

Witness Name: Professor Richard Seton
Tedder
Statement No.: WITN3436008
Exhibits: WITN3436009
Dated: 24 November 2023

INFECTED BLOOD INQUIRY

FOURTH WRITTEN STATEMENT OF PROFESSOR THE HON RICHARD SETON TEDDER FRCP FRCPATH

I provide this statement in response to W0684's fourth written statement dated 16 August 2023 [WITN0684030].

I, Professor Richard Seton Tedder, will say as follows: -

Section 1: Introduction

1. My name, address, date of birth and professional qualifications are known to the Inquiry and are set out in my first witness statement, [WITN3436003].

Section 2: Response(s) to criticisms made by W0684

2. I am aware that Dr Karpas - witness W0684 - has provided a yet further witness statement which disputes some of my evidence in preceding statements and makes new allegations. Ultimately, Dr Karpas and I have different points of view and disagree as to what happened at the time.
3. I did not, as he suggests, ever have 'unlimited access to AIDS patients' and I do not recall a documented request for samples. I was providing serology for HIV infection to clinicians who were treating AIDS patients. They were not my patients. It would not have been for me to give authority for samples from these patients to be provided; it

would have been for Professor Adler (whose patients they were). If he had granted permission to Dr Karpas to have samples from these patients, I would certainly have provided the relevant samples.

4. I stand by all of the evidence that I have given in my witness statements and do not now propose to repeat myself.
5. The main new allegations against me are in paragraph 9 of Dr Karpas's most recent witness statement. This is his perception, based it appears solely on the fact that Dr Mortimer and I were friends, that I in some way applied pressure on Dr Mortimer, in respect of his evaluation of Dr Karpas's test, to change the findings in the final report of the evaluation. I have no recollection at all of that evaluation, if I knew about it at the time. I find the allegation quite shocking, and I can confirm that I did not apply any pressure, and indeed I absolutely would not have done so since to do this would have departed from fundamental principles of ethical science and run against the potential of using this test for the good of society. I regard such suggestions, based on unevidenced supposition, to be a trivialisation and distraction from the very serious issues which we all were grappling with at the time.
6. My attention has been drawn to a letter of Dr Mortimer in the New Scientist dated 22 September 1988 **[WITN3436009]** to which Dr Karpas does not refer (although it must be available in the same way as the New Scientist publication of 14 July 1988 which he does exhibit **[HSOC0007665]**). In this Dr Mortimer addressed the accusations made by Dr Karpas at the time. I have no knowledge of how the assessment of the assay was undertaken, or of what Dr Mortimer describes beyond what he says here. However, the points he makes seem to me to provide a sound scientific reason for any change between the interim report and the final report. In short, it seems more information was added to the final report, rather than existing information being changed or removed. As I have not been provided with the final report, I cannot comment on this any further.
7. I can say from my own knowledge that assays assessed through microscopy (in the way described by Dr Mortimer in his letter to the New Scientist) are not always read accurately if the reader is not experienced in microscopical practices. If there were distinctions between Dr Bayliss's ability and Dr Mortimer's ability to read this test it would not be surprising. The variance in performance in the hands of different people is an important factor for how sensitive and specific a test will be in practice. As the

interpretation of what the reader is seeing is based on their assessment, the evaluation of such an assay cannot safely and reliably be based solely on the findings of the most skilled and experienced reader. That the final report took into account the experience of both scientists assessing the assay is, again, unsurprising.

8. As to my request to use Dr Karpas's assay, this arose in the context of the broad work I was doing to try to obtain an assay that could be used in countries in Africa. As I have explained in my earlier witness statements, in the late 1980s I was involved in work to introduce antibody testing in Africa where HIV was extremely prevalent. The various tests being used were showing exceptionally high antibody prevalences – indicating for example that many women at a maternity clinic and school children – were infected. In fact, the tests results were distorted in this population, one where malaria was endemic, as we were able to show. I was keen to consider any available test that might be effective in that desperate situation where HIV has been introduced into the population under study. I would not allow any petty personal differences to affect the proper and ethical use of science in the terrible situation which we faced, especially that of pertaining to Africa in 1988. I took any steps I could to assist in resolving these problems, including sourcing assays which could potentially work in that environment. This explains the text of the letter I wrote to Dr Karpas. I do not have any recollection now of whether Dr Karpas replied or provided his test for evaluation for possible use in Africa and no other relevant documents have been made available to me.
9. As I noted at the beginning, it appears that ultimately Dr Karpas and I have a different view and recollection of events. I have addressed his new allegations in his latest witness statement and have not repeated my other evidence. I do not propose to perpetuate this cycle of unfounded accusation and denial or dignify any yet further repetition of these allegations or anything new Dr Karpas may say, unless I am required to do so. This decision must not be taken as acquiescence. I stand by the evidence I have given as my truthful and honest recollection of this emerging and awful human tragedy some 35 years in the past. Our focus was mostly certainly not on who was making what money from testing for HIV, or whether tests could be sold to America or Japan but an overwhelming desire to inform and assist globally in the control of an evolving epidemic.

10. In conclusion, I can only repeat my commitment to assisting the work of the Inquiry and my expression of deepest sympathy and support for those who have been infected and affected.

Statement of Truth

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

GRO-C

Signed _____

Dated 24 November 2023

Table of exhibits:

Date	Notes/ Description	Exhibit number
10 August 2023	Written statement of Dr Abraham Karpas	WITN0684030
31 August 2022	Written statement of The Hon Richard Seton Tedder FRCP FRCPATH	WITN3436003
22 September 1988	<i>New Scientist</i> letter entitled, "AIDS test" by Philip P. Mortimer of the Public Health Laboratory Service	WITN3436009
14 July 1988	<i>New Scientist</i> article entitled, 'Health officers "altered" data on AIDS test' by Steve Connor	HSOC0007665