

1 **Monday, 18 July 2022**
 2 **(10.00 am)**
 3 **Presentation by Counsel to the Inquiry relating to**
 4 **government decision making and the response of governments**
 5 **in Wales and Northern Ireland**
 6 **SIR BRIAN LANGSTAFF:** Yes, Ms Burton.
 7 **MS BURTON:** Good morning, sir. We have two presentations
 8 today that consider the role of Northern Ireland and the
 9 Welsh Office in Central Government decision making in
 10 the 1970s to mid-1980s. I'll be starting with the
 11 Northern Irish presentation this morning.
 12 Sir, I know that you are familiar with the history
 13 in this area, but it's important just to understand the
 14 context in relation to Northern Ireland.
 15 In outline only, from 1922 to 1972, Northern
 16 Ireland of course was a self-governing country, through
 17 its own Parliament and Government based in Stormont, and
 18 then, from 1972 to 1998, it was governed from
 19 Westminster under what was known as Direct Rule.
 20 The first point to make this morning, sir, is that
 21 the documents in this area are extremely limited. We've
 22 set out in the written presentation the searches and the
 23 steps that the Inquiry has undertaken to search for
 24 those documents, but it remains as at today's date that
 25 the material we've got to look at in relation to the

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1 probably more than one.
 2 **MS BURTON:** Thank you, sir.
 3 So the available evidence that we do have
 4 suggests, with all those caveats that I've just
 5 outlined, that the Northern Irish Department of Health
 6 frequently followed the policies and procedures
 7 established in London. And there seems to be broadly
 8 four specific reasons for why that might be the case.
 9 The first, of course, is an obvious one: this is a time
 10 of lack of security in the political context of the
 11 Troubles. Much of the political concern at the time was
 12 focused on matters in issue, and sir, you've had oral
 13 and written evidence about the impact of the troubles
 14 specifically in Northern Ireland on issues of blood.
 15 Secondly, is the relative size of Northern
 16 Ireland. In comparison to England, it's obviously
 17 smaller, both in terms of population and geography.
 18 The third possible reason is the physical distance
 19 from Belfast to London and London to Belfast. Of course
 20 this is a time prior to the availability of travel, the
 21 Internet, et cetera.
 22 And fourthly, it appears from the documents we've
 23 seen that the briefs for medical and administrative
 24 civil servants in Northern Ireland covered a broader
 25 range of matters and therefore there was less specialism

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1 Northern Irish office is extremely limited. Therefore,
 2 there is some hesitation from drawing any conclusions
 3 from such a small sample of information but it appears,
 4 at least on the present information that's available,
 5 there was only limited, if any, influence exerted by
 6 Belfast over Westminster.
 7 **SIR BRIAN LANGSTAFF:** Well, just pausing there, if indeed we
 8 lack documents, of which we have a very large number in
 9 England and quite a large number in Scotland, are we
 10 aware of any reason why those documents which are so
 11 plentiful elsewhere, and relate to many of the same
 12 matters, aren't present in Northern Ireland?
 13 **MS BURTON:** We're not, sir. As at today's date, we don't
 14 have a Rule 9 or any information as to why there is such
 15 an absence of information. However, as you know, in the
 16 coming month there's a presentation being produced on
 17 issues around recording keeping, document destruction,
 18 absence of records.
 19 **SIR BRIAN LANGSTAFF:** Because the absence of records may be
 20 for a number of reasons, some good, some not.
 21 **MS BURTON:** Exactly.
 22 **SIR BRIAN LANGSTAFF:** Yes. Well, I look forward to finding
 23 out what we can be told or learn about the absence, if
 24 there is an explanation, what that explanation is, or
 25 what the explanations are, because I imagine there's

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1 and focus in relation to matters of blood and blood
 2 products.
 3 We've seen some limited evidence, and it's not
 4 going to be part of the presentation this morning, but
 5 it's in the note, that there was some interaction and
 6 some information sharing between the Department of
 7 Health in Northern Ireland and the Republic of Ireland
 8 and Dublin, particularly in relation to the issues of
 9 AIDS. We can see some meetings that took place in the
 10 mid-1980s.
 11 Now some of the contemporaneous material uses
 12 language that perhaps is a little jarring to modern
 13 ears, particularly when we've seen references to
 14 Scotland, Northern Ireland and Wales as "the
 15 territorials", and there's also the phrase that appears
 16 in some of the information we've received of "the Celtic
 17 fringe". That is not language the Inquiry will be using
 18 throughout the course of the hearing and also in the
 19 presentation. I'll be referring to Belfast or the
 20 Department of Health in Northern Ireland.
 21 **SIR BRIAN LANGSTAFF:** Just reflecting what you're saying
 22 about the particular context of Northern Ireland being
 23 so much smaller in population, and obviously very close
 24 to the Republic of Ireland, is there any evidence, for
 25 instance, that those who needed treatment in those parts

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1 of Northern Ireland which were some distance from
 2 Belfast, and not easy to reach from Belfast but were
 3 closer to Donnegal and Sligo, both of which have borders
 4 with Northern Ireland, that there may have been sort of
 5 cross-border treatment?

6 **MS BURTON:** Yes, sir, you've heard evidence on that. You
 7 will recall some time ago we had the presentation about
 8 the Belfast Haemophilia Centre --

9 **SIR BRIAN LANGSTAFF:** Yes.

10 **MS BURTON:** -- and the actions of Dr Mayne. We've received
 11 a number of written witness statements from Dr Mayne.
 12 Within the presentation those references are given but
 13 I believe the Belfast Haemophilia Centre presentation
 14 lists those cross-border connections with the Republic.

15 **SIR BRIAN LANGSTAFF:** So there were cross-border connections
 16 to be managed somewhere at a political level,
 17 presumably, of that sort?

18 **MS BURTON:** Well, I assume it begs the question whether
 19 those relationships were managed within the hospitals,
 20 and that may be the Regional Transfusion Centre model or
 21 whether it was coming from the Northern Ireland Office.
 22 On the basis of the information I've seen, I don't have
 23 an answer to that question. But it can be one we look
 24 at in more detail.

25 **SIR BRIAN LANGSTAFF:** Yes, thank you.

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1 from Dr McKenna which is fed into the presentation.
 2 Then we've also received a written statement from
 3 Dr Robert McQuiston, who was the Assistant Secretary for
 4 Health Services Division of the Department of Health in
 5 Northern Ireland from 1984 to 1998.

6 And sir, as you know, he's giving oral evidence,
 7 albeit remotely, at the Inquiry on Friday.

8 We've also received, as I've said, a range of
 9 witness statements from Dr Mayne, who was the director
 10 of the Belfast Haemophilia Centre. And there is the
 11 separate presentation on that. She appears in some of
 12 the documents we've received, and also was an attender
 13 at some of the most important meetings during this
 14 period, albeit not in any capacity within the Department
 15 of Health for Northern Ireland.

16 In the last few weeks, months, possibly even
 17 years, we've heard a lot of evidence from politicians
 18 and civil servants who have come to the Inquiry to give
 19 their evidence orally but also in writing. They have
 20 been asked a range of questions about the interaction
 21 between Northern Ireland, Scotland and Wales, with the
 22 Department of Health in London. Now the full references
 23 to those comments are set out in the presentation, but
 24 I'm just going to draw together some of that evidence
 25 orally. Particularly in the absence of written

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1 **MS BURTON:** I'm going to start with an outline of the key
 2 players and who the people were that were in the
 3 Northern Ireland Office and the Department of Health at
 4 this time.

5 Starting from 1979 to 1981, Humphrey Atkins was
 6 the Secretary of State for Northern Ireland.
 7 He was succeeded by Jim Prior who was the
 8 Secretary of State for Northern Ireland from
 9 14 September 1981 to 27 September 1984.

10 Douglas Hurd then took up that role from
 11 11 September 1984 to 3 September 1985.
 12 Then Tom King held the role from September '85 to
 13 July 1989.

14 John Patten was the Parliamentary Under-Secretary
 15 of State for Northern Ireland from 5 January 1981 to
 16 13 June 1983, alongside David Mitchell.

17 Chris Patten then took up that role from June 1983
 18 to September 1985, and then for a longer stretch was
 19 Sir Richard Needham from September '85 to 1992.

20 The first CMO, so Chief Medical Officer in
 21 Northern Ireland, was Dr Thomas Terence Baird, from 1973
 22 to 1978, followed by Dr Robert Weir, called Bob in a lot
 23 of papers, 1978 to 1988, and then Dr James McKenna, 1988
 24 to 1995.

25 Sir, the Inquiry has received a witness statement

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1 documentation, it's useful evidence to see what their
 2 individual and collective recollections are, about the
 3 interaction between Belfast and London.

4 So the first I'm going to reference is Lord Owen,
 5 who was obviously the Minister of Health from 1974
 6 to 1976, and he described the Secretary of State for
 7 Northern Ireland as taking decisions but these would
 8 "tend never to go against the grain of decisions [made]
 9 in England".

10 He noted in his oral evidence to the Inquiry that
 11 they had the freedom to do so if they wanted, but his
 12 recollection is that those decisions didn't go against
 13 the grain, the decisions taken in England.

14 The next aspect of oral evidence relevant for
 15 these purposes, is Lord John Patten, and he had these
 16 two roles that I've explained. The first was the
 17 Parliamentary Under-Secretary of State for Northern
 18 Ireland, and that was January '81 to June 1983, and then
 19 he became the Parliamentary Under-Secretary of State for
 20 Health from June '83 to September '85.

21 Now, in that second role, he made comments, when
 22 questioned, about the role of Northern Ireland, and what
 23 he told the Inquiry was that while he didn't have
 24 responsibility for health in Northern Ireland, it was
 25 his view that "UK-wide policy was in reality led by

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1 England by virtue of greater population/resource".
 2 Lord Fowler, we heard evidence from him relatively
 3 recently. He was of course the Secretary of State for
 4 Health and Social Security from September '81 to
 5 June '87 and he said this:

6 "... on health issues generally [his recollection]
 7 was that Scotland tended to be the most independent,
 8 whereas Wales and Northern Ireland more closely followed
 9 the [Department of Health in London]."

10 He said, in his view, anything that the Department
 11 of Health did in relation to health "tended to be
 12 followed in other areas ... not so much in Scotland, but
 13 certainly in Wales and Northern Ireland".

14 So Lord Fowler there, sir, is making a distinction
 15 between those three territories and specifically saying
 16 that, in his view, Northern Irish decision making tended
 17 to follow that of London.

18 We also heard very recently from Baroness
 19 Bottomley. She was the Secretary of State for the DoH
 20 from '89 to '92, and she said this about the Department
 21 of Health in London, that they were "hugely better
 22 resourced, more experts, more committees".

23 We've had oral and written evidence, sir, from
 24 Dr Morris McClelland. He was the director of the
 25 Northern Irish Blood Transfusion Service. His evidence

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1 Office and the Welsh Office of policies or meetings,
 2 sometimes as an afterthought, and she describes
 3 occasionally getting "grumbles" from those civil
 4 servants and politicians because they hadn't been
 5 notified early. She also describes Northern Irish and
 6 Welsh offices as piggybacking on advice that was
 7 received from the Department of Health in London.

8 Lastly, Dr McQuiston has said in writing -- but as
 9 I've said he's giving oral evidence on Friday, that he
 10 has:

11 "... no memory of the Northern Irish Office having
 12 a distinctive role in health policy development in
 13 Northern Ireland, apart from the Northern Ireland Office
 14 ministers having to sign off on policies developed by
 15 the Department."

16 So, sir, that's not a total picture. You've heard
 17 all the evidence and you've heard it recently, so I'm
 18 not going to read it out to you but, broadly, the
 19 evidence we've received, there isn't a great deal of
 20 recollection about a strong contribution of Northern
 21 Ireland in relation to decision making that happened in
 22 London.

23 I'm now going to take you through some of the
 24 documents that we have and, as I've said, they're fairly
 25 limited, and just give you some specific examples of

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1 was that policies adopted by Northern Ireland "typically
 2 followed" -- that was his quote -- "typically followed
 3 those of ... London".

4 He gave a series of examples in his oral evidence
 5 to the Inquiry of where those policy aspects had been
 6 followed. One was the application of the National Blood
 7 Transfusion Service memorandum on the selection, medical
 8 examination and care of blood donors. So his evidence
 9 was that that was a UK-wide policy and it was followed
 10 in Northern Ireland.

11 He also, in his oral evidence, was asked about the
 12 position of surrogate testing for non-A, non-B
 13 hepatitis, and his evidence was that Northern Ireland
 14 followed the approach in the rest of the United Kingdom
 15 and didn't introduce such testing.

16 We've also heard evidence from Dr Hilary Pickles,
 17 and she was the principal medical officer at the
 18 Department of Health in London from May 1986 to
 19 June 1991. She had quite a lot to say in her evidence
 20 about Northern Ireland, and she said this. She
 21 described the Northern Irish contingent as:

22 "... very, very small, and were so grateful for
 23 anything we could do on their behalf and lapped up what
 24 we said."

25 She also describes notifying the Northern Irish

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1 interactions with the Northern Ireland, and draw
 2 conclusions where we can. So the first relates to the
 3 issue of supply of blood and blood products, and there's
 4 just going to be two examples.

5 So if, Lawrence, we can go to DHSC0002189_014.
 6 Brilliant.

7 So we can see at the top this was a "Report of the
 8 Working Group on the Trends in the Demand for Blood
 9 Products". Now, sir, I should say that this
 10 presentation doesn't deal with all of the evidence in
 11 relation to self-sufficiency, you've heard that in other
 12 sources. But this document shows that:

13 "The Working Group was appointed in January 1977
 14 by the Department of Health and Social Security [so
 15 that's London] who, in consultation with the Scottish
 16 Home and Health Department and the Welsh Office, decided
 17 that it would help in planning the future development of
 18 blood transfusion services, the likely trends in the
 19 demands for blood and blood products were known."

20 We can see there, as at 1977, the purpose of this
 21 working group did not include any real consideration --
 22 or the consultation, I should say, for the establishment
 23 of this group, did not include Northern Ireland. So
 24 while Wales and Scotland are part of the consultation we
 25 don't see any reference to Northern Ireland.

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1 Then, Lawrence, just scrolling down to that list
 2 of people, we can see there's no specific Northern Irish
 3 representation. You can see at point 6 there's some
 4 Scottish representation, and 7 you can see some
 5 representation from London, but there's no specific
 6 Northern Irish involvement there.
 7 **SIR BRIAN LANGSTAFF:** I don't think there's specific Welsh
 8 involvement either, is there?
 9 **MS BURTON:** There isn't, sir --
 10 **SIR BRIAN LANGSTAFF:** Although if one goes back up to the
 11 top --
 12 **MS BURTON:** Wales were consulted.
 13 **SIR BRIAN LANGSTAFF:** Yes.
 14 **MS BURTON:** We'll come on to look at Wales in the second
 15 presentation, and you'll see how things developed there
 16 but you're right to say that there was no members listed
 17 from Wales, as far as I can see.
 18 Now, the next document on this broad topic of
 19 blood supply --
 20 **SIR BRIAN LANGSTAFF:** Do we know if, in looking at the
 21 trends and demand for blood products, this working group
 22 considered the position in Northern Ireland or not?
 23 **MS BURTON:** This particular document, as far as I'm aware,
 24 doesn't make any express reference to Northern Ireland.
 25 **SIR BRIAN LANGSTAFF:** But are there other documents from the

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1 "... but Northern Ireland's needs would have to be
 2 considered."
 3 So there's a reference to needing to understand
 4 the position for Northern Ireland, but no specific
 5 breakdown of the amount of Factor VIII needed in this
 6 paragraph. We can see at the bottom it says:
 7 "Although at the moment England, Wales and
 8 Northern Ireland were being supplied by BPL it was
 9 agreed that the Protein Fractionation Centre Edinburgh
 10 could play a role in helping to meet [that total]."
 11 We've heard a lot of evidence about that, sir, and
 12 I'm not going to repeat it, but this is a document that
 13 looks to be including Northern Ireland in a broader
 14 framework of what blood products are needed.
 15 If we could then go to paragraph 7, which will be
 16 on the next page, please, Lawrence, we can see here that
 17 this possibility is being floated: that Edinburgh would
 18 fractionate plasma from the four northern English
 19 regions and from Northern Ireland. Dr Acton agreed to
 20 discuss this -- discuss with his Department the
 21 logistics of sending plasma to Edinburgh, so here we see
 22 Dr Acton taking an active role in this meeting,
 23 contributing to discussion points.
 24 Then, if we can go to paragraph 12 of the
 25 document, right at the bottom there's a discussion on

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1 same working group?
 2 **MS BURTON:** I'm just about to take you to one that might
 3 answer that question. DHSC0000064_001.
 4 So the next page, please, Lawrence.
 5 Having said that I'm not going to do anything on
 6 self-sufficiency, this is about self-sufficiency, but
 7 I hope you'll forgive me.
 8 So top of the page, this is a meeting of
 9 1 December 1980 with the Scottish Home and Health
 10 Department, Department of Health and Social Services for
 11 Northern Ireland and the Welsh Office to discuss UK
 12 self-sufficiency in blood and blood products. This
 13 appears to be a meeting between those three nations,
 14 where issues of planning for blood and blood products
 15 was discussed. We can see, in the middle of that
 16 membership list, Dr Acton is attending on behalf of the
 17 Northern Irish Department of Health.
 18 Now, if we scroll down, please, Lawrence, to
 19 paragraph 2, sir, I hope this will answer the question
 20 you were just asking me, which is a consideration of the
 21 total need of blood products in the UK and how these
 22 need to be met. Now, if we look in that paragraph 2,
 23 about five lines up from the bottom, there's a reference
 24 that "Scotland was almost self-sufficient". It goes on
 25 to say:

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1 the pro rata distribution for blood products in Northern
 2 Ireland. There's a suggestion there that Northern
 3 Ireland might fare badly under that proposal for
 4 a pro rata distribution, and Dr Acton has noted that in
 5 the future, Northern Ireland hoped to send 5,000 litres
 6 of FFP in addition to 3,500 litres of time-expired
 7 plasma.
 8 Now, this issue about the relationship between
 9 Northern Irish blood production and Scotland had been
 10 addressed in an entire presentation by the Inquiry.
 11 Just for the note it's INQY0000343, for anyone wanting
 12 to read more about that, they can do so.
 13 So, sir, those are just two examples of Northern
 14 Irish interaction or lack of interaction in relation to
 15 broader questions of UK blood supplier.
 16 **SIR BRIAN LANGSTAFF:** Yes. The first document, the working
 17 party you showed me, was 1977 --
 18 **MS BURTON:** Yes.
 19 **SIR BRIAN LANGSTAFF:** -- this is very nearly four years
 20 later because it's December 1980 --
 21 **MS BURTON:** Yes.
 22 **SIR BRIAN LANGSTAFF:** -- and there's nothing, no document
 23 that we have been able to discover which shows anything
 24 to do with trends or, for that matter, supply of blood
 25 products internally between those two dates.

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1 **MS BURTON:** Not that I've seen, sir, and we can put this as
2 a topic on the list for further investigation.

3 **SIR BRIAN LANGSTAFF:** So, although it may have been assumed
4 that Northern Ireland would do whatever was happening
5 elsewhere in the UK, there's no specific consideration
6 of Northern Ireland between those dates?

7 **MS BURTON:** Well, I'd have to check that, sir. Obviously,
8 we've got an entire presentation that deals with
9 self-sufficiency but, from the documents that I've
10 looked at for this presentation, there isn't any
11 significant document that I've seen.

12 **SIR BRIAN LANGSTAFF:** But throughout this period, the
13 administration in Northern Ireland was under
14 Direct Rule?

15 **MS BURTON:** Yes, sir.

16 **SIR BRIAN LANGSTAFF:** Thank you.

17 **MS BURTON:** Now, we're going to look at some hepatitis
18 examples and these are earlier in the chronology. If we
19 could start with DHSC0103097_029.

20 Now, sir, you can see, I hope, it's a little bit
21 blurry -- there we go -- 2 July 1971. So this is
22 a document that's before Direct Rule and you can see at
23 the top it says, "Government of Northern Ireland,
24 Ministry of Health and Social Services".

25 We can see this is a letter going to the

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1 Now, the next document is from a little later in
2 the 1970s, DHSC0002183_028. So we can see it's
3 a document from 20 April 1977 and it's about
4 hepatitis B, and if we look at paragraph 2, it sets out
5 some history for us, sir, in relation to what was
6 happening about hepatitis in the 1970s.

7 So:

8 "In 1970 an Advisory Group was set up to advise
9 the Secretaries of State for Social Services, for
10 Scotland and for Wales on the testing of blood donations
11 and specimens for what was then known as Australia
12 (hepatitis-associated) Antigen ..."

13 So pausing there, you might say this is another
14 reference to Scotland and Wales only, but if you look at
15 the date, 1970, it's not within Direct Rule. So this is
16 pre-direct control from Westminster.

17 It goes on to say that the first report of this
18 group was made in 1971 but:

19 "... in 1972 a revised Report, modified in the
20 light of consultation, was issued. This was accepted in
21 Northern Ireland and issued to the former
22 Northern Ireland Hospitals Authority in January 1973 and
23 to the former Northern Ireland General Health Services
24 Board and the local Medical and Dental Committees in
25 May 1973."

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1 Department of Health and Social Security based in
2 Elephant & Castle in London and the topic of discussion
3 here is the Hepatitis Advisory Group.

4 Just for clarity, Lawrence, if we just scroll down
5 we can see it's a document from BE Swain, who is
6 a senior medical officer. So just going back up to the
7 top, there's a suggestion here from reading this
8 document that Mr Swain, or members of the Northern Irish
9 administration were members of the Hepatitis Advisory
10 Group. We can see that he says he was unable to get to
11 the last meeting that was held in London.

12 Then what we see in this document is his
13 contribution to matters that are being discussed as part
14 of the Hepatitis Advisory Group. What we can see here
15 is his contributions in relation to issues about
16 hospital accommodation. So if we look at the fourth
17 paragraph down that starts "With regard", he is
18 recalling some earlier discussions, and put some
19 suggestions forward, and then says this:

20 "... this is certainly the thinking over here and
21 we will, I hope, be able to achieve this object in the
22 foreseeable future."

23 Possibly an example of information exchange coming
24 from Belfast to London but, obviously, this is strictly
25 before Direct Rule, so this is July '71.

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1 So we can see that the reports or recommendations
2 from this early advisory group, even though it started
3 outside the temporal structures of Direct Rule, were
4 accepted by the Northern Irish Office in 1971, 1972, and
5 distributed in 1973.

6 **SIR BRIAN LANGSTAFF:** That would be the Government rather
7 than the Northern Irish Office?

8 **MS BURTON:** Yes.

9 You can take that down, thank you, Lawrence.

10 We've got some material in relation to the
11 Hepatitis Advisory Group. I won't put them up but
12 there's evidence of a Dr Logan from the Northern Irish
13 Department of Health attending meetings on behalf of
14 Northern Ireland. However, as I've said, there are very
15 few documents from the 1980s, there's one example that
16 I'll put up. It's MACK0000725_005.

17 So if we can zoom in on this -- thank you -- this
18 is 21 July 1981, and this looks to be the third report
19 of the Advisory Group on Testing for Hepatitis B.

20 What we can see here is that the Department of
21 Health in London are sending to the General Hospital
22 Branch of the Department of Health and Social Services
23 in Belfast the report that it had produced on
24 hepatitis B. Also, we can see, as set out, a kind of
25 distribution list of who that information has gone to.

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1 So it's gone to:
 2 "... Regional Transfusion Directors, Regional
 3 Medical and Scientific Officers (the Northern Ireland
 4 Scientific Officer included because he attends ...
 5 meetings here and receives papers from the
 6 Departmental" --
 7 **SIR BRIAN LANGSTAFF:** I think that must be "regional
 8 scientific officers", mustn't it?
 9 **MS BURTON:** I think it must, sir.
 10 **SIR BRIAN LANGSTAFF:** "R Sc Os".
 11 **MS BURTON:** I think it is, sir. It's slightly hard to read
 12 on my copy:
 13 "... and to a number of bodies who have an
 14 interest in the report ..."
 15 So a fairly broad circulation of this information
 16 produced by the advisory committee in relation to
 17 hepatitis B.
 18 Not the most illuminating document, sir, but it
 19 does show some distribution of knowledge and information
 20 about hepatitis B in 1981.
 21 The next topic where we can see some evidence in
 22 relation to interactions between Belfast and London is
 23 that of HIV and AIDS. The available information we have
 24 appears that Northern Irish representatives were not
 25 included in Westminster-based correspondence over the

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1 his oral evidence to the Inquiry that "No serious
 2 consideration was given to producing a leaflet specific
 3 to Northern Ireland". His evidence was that there were
 4 differences in the implementation in relation to the
 5 leaflet, and I'll come on to those in a moment, but
 6 there was no consideration to Northern Ireland producing
 7 its own leaflet.
 8 Now, he referred to Northern Irish society -- this
 9 is his language -- being "quite conservative", and that
 10 there were concerns about the impact of the leaflet on
 11 donors. He also expressed the view in his oral evidence
 12 to the Inquiry that there were less risk factors in
 13 Northern Ireland. His evidence is that there were lower
 14 levels of intravenous drug use and the particular
 15 context of Northern Ireland -- and this was in
 16 questioning from Ms Richards, as you'll recall -- was
 17 that homosexuality was illegal until 1982, so
 18 a different context there, perhaps.
 19 What he described was a gradual approach in
 20 relation to the implementation of that leaflet. The
 21 position was initially in 1984 -- December 1984, you'll
 22 recall, sir -- that leaflets were left or displayed for
 23 a period of about six weeks; they weren't handed to
 24 people directly, and then there was a move into people
 25 being handed leaflets directly and to being sent

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1 line to take in relation to AIDS. We will come to look
 2 at those documents in more detail when we get to Wales
 3 but, just as a matter of fact, it doesn't appear that
 4 they were included in that correspondence.
 5 There was also no representation from
 6 Northern Ireland present at the first meeting of the
 7 Medical Research Council Working Party on AIDS. That
 8 took place on 10 October 1983.
 9 There is evidence, sir, as I've hinted, that
 10 individuals who were prominent in the Northern Irish
 11 medical community at this time, people like Dr Mayne,
 12 Dr McClelland, were attending some of these important
 13 meetings about AIDS that were starting in 1983 onwards,
 14 but I haven't seen any evidence that Departmental
 15 officials, civil servants, either from a medical or
 16 administrative basis, were attending those meetings or
 17 in any way shaping Westminster policy on AIDS.
 18 One example that we have of Northern Irish
 19 Department of Health following the approach of
 20 Westminster, is in relation to the AIDS leaflet, that
 21 was produced. It was obviously produced in London, and
 22 the evidence is that it was in circulation in
 23 Northern Ireland. Now, Northern Irish officials were
 24 copied into discussions and correspondence about the
 25 production of that leaflet but Dr McClelland has said in

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1 leaflets.
 2 So that's one example, sir, of Belfast following
 3 Westminster but there being some slight differences in
 4 relation to the implementation in relation to the AIDS
 5 leaflet.
 6 Now, the next --
 7 **SIR BRIAN LANGSTAFF:** As far as the AIDS leaflet was
 8 concerned, different regions in the UK mainland in
 9 England, certainly England and Wales, they took their
 10 own course, didn't they?
 11 **MS BURTON:** Yes, sir.
 12 **SIR BRIAN LANGSTAFF:** So there was the modification in
 13 North London of the leaflet following the visit by
 14 Contreras to New York, I think, I seem to recollect, and
 15 certainly different regions had different ideas about
 16 what they -- the way in which they called up donors. So
 17 for some they used donor cards, it was much more
 18 difficult to put a leaflet in, so they didn't use that
 19 method. So different regions had different approaches.
 20 So rather than following, or not following,
 21 Westminster, was this perhaps an example of
 22 Northern Ireland being, as it were, its own region?
 23 **MS BURTON:** Perhaps. I think the point I was making was
 24 that there was no amendment, as far as I've seen and as
 25 far as Dr McClelland has told this Inquiry, as to the

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1 content. It was produced and then just circulated, but
2 I fully accept there is evidence in front of you about
3 differences in implementation both in England but also
4 in Northern Ireland, and Dr McClelland has given
5 a couple of possible reasons for why that approach in
6 implementation was different.

7 **SIR BRIAN LANGSTAFF:** Yes.

8 **MS BURTON:** But it's difficult to, without further evidence,
9 link the actions of Dr McClelland and the Northern Irish
10 Blood Transfusion Service with any specific direction
11 from the Northern Irish Office. I haven't seen that as
12 a kind of documentary trail.

13 **SIR BRIAN LANGSTAFF:** So if it was considered in respect of
14 Northern Ireland by the Westminster Government, then we
15 have no sign of that in any recovered document?

16 **MS BURTON:** Not that I've seen. I haven't seen any direct
17 evidence on that point.

18 **SIR BRIAN LANGSTAFF:** Thank you.

19 **MS BURTON:** Now, in relation to AIDS, there's another
20 document that I'd like to put up, CBLA0001914_007. So
21 this is a document from 1984. I'm not sure -- if we
22 just scroll to the bottom, Lawrence -- if there's
23 a specific date on it. Yes, November 1984. So top of
24 the page, please.

25 This was the Working Group on AIDS that was part
25

1 on AIDS, so we've heard a lot of evidence about that as
2 group.

3 Dr Donaldson, who was part of the Department of
4 Health in Northern Ireland, is listed as attending those
5 two meetings. So July and October 1985 he's attending
6 the Expert Advisory Group on AIDS.

7 So it wouldn't be a correct reading of the
8 documents to suggest that the Northern Irish Department
9 of Health didn't want to play any role in relation to
10 meetings and expert committees for AIDS, it's just not
11 clear from the information we have why they didn't
12 attend this particular meeting.

13 Then last document to look at on Northern Ireland,
14 CABO00000221.

15 Lots of handwritten amendments to this document
16 but we can see it's dated 19 December 1985, and there's
17 reference to an "Interdepartmental Group on AIDS", and
18 we can see from the heading that this is a letter sent
19 from the Department of Health in London, at Elephant and
20 Castle.

21 What we can see here is that there was a meeting
22 of a ministerial steering group on AIDS held on
23 2 December 1985.

24 If we just skip down this document, please,
25 Lawrence, is there a membership list? There should be.

27

1 of the Advisory Committee on the National Blood
2 Transfusion Services, and we can see at the top the
3 reason for the establishment of this working group. So
4 it was:

5 "To consider the implications for the National
6 Blood Transfusion Service of testing blood donations for
7 antibody to HTLV III and to report."

8 Now, a quick scan down the membership, lots of
9 names that the Inquiry is familiar with there. Then
10 there's a heading "Observers", and we can see that
11 Professor Bloom is noted to be attending on behalf of
12 the Welsh Office, which might be interesting evidence in
13 itself, and we'll come on to discuss that.

14 There's representation from elements of the
15 Department of Health in London, from the Army and also
16 the Scottish National Blood Transfusion Service.

17 Then we can see in brackets:

18 "(NI [presumably Northern Ireland] were invited
19 but declined)"

20 Unclear to us, sir, what the reason for that
21 invitation being declined was. November 1984, not
22 apparent on the documents why Northern Ireland chose not
23 to be involved in this meeting. However, there is
24 evidence from other documents, from July and
25 October 1985, with meetings of the Expert Advisory Group
26

1 Is there one on the next page? There. Thank you.

2 If many can look at this in some detail, you can
3 see, sir, that this is a fairly broad membership list,
4 fairly busy meeting, and we can see in the left-hand
5 column all of the different departments that are being
6 represented. So it's Defence, Treasury, Cabinet Office,
7 Employment. It's not merely the medical departments.
8 And we can see, four departments up from the bottom,
9 Dr McQuiston, who you'll hear from on Friday, was
10 attending this interdepartmental Government meeting.

11 There is no specific discussion on
12 Northern Ireland within this document, and on my
13 reading, Dr McQuiston doesn't make any oral
14 contribution, but, sir, it's evidence as at the middle
15 of the 1980s, 2 December 1985, of Northern Irish
16 involvement in Westminster and broader interdepartmental
17 meetings.

18 So, sir, those are the documents that we wanted to
19 draw your attention to, and we wanted people to see. It
20 is a very limited pool, as I've said. One possible
21 conclusion, I put it no higher than that, from the
22 available written and really evidence we've heard is
23 that the DoH in Northern Ireland was guided by or
24 followed the direction of the Department of Health in
25 London, rather than there being any -- currently --
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1 evidence of an independent path forged on many of these
 2 issues in relation to blood and blood products.
 3 So, sir, that's the position with
 4 Northern Ireland. I don't know if there's anything you
 5 want to raise before we either take a break or move on
 6 to Wales?
 7 **SIR BRIAN LANGSTAFF:** No, I don't think so. How long do you
 8 reckon you're going to be talking about Wales?
 9 **MS BURTON:** There are not a lot of documents. There are
 10 slightly more than Northern Ireland. I think I'll
 11 probably be an hour, an hour-and-a-half. Something like
 12 that.
 13 **SIR BRIAN LANGSTAFF:** Yes. A natural break would normally
 14 come now. It's a little bit early, but ...
 15 Did you intend to start off dealing with Wales
 16 with the availability, or lack of it, of documents?
 17 **MS BURTON:** I don't as much in Wales. It's less of a key
 18 theme. But there are issues about the availability of
 19 some documentation for Wales.
 20 **SIR BRIAN LANGSTAFF:** Yes.
 21 Well, I think we'll take an early coffee break,
 22 and come back at 11.15. It looks as though, then, we
 23 may be finished for the day around about 12.30,
 24 probably. I don't know if that helps with your planning
 25 for the day.

29

1 served as junior ministers in the Welsh Office during
 2 the 1980s.
 3 Then in relation to the Chief Medical Officer for
 4 Wales, Dr Richard Bevan was in that role from 1969 to
 5 1977, followed by Professor Gareth Crompton, 1978
 6 to 1989, and he was succeeded by Dame Deirdre Hine, who
 7 held that post from 1990 to 1997, and she had been
 8 the Deputy CMO before that.
 9 Dr David Ferguson-Lewis was the senior medical
 10 officer in the Welsh Office in the 1980s, and we're
 11 going to come on to look at some documents authored by
 12 him in that period.
 13 We also see a Dr Pritchard, who was a senior
 14 adviser at the Welsh Office. And, sir, you've heard
 15 oral evidence from Dr John Napier, known as Tony Napier,
 16 who was the medical director of the Welsh Regional Blood
 17 Transfusion Services from 1977 to 1998.
 18 Now, of course, the Welsh Regional Transfusion
 19 Service was a separate organisation, but it fell under
 20 the remit of the Welsh Office in terms of
 21 responsibility.
 22 He's provided a written witness statement and gave
 23 oral evidence over two days, as I've said.
 24 Before we look at the detail, a word on evidence
 25 as we've discussed this morning. Presently the only

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1 **MS BURTON:** It might be, in this weather, that that's
 2 appreciated, I'm not sure. Thank you.
 3 **SIR BRIAN LANGSTAFF:** Well, no later than, yes. Okay
 4 Well, let's make it 11.20. And it's probably just
 5 as well that the timing works out that way, given the
 6 challenges which the heat outside may throw up later on
 7 in the day, in particular. But thank you. 11.20.

(10.47 am)

(A short break)

(11.20 am)

11 **SIR BRIAN LANGSTAFF:** Yes.
 12 **MS BURTON:** Sir, we're now going to move on to look at the
 13 presentation on Wales and specifically the question of
 14 the role of the Welsh Office in relation to any impact
 15 on decision making made in Westminster. I'm going to
 16 start by introducing the relevant people in power at
 17 this stage.
 18 Nicholas Edwards was the Secretary of State for
 19 Wales from 1979 to 1987, under Mrs Thatcher's
 20 Government. And he was succeeded by Peter Walker from
 21 1987 to 1990.
 22 Wyn Roberts was the Parliamentary Under-Secretary
 23 at the Welsh Office from 1979 to 1987, when he became
 24 the Minister of State at the Welsh Office.
 25 Michael Roberts, Mark Robinson and Ian Grist all

30

1 witness statement we have is from Dr Napier, who of
 2 course was not inside the Welsh Office, and we have not
 3 a complete picture in relation to documents. We are
 4 investigating at the moment if there are any appropriate
 5 individuals who could be called to give oral evidence,
 6 and those investigations are under way.

7 It appears from some of the documents that
 8 sometimes some of the communications took place over the
 9 telephone or before or after committee meetings, and of
 10 course in the absence of oral evidence that's quite
 11 difficult to capture as an element of evidence for you,
 12 sir.

13 The other aspect is that minutes of committee
 14 meetings are by nature quite formal documents and they
 15 don't always capture this question about the
 16 relationship between different government organisations
 17 and departments. But from the evidence available that
 18 we do have, and especially in contrast to
 19 Northern Ireland and the evidence we saw this morning,
 20 it appears that there was more dialogue and more
 21 interaction between the Welsh Office in relation to its
 22 interactions with the Department of Health in London, so
 23 we're going to take a general look at the overview of
 24 that relationship, starting with the several examples
 25 from the management of Blood Services.

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1 Could we start, Lawrence, with DHSC0003738_026.
 2 So this is a document, we can see, from
 3 8 October 1976, and it's about the organisation of
 4 National Blood Transfusion Service.
 5 We can see at the bottom that this is from an
 6 RA Owen at the Welsh Office going to the Department of
 7 Health and Social Security, Elephant and Castle in
 8 London. What this says -- second paragraph, please --
 9 relates to some earlier correspondence from Jim Morgan,
 10 who was in the Welsh Office:
 11 "As he explained, we would like to play a full
 12 part in the proposed review of the National Blood
 13 Transfusion Service and we have A rating with Dutton for
 14 Jim Morgan and our Chief Medical Officer, Dr Dick Bevan,
 15 to attend the preliminary office meeting on 20 October.
 16 No doubt you will send us any papers in due course."
 17 So this is an example of a desire for Welsh
 18 involvement in relation to this question about
 19 reorganisation of the Blood Transfusion Service.
 20 Just come out of that magnification.
 21 Bottom paragraph, please.
 22 "We would like a Welsh presence on both of the
 23 proposed study groups. For the clinical users group we
 24 had in mind Dr Bloom of University Hospital of Wales
 25 haemophilia Unit and for the organisational study

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1 site, did not consider the scheme of sufficient priority
 2 to justify the necessary expenditure at present. The
 3 present buildings were considered serviceable for at
 4 least another 10 years, provided that certain relatively
 5 inexpensive improvements, for which expenditure had been
 6 authorised, were carried out."
 7 So we can see here that this is Dr Lovett of the
 8 Welsh Office representing the Welsh Office position,
 9 specifically on this issue of whether to rebuild the
 10 Cardiff Blood Transfusion Centre.
 11 Lawrence, can I just see the next paragraph,
 12 please.
 13 And the response to that presentation was that:
 14 "The Committee endorsed the principle that
 15 Regional Transfusion Centres should be located adjacent
 16 to a major general hospital, ideally a teaching
 17 hospital. Professor Jacobs said that according to his
 18 information, very heavy expenditure would be required to
 19 bring that Centre up to standard. The Chairman
 20 suggested that Professor Jacobs should take up any
 21 outstanding points over the Cardiff Centre with the
 22 Welsh Office direct."
 23 So again, some evidence within these minutes of
 24 representation by the Welsh Office at this national
 25 meeting.

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1 Jim Morgan from here and Dr B Bevan the director of the
 2 BTC for Wales."
 3 So sir, this one example of where we see
 4 Professor Bloom playing a role in Welsh Office
 5 presentation or representation. Obviously this Inquiry
 6 has heard a lot of evidence about Professor Bloom over
 7 the last few years, but this is an example of the Welsh
 8 Office volunteering him for a specific role to look at
 9 the reorganisation of the Blood Transfusion Service.
 10 Next document, please.
 11 DHSC0002181_054, please.
 12 So this is a much later document. We can see --
 13 2 November 7 -- sorry, it isn't, it's '76. And this is
 14 a meeting of the Central Committee for the National
 15 Blood Transfusion Service that took place at the
 16 Department of Health in London.
 17 If we scroll down, we can see attendance there
 18 from Dr Lovett of the Welsh Office. No attendance by
 19 Northern Ireland, but we can see some Welsh attendants.
 20 And if we look at page 2, paragraph 3.8, just over the
 21 page, Lawrence, there's a discussion about Wales here at
 22 item 15.1 of the agenda:
 23 "Dr Lovett said that the Welsh Office, while
 24 accepting the desirability of rebuilding the Cardiff
 25 Blood Transfusion Centre at the main teaching hospital

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1 Now the next document I want to look at,
 2 DHSC0002181_056, please.
 3 So the same period, this is 19 November 1976, and
 4 this is a letter from the Department in London going to
 5 Mr Morgan in the Welsh Office, Jim Morgan.
 6 We can see here this issue about a "Working group
 7 on likely trends in demand". What's being proposed
 8 here, we can see in the third paragraph:
 9 "... written to RA Owen explaining that [Dr] Bloom
 10 would be consulted, and indeed invited to meet the group
 11 at some stage in their deliberations."
 12 Scroll down, please, Lawrence.
 13 Those are the proposed individuals for the
 14 membership of this group.
 15 Final paragraph:
 16 "The idea is that rather than call all the experts
 17 for a series of meeting[s] the Working Group should meet
 18 them individually and encourage them to put forward
 19 their personal assessment on trends and requirements."
 20 So the position looks like, from these documents,
 21 that Professor Bloom is put forward by the Welsh Office
 22 to have a presence on this committee, and the response
 23 from London is that those individuals set out there will
 24 be the members of that group, but they'll draw on
 25 expertise of Professor Bloom, consulting him, but not in

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1 terms of formal membership.
 2 Now the next document, NHBT001816. Thank you.
 3 This is jumping forward in time, sir. We're now
 4 in January 1983. But it's a meeting of the Advisory
 5 Committee on the National Blood Transfusion Service.
 6 If we scan down the membership list, we can see
 7 that Dr Ferguson-Lewis, who I highlighted in the
 8 beginning of the presentation, is a member of this
 9 committee, along with various others from different
 10 regional health associations in parts of England,
 11 including Dr Lane, who obviously was the director of
 12 BPL. But contrast that with the "Observers" position,
 13 where we can see representation from Northern Ireland
 14 and Scotland. But here, we've got Welsh Office
 15 membership of this committee rather than what could be
 16 termed as mere observer status. Possibly some
 17 suggestion that the Welsh had a more significant
 18 representation on this committee. We can see in
 19 paragraph 1 the chairman welcoming him as attending from
 20 the Welsh Office.
 21 This meeting, sir, just so you're clear, discussed
 22 a wide range of topics, things like stock control,
 23 record keeping, hospital blood banks, and there's
 24 a discussion about the creation of the Central Blood
 25 Laboratories Authority.

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1 good reason, on the distribution list of all my other
 2 letters to Regional Transfusion Directors and it would
 3 be a very pointed omission indeed were he not to receive
 4 a copy of the draft circular on this net."
 5 So the reference to "treading on Welsh toes", sir,
 6 there's no broader context in this letter, might be
 7 suggested that there is a suggestion of a demarcation
 8 between the role of the Welsh Office and the role of the
 9 Welsh Regional Blood Transfusion Service. That's one
 10 possible interpretation.
 11 Then, at the bottom of this letter it says "I am
 12 sending a copy of this letter to John Wastle" --
 13 I think -- in Scotland, Mr Green in Northern Ireland:
 14 "... though I would not suggest for one moment
 15 that they need to automatically follow suit! However,
 16 they will obviously wish to be aware of what progress is
 17 being made in this area."
 18 **SIR BRIAN LANGSTAFF:** The suggestion appears to be that the
 19 Scots and Northern Irish have their own independent
 20 arrangements.
 21 **MS BURTON:** Yes.
 22 **SIR BRIAN LANGSTAFF:** He is concerned -- well, the author of
 23 this is apparently concerned, by including Dr Napier in
 24 the circulation about how you should record keep and
 25 keep control of your stock, he might be interfering with

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1 Dr Pritchard of the Welsh Office is noted to have
 2 attended this meeting on behalf of Dr Ferguson-Lewis on
 3 at least one occasion.
 4 Then can we look at SCGV0000083_024, please.
 5 So this is a letter, 28 February 1983, and it's
 6 from the Department of Health in London to a Mr Thomas
 7 at the Foreign Office. The topic, we can see, is "Blood
 8 transfusion: record-keeping and stock control
 9 arrangements".
 10 What we see here in the second paragraph is that:
 11 "Ministers have set health authorities
 12 a relatively short deadline for comments and I enclose
 13 for your information our letter to the health
 14 authorities in England. I should perhaps explain that
 15 I have sent a copy of the draft circular to all Regional
 16 Transfusion Directors, including Dr Napier in Cardiff,
 17 to assist in the local consultation process. As you
 18 will see from the attached letter, I have made the point
 19 that the comments should be routed through the
 20 appropriate Regional Team of Officers.
 21 "I hope I have not trodden on [any] Welsh toes" --
 22 **SIR BRIAN LANGSTAFF:** The word "any" is not there.
 23 **MS BURTON:** Sorry:
 24 "I hope I have not trodden on Welsh toes by
 25 sending a copy to Tony Napier. He is included, for very

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1 Welsh autonomy.
 2 **MS BURTON:** Absolutely, sir. That's the interpretation
 3 I think is most natural in reading this.
 4 **SIR BRIAN LANGSTAFF:** Yes. Thank you.
 5 **MS BURTON:** So perhaps a piece of evidence that suggests
 6 a demarcation in roles.
 7 DHSC0002323_045, please, Lawrence.
 8 This is a document dated 9 August 1985 and it's
 9 come from the Department in London to Mr Dredge at the
 10 Welsh Office and, again, it's this topic about the
 11 future management of the National Blood Transfusion
 12 Service.
 13 What is said here is that a first draft of a paper
 14 about the reorganisation of the NBTS is enclosed. The
 15 first paragraph says this:
 16 "I am conscious that it does not attempt to define
 17 in detail how the suggested SHA might be organised, not
 18 least of all in the area of special interest to you viz
 19 the way Wales would wish to be involved in such a move."
 20 So, again, sir, this is an example of London
 21 notifying Cardiff and asking for its views in relation
 22 to this particular topic: development of the National
 23 Blood Transfusion Service.
 24 "I should be grateful for your preliminary views
 25 and comments on this point."

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1 He says this:
 2 "I must ask you to treat the paper as "Management
 3 In Confidence" at this stage and not to divulge its
 4 contents outside the Welsh Office itself."
 5 Then third paragraph:
 6 "If you would prefer to proceed in this way,
 7 I would be happy to discuss the paper by telephone or
 8 with you when you are next in London."
 9 So that's one example of the oral communications
 10 that I raised at the outset of the presentation.
 11 Then on a different topic, he goes on to say:
 12 "I am conscious that I have not yet replied to
 13 your letter of 19 June 1985 about Welsh Office
 14 representation at the CBLA. Perhaps you will accept my
 15 apologies for the delay; as you will see from this
 16 letter I have been concentrating on the wider
 17 organisational issues. If you agree, I would propose
 18 taking Welsh Office interests on board in this wider
 19 context, with an undertaking that if 'nationalisation'
 20 comes to nought we will revert to the issue in the
 21 narrower CBLA context."
 22 So again, this is an example of an awareness, one
 23 could suggest, from London about the need to include and
 24 take input or comments from the Welsh Office on these
 25 two topics.

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1 to various topics, including the management of NBTS.
 2 So those are the seven examples I said I'd give
 3 you in relation to management of blood and blood
 4 products. We're now going to look at some examples in
 5 relation to hepatitis. DHSC0100004_215.
 6 So this is a document, sir, that we can see at the
 7 top of the page looks as though it might have come
 8 jointly from the Department of Health in London and the
 9 Welsh Office, that's certainly how the header looks. We
 10 can see this is a document dated 1971, and it's about
 11 hepatitis B. It's a memorandum rather than a letter,
 12 and it essentially sets out the information at the time
 13 in relation to hepatitis B. We can see paragraph 1 that
 14 this Committee was set up in relation -- to advise
 15 Secretaries of State for Social Services of Scotland and
 16 Wales. So we looked at this document, sir, or
 17 a document like this, in relation to Northern Ireland,
 18 but this is in the context of Wales, and we can see
 19 paragraph 2:
 20 "The Report has been accepted by the Secretaries
 21 of State for Social Services and Wales. Boards are
 22 asked to implement [the] recommendations ..."
 23 So this might be an example, sir, of joint
 24 presentation of information in relation to hepatitis.
 25 We can see at the top of the page it appears to be

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1 Now, DHSC0002323_056, so we've looked at some
 2 examples, sir, of London to Cardiff communications and
 3 this is an example, 10 September 1985, of a letter
 4 coming from the Welsh Office going to Mr Williams in
 5 London on the same topic, "Future Management of National
 6 Blood ... Service".
 7 The letter we just looked at is referenced in the
 8 first paragraph. This is from a Mr Lloyd, who is at the
 9 HSP Division, NHS Directorate of the Welsh Office, and
 10 he says this of that proposal:
 11 "The proposal and your draft have been discussed
 12 in our Executive Committee (that is the Director, the
 13 Chief Medical Officer, the Chief Nursing Officer and the
 14 3 Divisional Heads in the Directorate). The feeling of
 15 the Executive Committee was that there was no point in
 16 altering the present organisation about which there have
 17 been very few complaints, without very strong economic
 18 arguments for such an action. We feel that many of the
 19 advantages of scale are already afforded by the present
 20 organisation and we do not see any need for or advantage
 21 in change at the moment. If, however, you decide to
 22 proceed, the Welsh Office would wish to be involved from
 23 the very beginning."
 24 So, sir, another example of a strong desire from
 25 the Welsh Office to be involved in and be contributing

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1 coming from both the London Department of Health and the
 2 Welsh Office, in a form of a memorandum going out on the
 3 issue of hepatitis.
 4 The next document, please, and just for
 5 completeness sir, you can see at the bottom of the page
 6 who it is going to: so "Regional Hospital Boards, Boards
 7 of Governors, Hospital Management Committees".
 8 So next document, please, DHSC0019634_001. Now,
 9 this is a very different type of document, sir. You can
 10 see that it's dated 25 October 1989, so after the period
 11 of question that we're looking at in this presentation,
 12 and you can see from the top right-hand corner it's
 13 a letter from a solicitor in Cardiff going to Treasury
 14 Solicitors Department. What this document is about is
 15 the haemophilia HIV Litigation.
 16 It's a document that comes from the Welsh
 17 perspective on that litigation and it's a preliminary
 18 outline view, as we can see in a moment, but it's of
 19 interest because it's one piece of information that
 20 suggests how the Welsh Office, or at least the lawyers
 21 advising the Welsh Office were considering their role in
 22 relation to HIV and AIDS.
 23 So if you just look at the first paragraph, it's
 24 described as a first response about comments in relation
 25 to issues in the main statement of case that affect the

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1 Welsh Office. It says:
 2 "Our search for documents is only just beginning
 3 ... clearly not yet in a position to provide anything
 4 like a complete picture."
 5 There's a reference to not seeing the instructions
 6 from the Department of Health or the main Defence or
 7 draft preliminary issues which counsel intended
 8 circulating. So it's caveated in that way. But it's of
 9 interest, I think, because it illuminates a Welsh Office
 10 perspective possibly on the HIV Litigation and its role.
 11 So if we just scroll down, Lawrence, while just
 12 above that heading it says:
 13 "While the position of the Welsh Office generally
 14 is perceived as being on all fours with that of the
 15 Department of Health I will attempt in this letter to
 16 comment on the relevant references as they appear in the
 17 [main statement of case]."
 18 So the opening position is that, from a Department
 19 of Health Welsh Office perspective, they say, "We were
 20 on all fours with what was happening in relation to AIDS
 21 decision making in the Department of Health in London".
 22 If you look at the final paragraph, at the bottom
 23 of that page, there's some comments on the legal
 24 structure and who the defendants are. The Welsh Office
 25 position at this stage is this, (a), that the

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1 action ..."
 2 There are three examples there:
 3 "... asking the doctors to inform the CDSC of
 4 cases of AIDS ..."
 5 "Formation of the AIDS Steering Group in
 6 September 1985: a multi-disciplinary body to monitor the
 7 development of AIDS ..."
 8 Then also issue guidance "to all Welsh DHAs for
 9 the setting up of AIDS Co-ordinating Teams".
 10 Then if we can scroll down to the final paragraph
 11 on that page, it says this:
 12 "The Secretary of State for Wales has overall
 13 responsibility for the determination of national policy
 14 (in conjunction with the Minister for Health), for the
 15 allocation of resources to District Health Authorities,
 16 and for ensuring that objectives are being achieved and
 17 standards maintained."
 18 So, sir, I hope that's a useful insight, as far as
 19 it goes, in relation to how the -- or lawyers for the
 20 Welsh Office in 1989 viewed, on their first preliminary
 21 view, the relationship between London and Cardiff on the
 22 issue of HIV and AIDS.
 23 The next document, DHSC0001651. Now, sir, this
 24 morning, in relation to Northern Ireland, I made
 25 a reference to the fact that Northern Irish

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1 Welsh Office:
 2 "... relies on the [Department of Health] to take
 3 the principal lead in determining national policy on
 4 matters relating to HIV/AIDS prevention, but contributes
 5 to the formulation of policy through membership of
 6 Inter-Departmental bodies and their subgroups ..."
 7 Over the page, please, Lawrence.
 8 There's a list there of the sorts of groups that
 9 the Welsh Office have been contributing to, so
 10 Inter-Departmental Group on AIDS, the Expert Advisory
 11 Group on AIDS and the Committee for AIDS Public
 12 Education:
 13 "... and reserves the right to adapt policies to
 14 the local circumstances in Wales."
 15 Then what we see here, sir, is a list of what the
 16 Welsh Office has done in relation to the question of
 17 AIDS. So (b):
 18 "Has given advice and information by issuing
 19 Circulars within Wales corresponding to those issued by
 20 the Department of Health in England."
 21 There are some examples of circulars given there,
 22 August '83, January/February '85, and in '86.
 23 Then we see at (c) the things the Welsh Office
 24 have said to have done on their own account. So:
 25 "... on its own account issued advice and taken

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1 representatives had not been included in a document sent
 2 by representatives from the Department of Health on the
 3 line to take, and this is the document that I was
 4 referring to. So we can see, bottom of the page,
 5 3 May 1983.
 6 You've heard oral evidence about this document,
 7 sir, but the suggestion here at the bottom of the
 8 page -- it's a fairly wide distribution list, and we can
 9 see that Dr Thomas -- along with Mr Davies from
 10 Scotland, Dr Thomas from Wales is included in this
 11 letter.
 12 Then, Lawrence, if we scroll up to the top,
 13 please, the topic is that of AIDS and the context is
 14 being asked to provide a briefing for Prime Minister's
 15 Questions on the stories of AIDS over the weekend.
 16 Paragraph 2:
 17 "I attach a copy of the 'line to take' which went
 18 to Number 10 together with a background note written in
 19 a supplementary question and answer form, both of which
 20 I am circulating more widely within the office."
 21 Sir, you don't need to be reminded but the line to
 22 take, of course, was the issue of "no conclusive proof"
 23 that the Inquiry has considered, and we can just see
 24 that over the page, Lawrence. There it is: didn't go to
 25 Northern Ireland, on the face of this document, but did

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1 go to Wales.
 2 Next document, please. HSSG0010055_004, please.
 3 So this is a letter from Dr Ferguson-Lewis, and it
 4 looks to be within the Welsh Office. So we can see at
 5 the top it's going to Dr Lovett of the Welsh Office.
 6 Now, sir, this relates to the press reports that
 7 were circulating in Wales and more broadly in the UK
 8 around 3 May 1983 in relation to the case, at Cardiff,
 9 of a Welsh patient with AIDS.
 10 There's been an entire presentation on that. I'm
 11 of course I'm referring to the case of Kevin Slater, and
 12 the details for that are set out in the presentation,
 13 but I'm just going to look at a couple of these
 14 documents from the perspective of the question that
 15 we're looking at today, which is the interaction between
 16 the Welsh Office and the Department of Health.
 17 We can see in the bottom paragraph here:
 18 "The Minister will also wish to note that the
 19 Medical Services Health Professional Group are further
 20 investigating the local situation and are in contact
 21 with DHSS colleagues nationally."
 22 So the perspective from inside the Welsh Office in
 23 May 1983, dealing with the press and everything that we
 24 know that happened in Cardiff in May 1983, around then,
 25 that there is ongoing communication with the Department

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1 going to go to now but it's set out in the presentation,
 2 that Dr Crompton, who you will recall was the CMO at
 3 this time, was asked if he wanted to be invited to an
 4 advisory group on AIDS. So, again, I don't think we can
 5 put too much emphasis on this one document but it does
 6 show, for this particular issue about screening of
 7 HTLV-III, Northern Ireland Scotland and Wales were
 8 considered as observers rather than full members.
 9 **SIR BRIAN LANGSTAFF:** Well, this particular body is looking
 10 at the consequences of the screening test for the
 11 National Blood Transfusion Service.
 12 **MS BURTON:** Yes.
 13 **SIR BRIAN LANGSTAFF:** So one would expect it to contain
 14 those who were actively involved in the Transfusion
 15 Service, and that's what it seems to have as members of
 16 the working group, although they're under the
 17 chairmanship, I note, of somebody who is a Westminster
 18 Department of Health officer, or a senior medical
 19 officer of -- I suppose --
 20 **MS BURTON:** Yes.
 21 **SIR BRIAN LANGSTAFF:** -- it may be wrong to characterise him
 22 as "Westminster", but he's certainly senior principal
 23 medical officer of -- working from London. Yes.
 24 **MS BURTON:** So the next document is MRCO0000470_041, please.
 25 Now this document needs a little bit of decoding,

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1 of Health in London.
 2 Next document, please, PRSE003109.
 3 Now this is a document that comes a year later.
 4 Lawrence, if you can just flip over the page for
 5 me. We can see it's 3 August 1984 (sic). And it's from
 6 Dr Smithies.
 7 **SIR BRIAN LANGSTAFF:** I think it's 13 August, isn't it?
 8 **MS BURTON:** Sorry, 13 August 1984. I'm grateful.
 9 From Dr Smithies to Dr Harris, you can see at the
 10 top, yes.
 11 And this was the proposal for the establishment of
 12 a working group of the advisory committee on the
 13 National Blood Transfusion Services in relation to a
 14 topic about the screening of blood for HTLV-III. So
 15 that's the context of this.
 16 Second page, please, Lawrence.
 17 The suggested membership of this group to discuss
 18 this question about screening are many recognised names
 19 there, but nobody from the Welsh Office. And if we
 20 scroll down, please, we can see that the Welsh Office
 21 are considered as observers. So the Army, Scotland,
 22 Welsh Office and Northern Ireland are proposed here to
 23 be observers rather than active members or core members
 24 of that group.
 25 There is subsequent correspondence that I'm not

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1 sir, and a little bit broader reading, because on its
 2 face it's not particularly clear who it's from or what
 3 it's about, but we know that Dr Cope, Dr Jane Cope, was
 4 an individual who was working at the Medical Research
 5 Council, and a bit of digging suggests that MPWG was
 6 Mr MPW Godfrey, who also worked at the MRC. There's no
 7 heading on this document so it fits the suggestion that
 8 this was an internal document between two individuals of
 9 the MRC.
 10 What we see here is an attached letter from
 11 Mrs Williams of the ABRC -- I'll come on to explain that
 12 in a moment -- and it says:
 13 "I should be ... grateful if you would provide
 14 a suitable draft reply for Sir [Kenneth] Joseph to send
 15 to the Secretary of State for Wales."
 16 Now, Sir Kenneth Joseph (sic) was in the
 17 Department of Education and Science --
 18 **SIR BRIAN LANGSTAFF:** I think it's Keith Joseph.
 19 **MS BURTON:** Sorry, Keith Joseph. Thank you, sir.
 20 I'll turn up my notes of this.
 21 What we can see here is a discussion/quote that:
 22 "The 'scientific' side you will have at your
 23 fingertips; the question of Welsh Office involvement
 24 ties in with a move by that Office to assert
 25 independence from the DHSS. We will need to think about

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1 whether there is any case for giving way on that point -
2 and thereby establishing a precedent - or if we stick by
3 the letter to the 1980 Concordat with the Health
4 Departments which, I think, specify that the DHSS would
5 take account of Welsh interests. But clearly that is
6 not something that Sir Keith Joseph would want to get
7 involved with and is a matter of discussion between the
8 Welsh Office and the MRC."

9 So quite a lot in there, sir, but what I think we
10 can make of this document is that there's a suggestion
11 by two individuals working at the MRC that there's
12 a perception of a desire for greater independence by the
13 Welsh Office.

14 Now, the reference to the 1980 concordat doesn't,
15 as far as I can establish, refer to an agreement between
16 the Welsh Office and the Department of Health, which it
17 could do on a first reading. What we have been able to
18 find out is that in 1980 there was an agreement between
19 the Department of Health in London and the MRC about how
20 funds that were transferred from the Department to the
21 MRC were going to be spent.

22 **SIR BRIAN LANGSTAFF:** Well, it looks as though, from the
23 wording of this, it's seen as more than a concordat with
24 the DHSS or -- sorry, DHSC --

25 **MS BURTON:** Exactly, sir.
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1 really. Thank you for your help on that. But it
2 doesn't actually say whether the concordat was made with
3 all four Health Departments, three of them, two of them.
4 It's just a plural.

5 **MS BURTON:** Yes.

6 **SIR BRIAN LANGSTAFF:** And you haven't got any document which
7 records it in terms. Do you have any other document
8 which refers to it?

9 **MS BURTON:** No. There are some documents that I won't take
10 you to that I have read about the moving of money from
11 the Department to the MRC, obviously outside, really,
12 our terms of reference, but what I haven't been able to
13 find, unfortunately -- because it says "Concordat" so
14 you think, oh, there must be an agreement -- I haven't
15 been able to lay my fingertips on a specific document
16 that sets out the terms. It would be interesting to see
17 it, but I think that's probably as far as we can take it
18 with this specific letter.

19 **SIR BRIAN LANGSTAFF:** Yes. And what is the
20 ABRC Secretariat?

21 **MS BURTON:** This relates to a movement to create a research
22 centre in relation to epidemiological research for AIDS.
23 So we do have that letter from Mrs Williams. I'm not
24 going to take it to you, because it's not particularly
25 relevant, but that's the context of a proposal by the
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1 **SIR BRIAN LANGSTAFF:** -- because it talks about health
2 departments in the plural.

3 **MS BURTON:** It does, sir.

4 **SIR BRIAN LANGSTAFF:** So the suggestion is that the
5 concordat was made with the MRC, if that's the right
6 interpretation --

7 **MS BURTON:** Yes.

8 **SIR BRIAN LANGSTAFF:** -- and the health departments that
9 would be the departments which, at the time, were known
10 as territorial departments.

11 **MS BURTON:** Yes, exactly. So we haven't, or I haven't at
12 least, been able to find any documents that sets out the
13 terms of that concordat, the 1980 concordat, but it
14 seems from the face of this document that it specified
15 that the Department would take account of Welsh
16 interests. So within that agreement, there seems to be,
17 possibly, some consideration that Welsh Office interests
18 would be considered with the spending of this money or
19 the administration of with MRC. It's hard to be more
20 definitive than that. But this document I think is
21 useful to show at least a perception within MRC that
22 there was a desire for greater Welsh independence.

23 **SIR BRIAN LANGSTAFF:** That's independence from the DHSS?

24 **MS BURTON:** Yes.

25 **SIR BRIAN LANGSTAFF:** Yes, it is difficult to interpret
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1 MRC to create this new centre.

2 **SIR BRIAN LANGSTAFF:** So "RC" stands for research centre,
3 possibly? What does "AB" stand for?

4 **MS BURTON:** Sir, I don't know on my feet right now. We can
5 find out that for you. But it's within this context of
6 a new research centre for AIDS.

7 **SIR BRIAN LANGSTAFF:** Thank you.

8 **MS BURTON:** So that's that document, which maybe raises more
9 questions than it answers, but the next one I want to
10 take you to is DHSC0003685_053.

11 Now, sir, the next couple of documents that I'm
12 going to show possibly suggest -- and I'm not going to
13 put it any higher than that -- or give examples of the
14 Welsh Office raising concerns or registering
15 dissatisfaction with the Department of Health in London
16 on a couple of topics.

17 So this is the first one, 8 January 1986. And we
18 can see that it's going to a Mr Allen, Department of
19 Health in London -- if we just scroll down, please,
20 Lawrence -- it's from a Mr Gregory. Top of the page,
21 please.

22 So this is from the Welsh Office and it's saying
23 this, that there's been some correspondence:

24 "... which recorded the considerable concern here
25 at the time it was taking to issue guidance to surgeons,
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1 anesthetists and dentists on the treatment of actual or
 2 potential AIDS sufferers."
 3 So this is a register of concern by the
 4 Welsh Office to London that this particular guidance on
 5 how these clinicians are treating actual potential AIDS
 6 sufferers is taking too long.
 7 "Recent enquiries suggest that there is still no
 8 immediate prospect of that guidance issuing because it
 9 has become entangled with difficulties which are being
 10 experienced in agreeing [the] guidelines to be issued by
 11 the ACDP."
 12 So this letter includes, penultimate paragraph:
 13 "... I must ask for an urgent indication of what
 14 is to be done to uncouple the issue ..."
 15 So this is possibly the Welsh Office pressing
 16 London to say: why is this particular guidance taking so
 17 long? So that's one example.
 18 Sir, I'm assisted by those to my right in relation
 19 to the BR -- ABRC, it's the Advisory Board for the
 20 Research Council, the Mrs Williams letter. Advisory
 21 Board for the Research Council.
 22 **SIR BRIAN LANGSTAFF:** Thank you.
 23 **MS BURTON:** So this is one example of perhaps a register
 24 of --
 25 **SIR BRIAN LANGSTAFF:** Well, if it's Advisory Board for

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1 been taken in relation to AIDS. So we can see various
 2 campaigns, media seminars, surveillance studies, dentist
 3 surveys.
 4 Then paragraph 3, please. We can see a statement
 5 that:
 6 "Welsh Office has supported the DHSS ...
 7 advertising campaign."
 8 We can see there that there's positive support
 9 that was given by the Welsh Office to the DHSS.
 10 Bottom of that paragraph:
 11 "DHSS seem unwilling to make use of the HEC, whose
 12 primary function is to meet this sort of requirement."
 13 Then, over the page, please, again there's some
 14 more detail in relation to what the Welsh Office have
 15 been doing. There's an address of the particular points
 16 in the letter but the final lines of paragraph 4:
 17 "Outside these groups, DHSS have been very poor
 18 about consulting other Health Departments on the
 19 handling of most AIDS topics and have been slow to
 20 respond to our representatives."
 21 So again, we touched on it briefly in relation to
 22 that, concern about the guidance for surgeons,
 23 anaesthetists and dentists, but there is a key flavour
 24 in some of these documents that there has been a delay,
 25 or the perception by the Welsh Office is that things

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1 Research, what does the C stand for?
 2 **MS BURTON:** Research Council.
 3 **SIR BRIAN LANGSTAFF:** Thank you. Advisory Board for the
 4 Research Council.
 5 **MS BURTON:** Yes, ABRC.
 6 **SIR BRIAN LANGSTAFF:** And does that, do you know, have
 7 a relationship with the Medical Research Council?
 8 **MS BURTON:** I don't know, sir.
 9 The next document in this theme, HSSG0010218.
 10 If you just go to the next page, please, Lawrence.
 11 So this is a rather longer document, and -- if you
 12 scroll to the end, please, Lawrence -- we don't have any
 13 particular author.
 14 Then just scroll to the top, please, Lawrence.
 15 But the context appears to be a letter from
 16 Sir Keith Stowe (sic) that was on 6 October 1986, and
 17 Lord Fowler's evidence, sir, to the Inquiry covers this
 18 in a little bit of detail, but in essence what this
 19 document seems to be is a response by the Welsh Office
 20 to some points that are made in that letter.
 21 If we can just look at paragraph 1, what we see
 22 here is this:
 23 "Welsh Office appreciated from the start the need
 24 to educate the public using best expertise available."
 25 And it sets out various Welsh measures that have

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1 have been slow.
 2 Sir, the last topic that I'm going to move on to
 3 relates to the correspondence between Norman Fowler and
 4 Nick Edwards of the Welsh Office.
 5 Now, Norman Fowler gave evidence to this
 6 Inquiry --
 7 **SIR BRIAN LANGSTAFF:** Just a moment. Can we just go back.
 8 **MS BURTON:** Yes.
 9 **SIR BRIAN LANGSTAFF:** Thank you. And back to the second
 10 page.
 11 So, Sir Kenneth Stowe's points, (a) speaks for
 12 itself. (b), was that one of Sir Kenneth Stowe's
 13 points, that promiscuity is the root cause of our
 14 problem?
 15 **MS BURTON:** Sir, my reading of this is that this was an
 16 interpretation by somebody in the Welsh Office, and the
 17 reason it's difficult to really take much from this
 18 aspect is we don't know who's writing it.
 19 **SIR BRIAN LANGSTAFF:** No, but it indicates a sort of -- it
 20 indicates a view.
 21 **MS BURTON:** It does indicate a view in relation to
 22 promiscuity. I don't have to hand the points set out in
 23 Sir Kenneth's letter to do a compare and contrast. But
 24 you can see that some of these matters are a bit broader
 25 than the terms of this Inquiry, so talks in schools by

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1 the Welsh AIDS campaigns, drug misuse --

2 **SIR BRIAN LANGSTAFF:** Well, it is talking about AIDS more

3 generally than AIDS in blood --

4 **MS BURTON:** Exactly.

5 **SIR BRIAN LANGSTAFF:** -- or in blood products but it's still

6 talking about AIDS.

7 **MS BURTON:** Yes.

8 **SIR BRIAN LANGSTAFF:** It talks about education on the one

9 hand, and then it's either quoting Sir Ken Stowe or it

10 is setting out an invented view, that there could be --

11 it would be consistent with there being some form of

12 moral crusade, which rather suggests a stigmatisation of

13 those who suffer, and that's why I suddenly alerted on

14 this.

15 **MS BURTON:** Possibly. It seems to be in (b) that there's

16 suggestion from Sir Kenneth that there shouldn't be

17 a moral crusade and this author was saying, "Well,

18 what's wrong with some sort of moral crusade?

19 Promiscuity is the root cause of our problems". That's

20 quite a --

21 **SIR BRIAN LANGSTAFF:** To understand what is really being

22 said there, one needs to have a look at Sir Ken Stowe's

23 points. We must have that.

24 **MS BURTON:** I'm sure we do. I don't have it to hand right

25 now. It's something we could follow up on.

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1 recently, sir, so I'm not going to spend a lot of time.

2 Ms Richards asked Mr Fowler a series of questions

3 about correspondence that was sent between Norman Fowler

4 and Nick Edwards in late 1985, so October 1985, on the

5 issue of the introduction of screening for HIV.

6 I'm not going to go through the same level of

7 detail again, but you'll recall that Norman Fowler's

8 evidence was that there was a robust exchange between

9 Nick Edwards and Norman Fowler, and his language was

10 that they were friends and that they were used to

11 writing in quite robust terms to each other.

12 What it does suggest is that there was some open

13 dialogue and some open communication and we're just

14 going to look at two of those letters in that context.

15 So could we turn up, please, DHSC0044118, please.

16 So that's the letter that comes from, we can see,

17 Nicholas Edwards at the Welsh Office to Norman Fowler,

18 and it starts on 8 October 1985, and he says this:

19 "Since my Department has responsibilities for

20 housing, education and employment as well as health

21 services I am particularly conscious of the need to

22 address these wider issues and look forward to hearing

23 about Steering Group arrangements. Mark Robinson will

24 represent the Welsh Office on the Group."

25 Then we go down, there's a reference in the second

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1 **SIR BRIAN LANGSTAFF:** I think it would be useful to have

2 a comparison of what is being responded to, with the

3 response, without which the response here doesn't make

4 much sense, and it might indicate -- and that might be

5 quite interesting -- a difference in approach between

6 those who are concerned with Welsh administration and

7 those who were concerned with the administration in the

8 rest of the mainland.

9 **MS BURTON:** Possibly, although we don't know who authored

10 this document. But we can -- I can certainly do some

11 more digging in relation to that and we can update the

12 presentation, if that would be useful.

13 **SIR BRIAN LANGSTAFF:** Yes, well, I think it's -- at some

14 suitable moment, it might be useful to revisit this

15 letter, if it has anything significant to say about the

16 attitude being struck, either by Sir Kenneth Stowe or by

17 the person who is responding in some official capacity

18 to his letter.

19 **MS BURTON:** Yes, sir.

20 **SIR BRIAN LANGSTAFF:** Yes, thank you.

21 **MS BURTON:** So the final aspect I just wanted to touch on,

22 and I'm going to do so lightly, is that of the

23 correspondence between Norman Fowler and Nick Edwards,

24 Nick Edwards being the Secretary of State for Wales at

25 this period. You've heard this evidence relatively

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1 paragraph:

2 "The Welsh Office will need to be represented on

3 that too at a senior level. This would go some way to

4 promote the close liaison that is needed between our

5 Departments, both on the wider implications of AIDS and

6 on those aspects relating primarily to the health

7 services."

8 So, again, this is some evidence, sir, of a quite

9 strong Welsh position saying that representation is

10 sought at a senior level on these various committees and

11 groups on AIDS.

12 Then the third paragraph relates to the issue of

13 AIDS testing kits and the concerns there about

14 monitoring the kits' performance, and he copies in

15 various individuals there.

16 Then if we can go to ARCH0000068, please. This is

17 another letter from him, 18 October 1985:

18 "Since I wrote to you on 8 October ... been given

19 a detailed presentation by my officials."

20 There's a discussion in relation to the quality of

21 kit. Second paragraph:

22 "Be that as it may, I accept that even unreliable

23 testing is better than no testing at all."

24 Then there's a discussion about kits in more

25 detail. Sir, the oral transcript, as you will recall,

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1 demonstrates a discussion between Ms Richards and
2 Mr Fowler about these documents, and the way it was left
3 was that Mr Fowler, I think, was going to write to you
4 with his interpretation on some of this evidence. So
5 I'm just highlighting this as an example of open
6 channels of communication in a fairly robust -- in
7 Mr Fowler's words -- exchange between these two
8 individuals.

9 So, sir, those were all of the documents that
10 I wanted to highlight in relation to the position of
11 Wales. We can see that, from the evidence available,
12 particularly in comparison to Northern Ireland, it
13 appears that there was more dialogue, greater
14 representation, and more discussion by the Welsh Office.
15 Perhaps unsurprising, when one considers the make-up of
16 the arrangements, there's a clear difference between
17 Direct Rule in Northern Ireland and Wales being part of
18 the England and Welsh Blood Transfusion Service, for
19 example.

20 We continue to investigate whether there will be
21 any further oral evidence on this topic, and, sir, I'll
22 of course come back to you in relation to the point you
23 raise about that letter. But unless there's anything
24 else I can assist you with, that's the presentation for
25 both Northern Ireland and Wales.

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1 **SIR BRIAN LANGSTAFF:** Yes?

2 **MS BURTON:** Sir, we've found that document and it's on
3 screen but I should say, for the note, that this is
4 a document that was considered and set out in the
5 presentation last week on the CMOs.

6 For your note, that's INQY0000362, and it's on --
7 paragraph 143 onwards of that presentation sets out this
8 document. But we can see 6 October 1986. And if we
9 scroll down, sir, the particular element you were
10 interested in was the use of language in the
11 Welsh Office letter about promiscuity, and the question
12 that's put there at (b), "Can this be done" --

13 **SIR BRIAN LANGSTAFF:** So what we need is to have a split
14 screen, don't we, to have the letter on the one hand and
15 the response on the other.

16 **MS BURTON:** Yes, I've got that in hard copy. Can you do
17 that?

18 So the reference for the Welsh is HSSG0010218, and
19 it's on page 3 of that document.

20 So, sir, you can see the question that's being
21 asked in (b) is:

22 "Can this be done without provoking or condoning
23 some kind of moral crusade against eg sexual
24 promiscuity, prostitution, homosexuality?"

25 "No [is the answer]. And what is wrong with some

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1 **SIR BRIAN LANGSTAFF:** No, thank you very much, and that,
2 then, concludes the business for today.

3 **MS BURTON:** Having said I'm done, sir, I'm afraid I'm not.
4 I've one reference from behind me for
5 Sir Kenneth Stowe's letter, which I'm grateful for,
6 which is HMRT0000008_044 for those who want to go up and
7 look up that letter.

8 **SIR BRIAN LANGSTAFF:** Can we possibly get it up? Or do we
9 need to take a break to do that?

10 **MS BURTON:** No, sir, we don't have it. What we can do --

11 **SIR BRIAN LANGSTAFF:** We have reference but we don't have
12 it?

13 **MS BURTON:** We don't have it on --

14 **SIR BRIAN LANGSTAFF:** Can we get it loaded, do you think,
15 and then come back and have a look at it?

16 **MS BURTON:** Yes, I'm told we can.

17 **SIR BRIAN LANGSTAFF:** Because we have plenty of time.

18 **MS BURTON:** We do, yes.

19 **SIR BRIAN LANGSTAFF:** How long will that take, do you think?

20 **MS BURTON:** 15 minutes.

21 **SIR BRIAN LANGSTAFF:** Okay. Well, let's take a break for
22 15 minutes and come back at 12.35.

23 (12.21 pm)

(A short break)

25 (12.36 pm)

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1 sort of moral crusade? Promiscuity is the root pause
2 cause of our problem;"

3 **SIR BRIAN LANGSTAFF:** If you go back to (a) on the left-hand
4 side, he's suggesting:

5 "How best can the general population be
6 re-assured, as they need to be?"

7 And in (b):

8 "Can this be done without provoking or condoning
9 some kind of moral crusade ..."

10 "No. And what is wrong with ... [a] moral
11 crusade?"

12 And:

13 "Promiscuity is the root cause of our problem;"

14 So this is a view being expressed at the time by
15 some somebody responsible in the Welsh Office. There's
16 a circulation list, is there, with Sir Kenneth Stowe's
17 letter, the very last paragraph perhaps, on page 2?

18 **MS BURTON:** Yes.

19 Can we just turn that up, Lawrence? Yes, so
20 page 2 of that document, please.

21 Yes, HMTR -- the second page of that.

22 **SIR BRIAN LANGSTAFF:** At the very bottom the second name
23 looks as though it may be Welsh, but of course that may
24 be entirely misleading.

25 **MS BURTON:** It may be misleading, sir.

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1 **SIR BRIAN LANGSTAFF:** Do you happen to know, from looking at
 2 those names, whether any of them is a name that you
 3 would have come across in your preparation?
 4 **MS BURTON:** None of those names I have come across, I have
 5 to say.
 6 **SIR BRIAN LANGSTAFF:** In any event, it's obviously sent to
 7 a limited circulation.
 8 **MS BURTON:** Well, we don't know who it was sent to, as much
 9 as we don't --
 10 **SIR BRIAN LANGSTAFF:** Well, it says:
 11 "I am copying this initially to ..."
 12 **MS BURTON:** Sorry, of this document, yes. My point was that
 13 of the other document, we don't know either the author
 14 or who it went to.
 15 **SIR BRIAN LANGSTAFF:** No, no. But --
 16 **MS BURTON:** There could be a comment on promiscuity but
 17 I don't think it takes us --
 18 **SIR BRIAN LANGSTAFF:** Well, it's just, I think, a timely,
 19 perhaps, reminder that what Sir Kenneth Stowe says -- if
 20 we go back to the first page -- above, please. Thank
 21 you.
 22 "... [the] Official Committee chaired by
 23 Strachan Heppell reporting to a Ministerial Committee at
 24 Minister of State level chaired by the Minister of State
 25 for Health, now Tony Newton ... has not been able to

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1 my attention to?
 2 **MS BURTON:** No.
 3 **SIR BRIAN LANGSTAFF:** Thank you.
 4 Well, that does conclude, does it, the
 5 presentation?
 6 **MS BURTON:** It does, yes.
 7 **SIR BRIAN LANGSTAFF:** And tomorrow?
 8 **MS BURTON:** Tomorrow we have Mr MacNiven giving oral
 9 evidence.
 10 **SIR BRIAN LANGSTAFF:** Right. Mr MacNiven tomorrow,
 11 ten o'clock. Is he in person or remote?
 12 **MS BURTON:** In person, sir.
 13 **SIR BRIAN LANGSTAFF:** Thank you.
 14 (12.43 pm)
 15 (The hearing adjourned until 10.00 am the following day)

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1 secure as yet either acceptance of a sufficiently
 2 comprehensive analysis of the UK problem or the
 3 necessary commitment to urgent action, especially in the
 4 field of public education."
 5 Then:
 6 "The analysis must inevitably raise difficult and
 7 controversial issues for Ministers. Without attempting
 8 to be comprehensive, one can in instance ..."
 9 These are the questions which he regards as
 10 difficult and controversial, and it's: how can you
 11 reassure the population without a moral crusade?
 12 The answer comes back from Wales: you can't.
 13 What's wrong with a moral crusade?
 14 Then (c) then comes into play:
 15 "... how far can Government go in advising and
 16 assisting promiscuous homosexuals and/or drug addicts on
 17 the techniques they should avoid/practise to reduce the
 18 risks they are exposed to?"
 19 It's an indication, at any rate, of the views and
 20 attitudes that were swirling around at the time in
 21 response.
 22 **MS BURTON:** Yes.
 23 **SIR BRIAN LANGSTAFF:** Yes. Well, that's useful context,
 24 I think. So thank you very much. Is there anything
 25 else that arises from the letter that you want to draw

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<p>W</p> <p>who... [20] 33/10 37/7 37/11 42/8 44/6 45/24 51/2 51/14 51/17 52/2 52/4 52/6 61/13 62/6 62/7 62/9 62/17 66/6 69/8 69/14</p> <p>who's [1] 60/18</p> <p>whose [1] 59/11</p> <p>why [8] 2/10 2/14 3/8 25/5 26/22 27/11 57/16 61/13</p> <p>wide [4] 8/25 10/9 37/22 48/8</p> <p>widely [1] 48/20</p> <p>wider [4] 41/16 41/18 63/22 64/5</p> <p>will [23] 4/17 5/7 14/19 15/15 18/21 22/1 33/16 36/23 38/18 39/16 41/14 41/15 41/20 45/15 49/18 51/2 52/22 52/25 63/23 64/2 64/25 65/20 66/19</p> <p>Williams [4] 42/4 52/11 55/23 57/20</p> <p>wish [4] 39/16 40/19 42/22 49/18</p> <p>with [65] 1/10 1/12 3/4 5/4 5/14 6/1 7/21 12/1 12/10 12/15 14/9 15/20 16/24 17/8 17/19 18/17 25/10 26/9 26/25 29/3 29/15 29/16 29/24 32/22 32/24 33/1 33/13 35/21 37/9 37/12 39/25 41/8 41/19 45/14 45/20 47/14 48/9 48/18 49/9 49/21 49/23 49/25 52/24 53/3 53/7 53/23 54/5 54/18 54/19 55/2 55/18 56/15 57/9 58/7 61/11 61/18 62/2 62/6 62/7 65/4 65/24 67/25 68/10 68/16 70/13</p> <p>within [12] 5/12 5/19 7/14 19/15 28/12 35/23 46/19 48/20</p>	<p>49/4 54/16 54/21 56/5 without [7] 25/8 42/17 62/3 67/22 68/8 70/7 70/11</p> <p>witness [5] 5/11 6/25 7/9 31/22 32/1</p> <p>won't [2] 20/11 55/9</p> <p>word [2] 31/24 38/22</p> <p>wording [1] 53/23</p> <p>words [1] 65/7</p> <p>worked [1] 52/6</p> <p>working [16] 12/8 12/13 12/21 13/21 14/1 16/16 22/7 25/25 26/3 36/6 36/17 50/12 51/16 51/23 52/4 53/11</p> <p>works [1] 30/5</p> <p>would [31] 8/7 12/17 15/1 15/17 17/4 20/6 29/13 33/11 33/22 35/18 36/10 39/2 39/14 40/19 41/6 41/7 41/17 42/22 51/13 52/13 53/4 53/6 54/9 54/15 54/18 55/16 61/11 62/1 62/12 64/3 69/3</p> <p>wouldn't [1] 27/7</p> <p>write [1] 65/3</p> <p>writing [4] 7/19 11/8 60/18 63/11</p> <p>written [10] 1/22 3/13 5/11 7/2 7/25 9/23 28/22 31/22 36/9 48/18</p> <p>wrong [5] 51/21 61/18 67/25 68/10 70/13</p> <p>wrote [1] 64/18</p> <p>Wyn [1] 30/22</p> <p>Wyn Roberts [1] 30/22</p> <hr/> <p>Y</p> <p>year [1] 50/3</p> <p>years [4] 7/17 16/19 34/7 35/4</p> <p>yes [47] 1/6 2/22 5/6 5/9 5/25 13/13 16/16 16/18 16/21 17/15 20/8 24/11 25/7 25/23 29/13 29/20 30/3</p>	<p>30/11 39/21 40/4 50/10 51/12 51/20 51/23 54/7 54/11 54/24 54/25 55/5 55/19 58/5 60/8 61/7 62/13 62/19 62/20 66/16 66/18 67/1 67/16 68/18 68/19 68/21 69/12 70/22 70/23 71/6</p> <p>yet [3] 41/12 45/3 70/1</p> <p>York [1] 24/14</p> <p>you [98]</p> <p>you'll [6] 13/15 14/7 23/16 23/21 28/9 63/7</p> <p>you're [4] 4/21 13/16 29/8 37/21</p> <p>you've [8] 3/12 5/6 11/16 11/17 12/11 31/14 48/6 62/25</p> <p>your [11] 28/19 29/24 38/13 39/25 40/24 41/13 42/11 52/22 55/1 67/6 69/3</p> <hr/> <p>Z</p> <p>zoom [1] 20/17</p>		
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