team.

Alison Richardson, Clinical Psychologist, was appointed during my time working in the Centre to provide more specialist psychological support to

patients. I cannot recall if she provided this specialist psychological support for family members.

Geraldine Brown, Social Worker, would also provide support and counselling to patients. I am unable to say if she provided support to partners and / or family members.

39. *How was the care and treatment of patients diagnosed with HIV, HBV and/or HCV managed at the Centre? What treatment options were offered over the years to those diagnosed with HIV, HBV and/or HCV? What follow-up and/or ongoing monitoring was arranged? To what extent were patients at the Centre referred for specialist care elsewhere? How did any of this change or develop over time?*

The care and treatment of patients with HIV and HBV was focused on managing their Haemophilia and monitoring the effects of HIV and HBV on lymphocyte numbers and liver function respectively. I cannot recall that there were any treatment options for HIV or HBV during my time working in the Centre. I cannot recall that there was the option for referral for specialist care elsewhere, if there was this would have been decided by more senior medical staff.

40. *Do you recall patients diagnosed as HIV, HBV and/or HCV positive being treated differently to others? If so in what respects? What if any measures were implemented to address any risks of cross-infection?*

My recollection is that all patients were treated the same irrespective of whether they were HIV or HBV positive. Safe practice when handling blood and blood products was used for all patients to mitigate the risk of cross-infection.

41. *To your knowledge, were clinical staff made aware of patients' infected status in relation to HIV, HBV and/or HCV?*

I am unable to recall if clinical staff myself included were made aware of patients' infected status in relation to HIV and HBV. My recollection is that we treated all patients the same in terms of the risk of passing on infection.

42. *Please describe as fully as you can your involvement in the testing, diagnosis, treatment and care of those who were infected with HIV, HBV and/or HCV.*

My understanding is that my time working in the Centre started after the patients had been exposed to HIV infected blood products, so I was not involved in the initial testing and diagnosis of HIV infection. I am unable to say when testing and diagnosis of HBV became available, so do not know when patients were first tested for this, I assume it predates my time working in the Centre. I am unable to say when testing for HCV became available, but my understanding is that it was after my time working in the centre.

My recollection is that during my time working in the Centre there was no treatment for HIV or HBV infection.

The care of patients included treatment of acute bleeds, monitoring of the long term effects of recurrent bleeds and supporting patients with the increased uncertainty caused by potential exposure to HIV and HBV infection. At that time knowledge was developing of HIV and HBV infections but my understanding is that in the absence of treatment it was not known which patients would develop AIDS following HIV exposure or liver problems from HBV exposure. It is my understanding that the post of Clinical Assistant had been developed to provide additional support for patients dealing with this uncertainty and my recollection is that was the focus of my work.

43. *Please describe what you can recall about the impact of the infection(s), and/or of treatment for the infection(s), and/or of the stigma associated with the infection(s), upon the Centre's patients and upon their families over the years.*

The infections caused greater uncertainty and concern for the future, for the Centre's patients and their families. They were already living with a chronic condition which was likely to cause increasing problems with pain and reduced mobility depending on the severity of their Haemophilia.

I am not able to comment on the impact of treatment on the Centre's patients

and their families, as no treatment was available during my time working in the Centre.

The stigma associated especially with HIV infection was a great concern. This was a relatively new infection and was the subject of media stories and campaigns particularly linking HIV and AIDS to gay people, sexual transmission and drug addicts. The publicity was very negative and understandably patients and their families were wary of sharing information about infection with others including other healthcare professionals, because of the fear of being treated differently or being shunned by family and communities.

In my opinion this was the reason why some patients did not want to know their HIV status.

Section 5: Research

44. *Please detail any knowledge you have of any research that may have taken place at the Centre including the names of clinicians who were involved in or leading the research.*

I have no recollection of the detail of any research that was taking place at the Centre during the time that I was working there. I was aware that serum samples were taken and sent to store but I assumed this was for future monitoring of disease.

I can recall that Dr R Cuthbert worked with the Haemophilia service and my recollection is that he had a research role working with Dr Ludlam. I cannot recall any other names of clinicians who were involved in research.

45. *To your knowledge, were patients made aware of their being involved in research? What was the approach taken with regards to obtaining their consent to such involvement?*

I am unable to comment if patients were made aware of their being involved in research. I am unable to comment on what approach was taken with regards to obtaining their consent to such involvement.

46. *What does the term 'PUPS', an acronym for a category of patients referred to as 'Previously Untreated Patients', mean to you? Was the term used at the Centre and if so by whom and in what respects?*

I cannot recall being aware of the term PUPS during my time working at the Centre. I cannot recall the term being used at the Centre.

Section 6: Medical records

47. *What was the policy at the Centre as regards recording information on death certificates when a patient had been infected with HIV or hepatitis?*

I am unable to comment on the policy at the Centre as regards recording information on death certificates when a patient had been infected with HIV or hepatitis. This would have applied to inpatients who died in RIE, and I was not involved in their care.

48. *What were the retention policies of the Centre in regards to medical records during the time that you worked there?*

I am unable to comment on the retention policies of the Centre in regards to medical records during the time that I worked there.

49. *Did the Centre, or any clinicians at the Centre, keep any separate records or files or information about patients who had been treated with factor concentrates and/or patients who had been infected with HIV, HBV and/or HCV? If so, why; where were those files located, and where are those files now?*

I am unable to comment if the Centre or any clinicians at the Centre kept separate records or files or information about patients who had been infected with factor concentrates and / or patients who had been infected with HIV and HBV.

Section 7: Other Issues

50. *Were you aware of any of the trusts or funds that were set up to provide financial assistance to people who had been infected (such as the Macfarlane Trust, the Eileen Trust, the Skipton Fund and the Caxton Foundation)?*

My recollection is that there were charitable funds available to patients. I can only recall the Macfarlane Trust.

51. *Were patients at the Centre provided with any information about these organisations or with any assistance to obtain financial support from them? If so, what information and/or assistance was provided?*

I cannot recall if patients at the Centre were provided with any information about these organisations. My understanding is that Geraldine Brown, social worker, would have provided assistance to obtain financial support for patients.

52. *Please detail any involvement or dealings you had with any of these organisations.*

I cannot recall any involvement or dealings with any of these organisations.

53. *If you have had, at any time, any discussions or conversations or interactions with Professor Ludlam about any of the matters set out in paragraphs 5 to 49*

above, please provide (to the extent that you are able to) details of those discussions or conversations or interactions.

I have had no discussions or conversations or interactions with Professor Ludlam about any of the matters set out in paragraphs 5 to 49.

54. *Please provide, in as much detail as you are able to, information about any other issues associated with your work at the Centre that may be relevant to the Inquiry's investigation. You will find the Inquiry's Terms of Reference and List of Issues on the Inquiry's website (https://www.infectedbloodinquiry.org.uk). If you are in doubt as to whether or not to include something, do not hesitate to contact the Inquiry Team.*

I cannot recall any information about any other issues associated with my work at the Centre that may be relevant to the Inquiry's investigation.
I do not have any documents which might be relevant to the Inquiry's Terms of Reference.

Statement of Truth

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

Signed GRO-C

Dated 14.11.20