Wednesday, 22 September 2021

(10.00 am)

LORD NORMAN FOWLER (continued)

Questioned by MS RICHARDS (continued)

MS RICHARDS: Lord Fowler, I just wanted to ask you a little about the understanding of risk in 1983. I'm not now talking about the risks of AIDS but the risks to those with bleeding disorders of not having access to factor concentrates. You used a phrase yesterday in your evidence of -- and this was when you were talking about Dr Galbraith's letter, Dr Walford's response and the decision of the Committee on the Safety of Medicines. You used the phrase "greater risk of bleeding", you got to a position where there was a greater risk of bleeding. What did you mean by that?

A. Well, that was the advice that was given to me by my own medical experts and, as I remember, given to me by the committee itself, that there was a greater risk, I think in terms of quantity, of what might happen than if we had a ban, which is what Dr Galbraith was proposing, which was a ban on all imports.

Q. So I don't think there is any evidence that you yourself received advice on this issue in 1983?

A. I think that's probably correct.

Q. So I'm going to ask you some questions in a sense on a hypothetical basis or about what should have been the position. Would you agree that it was important that those who were involved in the decision-making, Chief Medical Officer and his medical staff, or the Committee on the Safety of Medicines or whoever it might be, it was important that they should have a clear and accurate understanding of what the risks were for haemophiliacs?

A. Yes.

Q. The reason for that, would you agree, is because it might dramatically affect how you weighed the advantages and disadvantages of taking action. If, for example, the evidence suggested that people with bleeding disorders were going to die in large numbers from cerebral haemorrhages if there weren't factor concentrates, that might tip the balance one way, but if, on the other hand, the evidence suggested most bleeds were not life threatening or there were ways of managing them, that might tip the balance the other way; would you accept that as a matter of principle?

A. Yes, as a matter of principle.

Q. So an accurate understanding of the risks to those with bleeding disorders would be key to the decision-making process?

A. It would have been a very important part of it, but that would have been an important part of my medical advisers, and I don't think that you would necessarily expect Ministers to have that kind of detailed knowledge. But you would certainly expect your medical advisers to have such.

Q. So if -- and again, this is a hypothetical, I stress, it will be a matter for submission and decision by the Chair in due course -- if the decision making of the committee on the Safety of Medicines or of others, proceeded on the basis of an incomplete or factually inaccurate understanding of the risks for haemophiliacs from withdrawing factor concentrates, that would be a matter for considerable concern?

A. It would be a matter for concern and for consideration first, because it would seem to me, on the face of it, that there was less chance of that happening with a group of experts who were considering this, than relying on the judgment of one man. That was the point really of my evidence yesterday, and I think it was the point of what we were saying.

Q. And just so that there is no misunderstanding about why I ask these questions, Lord Fowler, and this is really just for your information rather than anything else, it may be said in due course that the Committee

on Safety of Medicines might have proceeded upon the evidence of one man, not Dr Galbraith but Professor Bloom, and have received an inaccurate or incomplete understanding of what the risks were to haemophiliacs. So that's the reason for asking those questions. I understand you yourself, however, did not have, as a matter of fact, any involvement in that process?

A. I did not.

Q. Can I come to, and still I'm afraid on 1983, but the Council of Europe recommendations?

A. Yes.

Q. If you want to remind yourself by reference to your witness statement, Lord Fowler, which is at WITN0771001, it's page 111.

A. Yes.

Q. It will come up on the screen in a moment. You'll see reference to the Council of Europe recommendations in paragraph 6.23 of your witness statement, and we'll look at the document itself in a moment. But you explain in that paragraph of your witness statement that the minute which referred to the Council of Europe recommendations, although primarily addressed to others, including Mr Patten, was copied to your Private Office?

A. Yes.
Q. Are you able to assist with whether you yourself would have given consideration to it, or is that impossible at this distance of time?
A. I can't frankly remember at this stage.
Q. Then if we look at the documents themselves.

Soumik, it's PRSE0000372.

So these are the recommendations of the Committee of Ministers of the Council of Europe. Now, just in general terms, what kind of significance would the Government or the Department attach to formal recommendations of the Council of Europe's Committee of Ministers at that time?
A. Well, it wouldn't -- I mean, it's a very important point. It wouldn't be of the order of the European Union, because it isn't the European Union, and, as you see it is all very carefully set out as being recommendations, and that is what it was.

There were members of the Council of Europe who came from this country and basically were Members of Parliament -- I don't know if they were members of the House of Lords or not, but certainly Members of Parliament -- but they weren't elected to the Council of Europe, they were appointed to the Council. I mean, I've got quite a lot of experience in

appointed members and it's not so dissimilar, I think, to the House of Lords, from that point of view, that -- and also the status is not that dissimilar either. I mean, it is not like the European Union. So it's not an instruction "you will do", it is recommendation "you will do".

As it happens, most of the recommendations that I've seen, that have come from this, on this, I actually agree with. But I think it's important just to put to it in that context.
Q. If we look over to the second page, top of the second page --
A. Yes.
Q. -- we'll see the three recommendations -- well -- yes, the three recommendations that are in paragraph numbered 1:

"1. To take all necessary steps and measures with respect to the Acquired Immune Deficiency Syndrome and in particular ..."

And there are three matters set out. Now, the third was:

"- to provide all blood donors with information on ... [AIDS] ..."
A. Yes.
Q. We'll come on to that shortly when we look at the

issue of the blood donor leaflet. So just want to ask you a little about the first and second of those recommendations. The first is:

"- to avoid wherever possible the use of coagulation factor products ..."
A. Yes.
Q. "... prepared from large plasma pools; this is especially important for those countries where self-sufficiency in the production of such products has not yet been achieved."

Now, if we just go back to your statement, the same paragraph as we had before, page 111. What you say in the last sentence of paragraph 6.23 is that:

"The operative phrase was 'wherever possible' - it was clearly not possible with the UK's heavy dependence upon imported blood."

I think on a point of clarification you mean imported blood products there.
A. I do.
Q. So that was your observation. As I understand it, you're saying it wasn't possible to comply with this recommendation; is that right?
A. No, the recommendation is clearly "wherever possible", and what we are saying is that at this particular point in time it wasn't possible. And it might have

been regrettable, and we'd been through some of the factors on that, but at that point there was no question that it -- we couldn't just press a button and do it. I mean, that was the fact of the matter. And so it didn't meet the criteria of being possible.
Q. If we just go back then to the text of the recommendation, Soumik, so PRSE0000372, second page.

Now, assuming for the purpose of the question that you're right that the Committee on Safety of Medicines took the right decision, you couldn't ban all factor concentrates with immediate effect. So that's the premise of the -- what I want to explore with you?
A. Yes.
Q. Would you accept that what's being said here is:

"... avoid wherever possible the use of coagulation factor products ..."

So the question of an all out ban would not be the only way of avoiding, wherever possible, use; there might be other ways, for example there might be regions which could revert to a greater use of cryoprecipitate for some categories of haemophiliacs, or there might be steps that could be taken to use a product called DDAVP for mild haemophiliacs, or you might want to postpone elective surgery, for example. Those are some of the strategies we've explored with

other witnesses.

Now, again, Lord Fowler, I'm not expecting that you would have had hands-on knowledge at the time --

A. I don't think any of those proposals came anywhere near Ministers.

Q. I think that's probably right. What I'm really again trying to explore with you, Lord Fowler, is the question of: should they have done?

A. Well, I think -- yes, you're missing the elephant in the room, if you don't mind me saying so, because the fact of the matter was that we were 50 per cent -- we were only 50 per cent sufficient. So we were 50 per cent dependent upon imports at that particular point. Now, if you say that there were other ways of doing that, well doubtless that would have been looked at inside the profession, I mean, you know, no-one wanted to put patients at unnecessary risk.

I mean, you know -- I mean, there is an enormous amount of goodwill in this. No-one was ever conspiring against the patients, we were trying to make them safe and better and all that. So, I mean, you know, you've got to accept that there was a certain amount of goodwill that comes from the Department of Health on this, and we're not just conspiring against people; in fact, I mean, I think

one of the most unhappy things in this whole Inquiry has been the allegations from outside that there has been some sort of conspiracy taking place. It isn't true and I hope it will be knocked down.

Q. Well, if we can just concentrate on the question of what the Department should have done in 1983.

A. Yes.

Q. You say doubtless that that question of alternatives to the use of coagulation factor products where possible would have been looked at or should have been looked at within the profession. Should it not have been looked at by the Department, given that this was a recommendation to Government?

A. I mean, it could have been, and, as far as I know, it might have been. I have no knowledge of that.

Q. No. That's why I'm putting it on the basis of a hypothetical question, as you'll understand.

A. Mm.

Q. If we look then at the second --

SIR BRIAN LANGSTAFF: Can we just, before we look at the second -- can I just ask you about this.

This is a recommendation which plainly, in the spirit that you've just mentioned, needed careful consideration addressed to Government. Counsel has focused, and indeed in the exchange you've both

focused on the first part of the first recommendation --

A. Yes.

SIR BRIAN LANGSTAFF: -- to avoid wherever possible the use of coagulation factor products. You've said, and I understand, that, "That wasn't possible because we had to import."

But there is a second part, and:

"... [avoiding] wherever possible the use of coagulation [factors] ..."

Is said to be:

"... especially important for those countries where self-sufficiency in the production of such products had not yet been achieved."

A. Yes.

SIR BRIAN LANGSTAFF: So is it, on the face of it, saying that -- such countries would necessarily have to import, wouldn't they?

A. Yes, I think so.

SIR BRIAN LANGSTAFF: So countries which import coagulation factors are being recommended to avoid wherever possible their use. Is that what it seems to be saying?

A. I think it's a bit obscure what it is they are trying to say, frankly. I mean, I don't think that's the

best piece of drafting I've ever seen, but it's obviously important, "the use of coagulation factor products prepared from large plasma pools" is best -- it's best avoided, and that has particular strength "for those countries where self-sufficiency in production of such products has not yet been achieved".

Well, that just follows on, I think, from the first sense. I'm not sure what else it adds.

SIR BRIAN LANGSTAFF: Well, I think what one may read the exchange you've just had with counsel in this way: you might have been saying, "Well, wherever possible, it wasn't possible for us because we had to import 50 per cent", but that would miss the second part of the recommendation, which says it's especially important -- not just important, but "especially important" -- for those countries which have to import, let's say, 50 per cent or more of their product to avoid the use of the product. But that seems to be a way, at least --

A. You mean it's underlining the first point?

SIR BRIAN LANGSTAFF: Well, it underlines the point that it isn't -- the words "wherever possible" isn't a get-out clause for countries which say "Well, we have to import it, we have no other choice" because

it's not really addressing importation, it's addressing use.

A. It's not a get-out clause, we don't intend to use it as a get-out clause, and never have used it as a get-out clause. But it's an explanation of the position we were in. We were 50 per cent dependent upon exports from the United States. I mean that was the fact of the matter, now I might regret that as the incoming Secretary of State, but that was the position that we were in, and we -- in my evidence, I tried to state that.

SIR BRIAN LANGSTAFF: I think it does look, at the moment to me, as though the wording emphasises the point that counsel was putting to you, I appreciate that it didn't cross your desk at all, it's just a matter which, if it was to be dealt with within Government, which it should have been, given the recommendation was to Government, arguably, then the medical division would have been seeking to give -- to encourage, wherever possible, less use.

A. Yes. And, as far as I know, they may well have been. But I'm afraid you're going to have to ask the medical division on that and to see whether that was the position there. But I -- it wasn't, as you rightly say, this was not something which came across my desk.

SIR BRIAN LANGSTAFF: No. Thank you very much.

MS RICHARDS: Then if we just look at the second recommendation, Lord Fowler. So this is a recommendation to, in particular, again the opening words in paragraph 1:

"... to inform attending physicians and selected recipients, such as haemophiliacs, of the potential health hazards of haemotherapy and the possibilities of minimising these risks ..."

So it's a recommendation that Government should essentially provide information to both doctors and relevant cohorts to patients -- for our purposes at this stage, those receiving blood products -- about both the risks of that treatment and possible ways in which those risks could be minimised. That's --

A. And selected recipients, as well as physicians.

Q. Yes, exactly. So haemophiliac patients?

A. Yes.

Q. Were you aware of any steps being taken by the Department to comply with that recommendation?

A. Not -- I can't actually reel off a list of that, but it seems to me that it comes back a bit to the -- what we were talking yesterday about, "no conclusive proof". My view on this is quite clear, I mean I think that we should be as open as possible, you

should have open Government in this sort of thing. I was brought up as a journalist for the first decade of my life after university and then I went into politics. But my strong view is that open Government is the only and best way of doing it, and open Government means informing people.

I have to say that it -- we're now reverting to yesterday -- but I have to say that people who disagreed with that, I suspect, might well have been taking it for all of what they considered the best reasons, that they didn't want to alarm people, et cetera, et cetera. That kind of argument. But I think that the greater good is to be open.

Q. So the -- again, I'm going to deal with this on, as it were, a general principle basis --

A. Yes.

Q. -- because you weren't involved in the actual decision-making, but the kind of steps that the Department should have been taking in response to this recommendation would be ensuring that those involved in treating people with blood products --

A. Yes.

Q. -- whether by means of a CMO letter or some other communication, had the most up to date and accurate information about those risks --

A. Yes.

Q. -- and ensuring, obviously not by interfering in the individual doctor patient relationship on a one-to-one basis, but ensuring, as much as the Department could, that patients themselves were being told both of the risks and of the ways of avoiding them?

A. Yes, it was a general -- a sort of general attitude, really, a general policy in this area. But as you rightly mention, taking account of the fact that the Department again were in a slightly sensitive position, in as much as they couldn't instruct people to do this, they could suggest, they could, I think, propose, but they certainly couldn't instruct. But that doesn't preclude, you know, making the points that I've just made.

Q. So there might be a number of ways in practice the Department could do this. It could produce a leaflet --

A. Yes. Or the CMO could write round.

Q. Or the CMO could do --

A. The most sensible thing in all this is for the CMO to have written round, which is exactly what happened when we went to Donald for our CMO when the CMOs changed. But that is the leadership that we could have exerted from the centre, no question.

Q. If no such steps were taken, and again that might be a matter for submission in due course --
A. Yes, well, I mean, I don't know whether they were or not.
Q. I understand that. If no such steps were taken would that have been a failing on the part of Department?
A. I would like to see the evidence on that. I'm not giving a blanket answer to that.
Q. Would you accept, however, that one principle that the Department should have had well in mind would be the right of patients to take full-informed decisions and exercise individual autonomy --
A. No, that's just what I've been saying. I mean, I think that is an important element and it may be that people, with the best will in the world, were trying to prevent panic or anything of that kind. But it is possible to prevent panic and, at the same time, being open, and that should have been the general policy.
Q. Just by way of examples of some of the materials the Department did put out, we talked yesterday about the whooping cough campaign --
A. Yes.
Q. -- that you were closely involved in. We can see an example of a CMO letter at WITN0771074. This is

October 1982, and it's about the hepatitis B vaccine. So it's one of the CMO's "Dear Doctor" -- sorry, it's the CMO and the Chief Nursing Officer together, one of the "Dear Doctor, Dear Nursing Officer" letters.
A. Yes.
Q. If we can just look -- we don't need to look at the all of the enclosures, but we can see it provides information about risks in the second paragraph, in outline terms, and then in the third paragraph it makes clear it's not an instructing document, whether or not to give the vaccine will be for the individual doctor to decide, but then goes on to give advice. So this is an example of the kind of information that the CMO could, in the '80s --
A. It is an example but, I have to say, I think it's fairly rare example, certainly in the papers that I've seen --
Q. Yes.
A. -- but, again, one is struggling in -- the papers that I have seen may not be the complete papers and we're all struggling under that particular burden.
Q. Now, if we then -- we can take that down, thank you. If we then come, I think, briefly to the meeting of the Biologicals Subcommittee on the Committee on Safety of Medicines, 13 July.

A. Yes.
Q. You've referred to it in your evidence, Lord Fowler, and I'm not going to ask you about the substance of the decision because, again, you were not involved at the time and I think you've not seen the material that was before the Committee. So I've just got a couple of questions really about process and general principle.

The decision-making of the Committee on the Safety of Medicines and its Biological Subcommittee doesn't appear to have had any Ministerial involvement, so the Minister was not briefed that it was being done and not briefed about the outcome, as far as we can see on the evidence available. Does that surprise or concern you?
A. Well, it doesn't surprise me that the Minister wasn't involved in the process, I'm slightly surprised to hear -- I'm not sure it's right, actually -- that ministers didn't -- a minister didn't actually -- a Health minister didn't know what the outcome was, I would be very surprised if that was the case because I would have thought that that would have been information that was passed on. And I, again -- the CMO, I would have thought, would know, almost as soon as the report came out.

Q. So is this right, and again I'm trying to deal with it in general terms, you wouldn't expect the Minister or the CMO to be participating in the Committee's meeting?
A. No, certainly not.
Q. But you would expect the Minister and the CMO to be fully briefed about the meeting, perhaps --
A. No, I expect him to be fully briefed about the result. I mean, it was -- it is an independent committee, the last thing you want are ministers plodding all over it, and they didn't. And I don't think one should have a rule that they should, because the independence of committees of this kind is absolutely crucial. But there comes a point when the -- when you reach the end, that the secrecy goes and you can actually tell ministers or tell the CMO of what has taken place and what the findings are. That seems illogical.
Q. I think yesterday you agreed, again as a matter of general approach, that part of the role of ministers will be to challenge, to ask questions --
A. Yes.
Q. -- to explore alternatives, and you need to know what decisions are and aren't being taken in order to do that, don't you?
A. And to make any statement that is required you need to

know that, and you need to know if -- I mean, it is an independent committee, it doesn't mean to say that the independent committee is something that the Government will agree with. I mean, the place is littered with committees, not health committees particularly, but committees generally, over the years, where governments have had a disagreement here or a disagreement there. But, yes, a certain amount of investigation -- not investigation, challenging, just reading the report and seeing if you agree with it.

Q. Obviously, the Committee's decision was taken in July 1983, so taken at a particular point in time, and on the basis of whatever information was put before it at that point in time. Would you have expected that question of whether concentrate should be banned or whether some conditions or limitations should be placed upon their use from the licensing perspective; would you have expected that to be revisited at a later stage?

A. This was in -- what --

Q. July '83 was when the Biologicals Subcommittee took its decision, which was then endorsed by the Committee itself?

A. Yes, I'm not sure that I would expect it -- the policy

to have been totally reviewed at that time because, in a sense, the Biologicals Subcommittee was saying that the policy or the non-intervention was a justified policy. But that was -- so that -- I wouldn't expect that they were at that stage to be going in, no.

Q. No, I'm sorry, my question wasn't sufficiently clear and, again, sometimes this is the problem with general or hypothetical questions. But the decision they take is on the basis of information provided to them in July 1983.

A. Yes.

Q. As more information became available, for example the first death of a haemophiliac later in 1983, or information about AIDS having entered the domestic blood supply -- or possibly having entered the domestic blood supply, I should say -- or becoming more widespread, or indeed the identification of HTLV-III; so as things changed, would you have expected the Committee on the Safety of Medicines to want to look at this again?

A. The Committee on the Safety of Medicines to want to look at it again?

Q. Or its Biologicals Subcommittee?

A. I would expect them to keep pace with the developments, yes, certainly, like any expert

committee, and I am sure the members of it were doing precisely that.

Q. We don't have a complete picture at the moment --

A. You don't need to tell me.

Q. Which is why I need to put it a general and hypothetical level.

Can I then turn to the blood donor leaflet.

A. Yes.

Q. So the first leaflet.

A. Yes.

Q. If we perhaps just pick it up by reference to Dr Walford's evidence to the Inquiry.

A. Yes.

Q. So, Soumik, it's INQY1000137, please.

A. Is that on page 112?

Q. No, I think it's page 168.

A. Oh, okay. I'll wait for it. Yes, okay -- oh, I see. Right, okay. Yes, go on.

Q. So if we try about page 42, Soumik, electronically. Sorry, I'm just checking that I've given you the right reference.

Yes. If we go to the bottom half of the page, Soumik, thank you.

I'm just going to pick it up here in the evidence of Dr Walford, Lord Fowler. So bottom of the

left-hand side, around line 20, Dr Walford is asked about a memorandum from Mr Winstanley.

A. Yes.

Q. 8 June 1983. This is talking about the first draft of the leaflet. Then if we go to the next column, so bottom right-hand side, please, Soumik.

I can just pick it up at line 10, Mr Winstanley's memo says:

"... I think we can accept your text subject to the comments above, but it is essential to act without delay. As it is, the time for printing and distribution seems painfully slow."

Then I asked the question of Dr Walford:

"... it would appear Mr Winstanley's already concerned it's taking too long?"

Dr Walford answered:

"Yes, it was."

So this is the beginning of June, Dr Walford thinks it's already taking too long.

A. And we're talking -- what are we talking about? We're talking about the leaflet, are we, now?

Q. We're talking about the leaflet to blood donors.

A. Yes. And that's the first leaflet?

Q. Yes, the first leaflet.

A. Thank you.

Q. You'll see the importance of the position set out in lines 18 to 23, where I put to Dr Walford:

"... as every day or week went by a donor, a high -- risk donor, might be giving blood ..."

And she says:

"Yes."

A. Yes.

Q. Then if we go to the top of the next page, the top of page 169, we can see there is reference to the paper trail, and we pick it up around line 7, it's the beginning of September by the time the leaflet is ready, and I put to Dr Walford that's too long and she says:

"Much too long."

Now, I know you've also seen the evidence of Lord Glenarthur in relation to this, and indeed I think probably also the evidence of Lord Clarke, but I just wanted to remind you of that.

So Dr Walford's view and Mr Winstanley's view, it would appear, was that June 1983 it was urgent, taking too long. If I can then just give you the dates, Lord Fowler, without taking you to the detail of the documents. A submission to Ministers, not to you, but to --

A. Yes.

Q. -- the -- I think Lord Glenarthur?

A. Ken Clarke and Simon Glenarthur were dealing with it basically.

Q. And indeed Mr Patten as well, I think?

A. And Mr Patten.

Q. Went to Ministers on 1 July 1983, and then the leaflet was effectively announced and presumably made available in transfusion centres with effect from 1 September 1983.

So those are the --

A. Yes.

Q. -- headline dates.

Now, in terms of your own involvement, there is just one document I want to ask you about. That's PRSE0000049. This is an internal Scottish Home and Health Department document, which you referred to in your witness statement because you were asked about it. It's discussing the leaflet, it's 6 July 1983, and the second paragraph says:

"However, we are informed that Mr Fowler's first reach is that the terms of this leaflet are too strong, and that DHSS may therefore be making further amendments."

Now this is two other people talking about what their understanding is of your reaction. As

I understand your statement, Lord Fowler, you've got no recollection of whether you had any reaction at all, and if so, what it was?

A. Well, I think it's just hearsay, isn't it? I mean, I don't know when it was said, who I was speaking to, when this occasion was, or anything of that kind. I mean, it's total hearsay. And I'm afraid I'm not that all happy that -- you know, that such "evidence" should even be used, but there we are. That, I gather, is not the rule in inquiries. But I have no recollection of that. The only thing I can even remotely think of is that I would need to see the preliminary work on the leaflet.

I mean, there was -- the major question for me in that leaflet was the position of homosexuals, and we got to a position at the end of that where it basically said we should be warning homosexuals who have frequent partners, or words to that effect, which I think is fair. We actually -- by the second time we got to the position where we were just warning homosexuals generally, but at that point I would have been concerned that we were not painting everybody with the same brush.

It's not totally dissimilar to the kind of issue that you're putting on haemophiliacs. We shouldn't

start painting everybody with the same brush in this particular area. So that was my concern. But what the "too strong" -- whether the "too strong" relates to that, I have, frankly, no idea.

Q. There are in the documents -- and I'll just give you one example, DHSC0002321_028. Not a document you've seen at the time, this is between the information division and, I think, the medical division, but you'll see there in the first sentence a reference to the Minister being "very keen to keep the leaflet operation very low key". And there are a couple of other references around this time to wanting to take a low key approach.

I wanted to ask about that as a matter of generality. Was it right, in your view, to take a low key approach, given that it was known by this time that there were cases of AIDS in the UK and given the importance of preventing AIDS from entering the domestic blood supply?

A. Well, that was Ken's judgment on the issue. I mean, perhaps from my perspective I would have a rather different view on it. I don't quite see why it should be kept low key, as it happened. But everyone -- I think everyone -- well, not everyone, but I think that some people, either in the Department or

Ministers, got rather nervous about this leaflet. I think rather unnecessarily, frankly, when you read the leaflet itself.

Q. Then the second point goes back to the timing. I showed you Dr Walford's evidence; Lord Glenarthur I think also felt it took too long.

A. Yes.

Q. Would you agree that, bearing in mind the officials in early June say this is urgent, for it to take until 1 September is too long?

A. It's a pity that August intervened in that, because that was the crucial stage when no-one was doing, really, anything. It's off the boil. And I think that's actually quite difficult. I mean, I know that Ken got lampooned for going on holiday in August, and lampooned by me at times, but I mean, to be fair -- I mean, he had a young family -- but why I mention Ken is that he wasn't the only person with a young family, all the -- most -- you know, a lot of people in the Department of Health had young families as well. And so if you really wanted to put out a leaflet at a time when you had fewer people, fewer expert people around to answer the questions which were bound to come in, choose August. And also, of course, the trouble with August -- and as an ex-journalist, I might say -- that

if you actually want to have no impact at all, you put it out then. I mean, governments are usually criticised for putting things out in August, because they can hide it then. Everyone is on the beaches, and they're not actually concerned about what is being put out.

So August, I'm afraid, was -- is, in Government terms, often a no-go month, and I think it was in this particular case.

We could have ignored all of that, but it was important also to get the best possible information out, so it was important that we had the Minister of Health, it was important that we had some of the officials, because otherwise, you know, you were into the next stage down, which was not a good idea.

Q. So is the answer to my question that it did take too long, but that you've given a partial explanation as to --

A. Well, I don't -- you see, you say -- it isn't that it took too long; it's an inevitable consequence of having a sort of August -- I mean, as I remember the letters and the correspondence -- I mean, the correspondence between the Ministers went on throughout July, from what I remember, and in fact I think almost into the beginning of August. What I'm

saying is, under those circumstances, and after the consideration which they gave to this -- and everyone took it as a very important leaflet -- I think it is not unreasonable to get the presentation of the leaflet right, and they got it virtually on the first day of September. But to do in August I think would have been counterproductive. What are you trying to do? We're trying to persuade the public. Actually, in this case, we're trying to persuade blood donors. We want the most authoritative influence that you can have.

Q. What you say about the unavailability, potentially, of Ministers and civil servants in August --

A. And lawyers actually, as well, as you well know, because this Inquiry actually went into recess, in lawyers, so I don't want to make too much of a point about this, but it's not exactly unknown in the British system.

Q. No, no, you're absolutely right in terms of both lawyers and politicians, Lord Fowler, but my point is that given that that would have been known and given that we were dealing here with an issue of public health, public safety, that would rather militate in favour of getting everything dealt with before August?

A. Well, if you were content -- that is absolutely

correct, as long as you were content. And as they were still debating it up until the beginning of August, that doesn't seem to me to be a very likely prospect.

Q. Can I then ask you about another issue related to the safety of the blood supply, but this time about the practice of taking blood in prisons?

A. Oh, yes.

Q. There are three documents I'm going to ask you to look at with me.

The first, Soumik, is at PRSE0004345.

I don't think there is any suggestion that this came across your desk, Lord Fowler, but you'll see it's a minute dated 27 July 1983, "Use of blood from prisons":

"At a recent meeting of Medicine Division's Inspection Action Group concern was expressed about the collection and use of blood from borstal institution and prisons. Blood Transfusions Centres in Scotland were making use of these sources (particularly prisons) and some, at least, of the English Blood Transfusions Centres were also understood to do so.

"The Group considered this practice to be highly questionable because of the incidence of homosexuals

and homosexual activity in prisons and the present unease about the incidence of AIDS among this group of people.

"The Group asked to be advised of Departmental policy on the practice of collecting and using blood from borstals and prisons and I shall be grateful if you will let me have a note about this which I can pass on."

So that appears to be the factual position to the question being posed: what's the Department's policy?

A. Who is this from?

Q. It's from a JB Brown, MB2, I can't off the top of my head remember what division that is within the Department, but it's addressed to Mr Parker, who we know was a civil servant within the Health Services Division.

A. Yes.

Q. Then there is a response on behalf of Mr Parker in August at PRSE0004729, so dated 23 August. It's from Mr Winstanley in the Health Services Division on behalf of Mr Parker, and he says at paragraph 2:

"It is difficult to advise any particular Departmental policy on the collection of blood from borstals and prisons at the moment. It is for individual Regional Transfusion Directors to determine

how and from where donations are sought in the light of the targets they need to achieve and the numbers of donors on their panels."

Then in the third paragraph, it says:

"[The] Transfusion Directors have been aware of the dangers of relying too heavily on prisons as a source of donations for some time i.e. prior to the advent of AIDS as a cause for concern, because of the risk of hepatitis in prisons, (also connected with the higher incidence of homosexuality) which can be spread through blood transfusion. Nevertheless, although most Regions, especially those with no shortage of donors, may not need to use prisons, there is at least one which has come to view them as a major source of donations in order to meet targets."

Then paragraph 4 explains that AIDS has now called into question the wisdom of continuing to do this. There is a suggestion about directors discussing it at the next meeting in September. It's not actually clear wherever that happened or not, so I'm not going to ask you about that.

Then paragraph 5, second sentence says:

"We shall obviously need to liaise closely with Home Office also since they have in the past been very much in favour of blood donation by prisoners."

Now, given that we are, by this time, in August 1983 and, as this sets out, that there was an increased risk in taking blood from prisoners was, it would appear, something that was known about, even before the advent of AIDS, because of the risks of hepatitis, thrown into sharper relief, as this correspondence makes clear, because of the advent of AIDS. Does it surprise or concern you, as Secretary of State for Health, that blood was apparently still being collected from prisons or borstals at this point in time?

A. Well, let me say my general position on this, although, as you rightly say, I wasn't involved in it, but my general position would be that for prisoners one should make -- one should take every opportunity to bring them back to a normal life, and if that meant that they could make a contribution in this way, then that was good. However, it has to be said, apart from that -- I mean you can't just say all prisoners are infected and -- you know, I mean we're going into generalisations now, which I think everyone would actually resent.

I think that the trouble with that theoretical position of mine is that when you're in the confined circumstances of a prison, the whole thing gets,

I think, extraordinarily difficult to do, because rumours go around, and the rest. So the safest policy, I'm afraid -- and I say it with some reluctance -- but I'm afraid the safest policy was to stop it altogether, unless, I guess, there were particular reasons with some prison governors who might have felt strongly on this and could give guarantees, unless they could give a clear sheet on it.

But the -- I'm sorry, this is a long answer, but the overwhelming -- the overriding interest must have been the safety of the system, the safety of it all, and that, I'm afraid, meant that you didn't collect blood from prisoners.

But this was a matter not just for the Department of Health, it was also a matter for the Home Office, and what their view on it was. But, as you rightly say, I wasn't involved in it but I think that it would have been very interesting to know what their view was. But I would have thought the safest policy was not to do it.

Q. There is no evidence, I think, that we've seen, of any minister being informed in 1983 that this practice of collecting blood from prisoners was still ongoing. Does that surprise or concern you that, so the

minister with responsibility for blood and blood products wasn't told about this and asked for his views?

A. Yes, well, I'd be surprised. I would have thought that the Home Office would have actually been in touch and would have told the Department, and told the Health Department about the policies that were being pursued. I mean that's, after all, what prison governors are about, and, yes, I would be surprised if we weren't informed of that.

Q. Given that it -- the officials clearly knew that this was the position and knew that it was going on, as at July/August 1983, would you have expected some action to be taken by those within the Department to put a stop to the practice and adopt a safer policy of not taking blood?

A. Well, I think I would have put it rather differently to that. I think I would certainly have expected there to have been a discussion about the issue itself. That, I would certainly say. But, I mean, past experience with prisons, I mean it's very difficult, the Home Office are quite difficult to talk with on some of these subjects, and AIDS was one of them. But this isn't AIDS. But, yes, we should have made -- we could have made more progress, I think,

here.

Q. Just to then complete, I think, the chronological picture in relation to 1983, and -- sorry, moving away from prison blood now -- to PRSE0000886. This is 14 November 1983, and it's a statement by Kenneth Clarke. It's the right-hand side, top of the page, under the heading "Blood Products (Imports)" where it records a question from Mrs Currie, and then an answer from Mr Clarke. You'll see the three sentences in Kenneth Clarke's answer:

"There is no conclusive evidence that [AIDS] is transmitted by blood products. The use of factor VIII concentrates is confined almost exclusively to designated haemophilia centres whose directors and staff are expert in this field. Professional advice has been made available to all such centres in relation to the possible risks of AIDS from this material."

I should say, Lord Fowler, it's not necessarily entirely clear at the moment what that third sentence is there referring to, but I'm not proposing to ask you about that.

Now, we looked at the earlier statements from the Department in around in the middle of 1983 about "no conclusive proof". We're now in November 1983, and

the Department now knows that there are two patients with haemophilia known to have AIDS, one of whom has died. That information was with the Department certainly by September 1983. Whether or not there was any justification for the earlier statements by the Department, was there any justification as at November 1983 for continuing to use the line we see here "no conclusive evidence"?

A. Well, I think we've been over this before. It should have been -- the "no conclusive evidence" should have been qualified by saying that there was evidence to suggest that it might be. I mean, if you want open Government, that's what it should have said. Now, who drafted this? I mean, I see that Edwina Currie has a statement later on about all this, but whoever drafted this, I think probably just drafted it as -- almost as a hand down from what had been said before. But it should have been changed by this point.

Q. Now, that takes us effectively to the end of 1983, and I think it's right to understand from your statement and from the evidence you've given yesterday and this morning that, by this point in time, you yourself have had very little direct involvement in the issue of AIDS?

A. In the issue of AIDS?

Q. Yes.

A. Yes, well I think that's right. I don't think anyone had.

Q. We've seen, I think, that, as Secretary of State, issues about the AIDS leaflet, issues about the collection of blood from prisons, issues about Dr Galbraith's suggestion and the Committee on the Safety of Medicines decision, none of that is coming across your desk, or if it is it's very tangentally you occasionally get copied into material.

Looking at it now, does that lack of involvement of you as Secretary of State in 1983 surprise you?

A. No, not really, because, I mean, I think, you know, we go back to square one. I mean, I was Secretary of State for Health and for Social Security. I mean, to put it mildly, we had quite a lot on our plate and my whole aim had been, as well as dealing with these issues, which were vast and important, and public spending, as we said yesterday, being the most important of it, didn't get the public spending, then, you know, a lot of what we've been talking about was strictly for the birds. I mean, we weren't going to make any progress at all.

So that was my number 1 job. So I had to have ministers who I could devolve to and, by 1983, I think

we were in that position that we could do that, because we obviously had Ken, Ken Clarke, who was a formidable figure, which he showed later; I think Simon Glenarthur was just about to come in, who was extremely good as well; we had John Patten a former Cabinet Minister to come. I mean, these issues, as you say, AIDS wasn't totally on the agenda at that time, or when -- it was important but not to the degree that it became later. So it was sensible that one should try to devolve, and if we -- if you ask a Secretary of State of something as big as the Department of Health and Social Security to go into every issue, then I think, you know, it's asking too much, and it's -- I don't think any Secretary of State, my experience, has ever tried to do that.

Q. Now, I think if we turn to 1984, it's really towards the end of 1984 that we see you starting to become actively involved in the issue of AIDS, so if I can just take you to a couple of documents and then I'll ask --

A. By this stage, I think I'm right in saying -- am I -- that the Chief Medical Officer position had changed, or if hadn't changed it was in the process of changing.

Q. In fact, it had changed in 1983, so October 1983 was

when Donald Acheson took over.

A. Yes, I mean, that's -- I mean, certainly -- let me say this: I mean, that was one of the most important points in the whole story, because, at that stage, you then had a Chief Medical Officer who was hands on, who recognised the importance of AIDS and who worked well with ministers -- well, he certainly worked well with me, anyway, as Secretary of State, and it was of absolute crucial important. Sorry, I interrupted your question.

Q. No, that's quite all right.

So what I'm going to show you its material that we have and that you've exhibited to your statement from late 1984, which shows you and the Chief Medical Officer becoming more directly involved. So we can pick it up at DHSC0002323_009. This is a minute from Dr Smithies, who had succeeded Dr Walford by this stage, dated 19 October 1984, and we can see it's in response to a request for information from the Chief Medical Officer:

"CMO has requested information about the problems of AIDS and blood donations."

The first question you'll see at (a) is about testing, and I'll come of back to that later, if I may, Lord Fowler. Then the bottom of the page, the

second question that the Chief Medical Officer has apparently asked is:

"What is the position about blood transfusion/plasma related AIDS in the UK and its controls."

The answer is:

"We have yet no known case of AIDS reliably related to blood transfusion (there are about 40 cases in the [US]). Officially there are three cases of haemophiliacs who have contracted AIDS one of whom has died. In view of the prevalence of HTLV III antibody and haemophiliacs, about 35 per cent, it is likely that there will be more."

Then it refers to two cases, and recipients of batches being followed up. Then if we go to the last paragraph, we'll see it says:

"The only protection recipients of blood and blood products have from contracting AIDS from donors is the publicity given to the possibility of transmission from high risk groups."

Then reference is made to the leaflet, that's the first leaflet, and then the last sentence refers to a redraft of the leaflet. That's the second leaflet, which I'll come on to briefly later.

So no particular question to ask you about this

document, I'm just trying to put it in a chronological context. This is evidence of the Chief Medical Officer, October 1984, asking for some information?

A. And in action.

Q. I'm sorry?

A. And in action, as a Chief Medical Officer. I mean, you now see the transformation which was taking place.

Q. Yes. I mean, there may be a question as to why this is taking place in October '84, which is a year after Donald Acheson had taken over, but I doubt that that's a question that you'd be able to answer?

A. No, and I think -- I mean, he needed time to actually find his feet around this enormous Department, but when he did he made it happen.

Q. In terms then of your own involvement, we can pick it up at November '84 at DHSC0002309_053.

Again, it's a minute from Dr Smithies, 19 November 1984, addressed to your Private Office:

"Secretary of State has asked for a note summarising the current situation of AIDS."

Then if we go over the page, I'm not going to go through all of it, but we can see it refers in paragraph 1 to news from Australia:

"... 13 people including 3 babies have died from AIDS after receiving a blood transfusion ..."

Paragraph 2 refers to a further death of a haemophiliac patient, this time a patient in Newcastle. There are then references to the numbers of cases of AIDS in paragraph 3, and then there is an update, bottom of the page, about what's being done. Just going towards the bottom of the page there, you'll see the question being posed is a heading:

"What is being done to prevent AIDS being transmitted by blood or blood products."

There is reference first of all to the leaflet and then we go to the paragraph -- paragraph 6 refers to the screening test. Again, I'm not going to go through the detail of this with you, Lord Fowler.

Paragraph 7 refers to BPL.

Paragraph 8 refers to experts having been invited to join a working group.

Then paragraph 9 refers to heat treatment, and then over the page there is a discussion about education.

Paragraph 11:

"Measures are being undertaken to educate at risk groups."

Can you recall what it was that led you, in November or around November of 1984, to, as it were,

having previously effectively delegated matters to the Minister of State for Health or Lord Glenarthur, to become directly involved yourself?

A. I think it was a growing realisation that this was a fundamentally important point -- a fundamentally important issue, and that what I needed was a summary of what the position actually was at that moment. It was something I did in other departments as well, ask for situation reports. It was really as clear as that. But, I think that it was a good reply that I got, and a full reply, which actually set out all of the -- set out the issues.

Q. Now, you'll have seen reference in both of Dr Smithies' notes, her note for you and her note for the Chief Medical Officer, you will have seen reference to the proposed leaflet or redrafted leaflet?

A. Yes.

Q. Again, I don't think there is any evidence of direct involvement on your part in the process, so I'm going to give you the headline dates and then ask you in general terms about it.

The original leaflet and the way in which it was distributed, we know it was issued on 1 September 1983, and was due to be reviewed after

three months --

A. Yes.

Q. -- so that would take us to the beginning of December 1983.

Dr Smithies identified in February of 1984 a need to strengthen both the content of the leaflet and the way it was distributed, and a submission on that issue finally went to Ministers in August of 1984. You've exhibited that to your statement, but I don't think we need to look at the content of it.

It's then January 1985 when the leaflet is, as it were, signed off, and 1 February 1985 -- and again you've exhibited, I think, the relevant press release to your statement -- when it's issued. That is, on any view, far too long, is it not?

A. Yes, it's too lengthy. We should have been able to do better than that.

Q. And, again, I appreciate you're not really in a position to comment on the detail of what was going on, but was there anything about -- more generally about the way in which the Department operated its systems and processes for dealing with things quickly --

A. No, I think it -- I mean, I can't remember now what was happening in 1984, and what the health issues were

in 1984, but obviously they -- it could well have been that either political or health issues were taking precedence. But we should have been able to have done better than that.

But the most important change from the first to the second was that one that I was referring to earlier, which was that rather than this very proper reference to homosexuals who had many partners, as a warning, in this one we just referred to homosexuals. It was unfair on the people who had been in loving relationships for years, but there we are. That was the price that had to be paid.

But it was an important leaflet, and it should have obviously come -- it should obviously have come quicker. But, yes, I can't -- but I can't actually -- I think we had three Ministers working on this, I'm not sure that to have a fourth doing it would have speeded up the process.

Q. Can I just pick up with you one point in relation to the wording of the leaflet?

A. Yes.

Q. You've exhibited it to your statement.

NHBT0096480_022, please, Soumik.

So we see there the date, January 1985.

Then, if we go over the page, the question -- so

the second box:

"Who is at risk from AIDS?"

A. Yes.

Q. "1. Practicing homosexual and bisexual men."

A. Yes, well, it does.

Q. I just wanted to explore that with you briefly, if I may, it's one of the questions I have been asked by Core Participants to raise with you. Was this wording still too low key because practising might lead people to think it was only directed at those who were currently engaging in sexual activity?

A. Too low key, I wouldn't have thought so. I mean, I would have thought the objections would have come entirely from the other side, that you were now saying about practising homosexuals, people who'd been in relationships for years, happy relationships, lasting relationships, and you were saying that, you know, they were an AIDS risk. That's where I would have thought most of the objection would come to. But it depends which way you're looking at this, I suppose.

I'm trying to take the general view, I don't particularly like the way it's being generalised or it was generalised, but I think it was necessary that it should be generalised in that way. But I don't think we can be accused of playing it down, I'm not quite

sure what else you would want to say.

Q. We can take the leaflet down. You've reviewed, for the purposes of producing your witness statement, a lot of documents from 1983 and 1984 --

A. Yes.

Q. -- I think most of which on this issue you didn't see at the time. But I wonder if I can invite your comment or observation on this: do you think there was a real sense of urgency within the Department in 1983 or 1984 of an unfolding public health crisis or --

A. I think it -- I suspect, like many health crises, or at least this one, it developed, and it rather depended, I suspect, in the main, on the, you know, what was happening, what lead was being given. There was certainly, from 1984, going into 1985, there was a feeling of impending crisis. There was no question about that. And I was making speeches about it, giving interviews about it, Donald was -- the Chief Medical Officer -- was absolutely in full support of this, and it was from that moment onwards that it -- well, I can't give you the exact moment, but it was probably during the early part of 1985 that we became thoroughly engaged in it.

Q. I'll pick up some of the documents from 1985 after the break. But before we do that, there are just two

points I want to ask you about, first of all.

In your witness statement, if we could go back to the statement, please, Soumik, and I'll find the page reference for you, it's page 142 --

A. Yes.

Q. -- and paragraph 6.88.

A. Yes.

Q. You say this:

"The Inquiry asks about the decision to form the EAGA ..."

That's the Expert Advisory Group on AIDS:

"... and why this had not been done sooner ... EAGA was convened by the [Chief Medical Officer] with wide terms of reference. The available records do not help to explain exactly the thinking about behind the formation of the new group."

Then you've referred to an extract from Sir Donald Acheson's autobiography, and I think we can take it from here rather than the document which we looked at yesterday, where you say Sir Donald gave this explanation of the formation of the group:

"As far as HIV/Aids was concerned, a few cases of what was already seen as a fatal virus infection associated with infected blood and sexual intercourse had already occurred prior to my appointment.

I decided that the implications of the infection were so serious and our knowledge so limited that I should seek expert advice as soon as possible. The expert advisory group on Aids (EAGA) was set up and having met seven times in 1985 and regularly thereafter, it made a series of recommendation which led to more effective control of HIV/Aids within the UK, than in any other country that had links with the African continent."

Again, it may be that you won't be able to assist in relation to this, Lord Fowler, but given that you've helpfully drawn our attention to Sir Donald's account, EAGA's first meeting, as I understand it, was on 29 January 1985. Sir Donald, I think, started his work as Chief Medical Officer in October 1983. That doesn't appear to be consistent with seeking expert advice as soon as possible, does it?

A. No, but he -- well, he came to the conclusion, after sensible consideration, that he needed this expert advice, and he was responsible for the setting up of EAGA, and all credit to him for doing that, because that is what -- exactly what we wanted. It's -- I mean, you can quibble about a few months, but the fact was that he was making the right decisions, and he was taking the whole issue forward. At last we had

someone who was doing that. That was the importance of Donald Acheson as Chief Medical Officer. He was totally committed to it. Then everything that follows from then onwards is an exposition of that.

Q. But you can't assist us as a matter of fact with why it wasn't set up in late '83 or '84, for example?

A. Well, it wouldn't have been late '83, I don't think. He wouldn't have set it up then. He could have set it up, I suppose, in '84, but I imagine -- I mean, you know, he did have the whole of the Health Department to look after at this stage. I imagine that he was taking issues in order a bit. But from that moment onwards -- he says in his book -- HIV/AIDS was his number 1 issue. And so it was -- he totally transformed the position as far as medical -- health advice was concerned.

MS RICHARDS: Sir, probably a good point at which to break. We've just gone past 11.15.

SIR BRIAN LANGSTAFF: Yes, it is. Shall we meet again then at 11.50.

(11.14 am)

(A short break)

(11.50 am)

MS RICHARDS: Lord Fowler, we looked before the break at the note you'd requested and received in

November 1984. The next direct involvement that I think the papers suggest you had in relation to AIDS begins in around June of 1985, and so I just want to look at a couple of documents with you and discuss with you what they indicate.

So DHSC0002114, this is a minute dated 27 June 1985. It's from the CMO directed to you, enclosing an update on the AIDS epidemic, and if we go to the third page, we can see the title of the report that the CMO was putting together "HTLV3 infection, the AIDS epidemic and the control of its spread in the UK".

Then if we go over the page we can see the summary of what he was saying, and I think we probably only need to look at the summary:

"1. AIDS is the principal end stage of infection with the HTLV3 virus."

Then there is an estimate of likely numbers infected in the UK.

"2. The results of the infection are potentially fatal ... no effective treatment for it ...

"3. There is usually a prolonged incubation period ..."

(4) refers to means of transmission, so including blood and blood products.

"5. In the [UK] most cases of infection that have occurred so far have been in homosexual males and patients with haemophilia treated with infected Factor VIII from pooled plasma."

Then 6 refers to the possibility of heterosexual transmission. Then 7 picks on the issue of a public education campaign, if I can put it that way:

"A comprehensive campaign to reduce the spread of infection principally by means of education directed at those specially at risk is urgently needed."

And then he observes that:

"The personal and social consequences of HTLV3 infection to the infected person and his or her family are calamitous."

Now, is it right to understand broadly that this is the start of the discussion that you and the Chief Medical Officer then had about a public education campaign; is that right?

A. Yes, I think it's the formal start. I think we were talking about it before, but it sets out the case, I think, very clearly. We needed to do a number of things, and I'm not quite sure on the chronology of this, but one of the things we needed to do was we needed to get the Ministerial Government Cabinet arrangements much sharper than they were, because at

this time, and a few months afterwards, in fact, you had issues on AIDS which went to the general Home Affairs Committee of the Cabinet. So you took your place in a long queue of issues that they could -- they would deal with, and there wasn't any expertise and people would come along with their general views.

I mean, an example of that was -- well, was the Prime Minister, who actually intervened on risky sex and said: you know, do we have to have that in the leaflet that goes around? Well, if you didn't have risky sex, I think it was difficult to know quite what you were actually talking about.

But the point is that we changed that to a specialist Cabinet committee, all the major members of the Cabinet were on it, and we then dealt with it in that particular way. So it evolved in that shape.

Q. And we'll look at some aspects of the public health --

A. Sorry, yes.

Q. No, no, that's quite all right. We'll look at some aspects of the public health education campaign a little later. Just sticking with the summer of 1985.

A. Yes.

Q. If we can go to DHSC0002484_063. This is an update from Dr Harris to the Chief Medical Officer, dated

4 July 1983, about heat-treated Factor VIII.

If we just look at the handwritten entry at the bottom of the page, which I think we can infer was from the Chief Medical Officer:

"Dr Harris

"(1) Can you please translate this into an assurance I can give the [Secretary of State] next week that no haemophiliacs will be infected in the UK from now on."

Then there is a question:

"(2) What about cryoprecipitate?"

Just before I ask you about the first of the two points, in terms of cryoprecipitate as an alternative means of treatment of factor concentrates, can you recall that being something which there was any discussion about to your knowledge prior to this?

A. No, not in my -- well, not in my knowledge. I mean, there may well have been discussion about it, but it certainly wasn't anything which came over my desk or which we talked about.

Q. Then, looking at the first part of the handwritten note, it looks as though the Chief Medical Officer, Sir Donald, wants to be able to say to you: well, insofar as haemophiliacs are concerned, there should be no further infections.

A. Because we had got to a very important stage. We'd got to the stage where we were having screening and we were also having heat treatment. So, you know, there was one question, you know, should you have both, and we said, yes, we should have both.

Q. Yes, we don't in fact have screening yet, that's middle of October --

A. Okay, so we've got heat treatment.

Q. Then if we look at DHSC0002484_061, this is a further minute from the Chief Medical Officer to Dr Harris, 8 July:

"Could you let me have a note as soon as possible on the current position about the infectivity of these two preparations as administered in the [UK]. Also, how we can ensure that no infected Factor 8 and Factor 9 is used here and by what date this can be achieved. I gave the Secretary of State an assurance that I would look into this forthwith and will be seeing him again towards the end of next week."

So is it right to understand from these interactions that, for what whatever reason, you are now directly involved with wanting to know about the position of haemophiliacs?

A. And the whole -- the whole AIDS issue, and everything around it, yes.

Q. Was there anything in particular that had triggered you wanting to become directly involved in this issue in 1985, in circumstances where previously you hadn't been?

A. Yes, there was. It was that it was quite clear that unless -- you know, unless someone from the Cabinet -- unless a Cabinet Minister like myself took charge, we weren't going to make much progress.

I've already mentioned the -- some of the issues or some of the challenges that we had, you know, like we can't have -- there were some -- some of the Prime Minister's interventions. You needed someone with some, I don't know if I can put it this way, but some weight in Cabinet, to be able to make the case, and put the points. Unless you had that, you weren't going to make any progress. It wasn't something that could be done at a minister of state level, it could only be done at a Cabinet level, and with other Cabinet Ministers, because they were the people that you needed, basically, on your side if you were going to change policy, and if you were going to extend policy. So that's what we aimed for, and that's what we achieved.

Q. Does that beg the question, Lord Fowler, as to whether you should have been directly involved at an earlier

stage, so that you could bring your energies and your seniority to the issue of risks to the groups who were at risk, including haemophiliacs?

A. Well, I mean, obviously one could have done that, but I did -- I mean, I was also in the -- I don't know -- fifth year of my reign -- I use the word in an exaggerated form -- at the DHSS, so I had a lot of experience by this stage. Whereas earlier on I was in fact learning the job, up to a point. So it was, I think it was a natural progression.

But again I come back to the fact that we had a new Chief Medical Officer, and the new Chief Medical Officer and I worked as a tandem on this -- and with another great man, called Tony Newton, who was Minister of Health after Ken Clarke left, was promoted. You know, we three kind of worked together on it. But -- so it was the coming together, I think, of Donald and myself that really changed the things.

Q. If we then just look at two further documents in July of '85, the first is at DHSC0002327_032.

This again is a document from the Chief Medical Officer to you, headed "Action on HTLV/AIDS":

"There are three key items for discussion:

"1. Control of further spread of HTLV-III infection.

"2. Confidentiality of the results of HTLV-III testing.

"3. Provision of further resources in addition to current PESC bid for counselling and other aspects of health education."

Then there was a recommendation of setting up an in-house small multidisciplinary steering group.

Then if we just go over the page -- go to the third page, in fact, Soumik, of this document -- we can see that there is a short subparagraph on "Haemophiliacs and their Families" at the bottom of this page:

"UK and foreign heat-treated Factor VIII is available insufficient quantity for all UK haemophiliacs. Further infection of this group should not therefore take place provided that non-heat treated material is not used. Heat treated Factor IX produced at BPL Elstree is expected to be available in October for sufferers of Christmas disease. Heat treated foreign Factor IX is at present available for named patients on prescription."

Then there are two handwritten entries or scribbles. One says:

"All sero tested by end of Aug."

Presumably August.

Then the bottom says:

"Clinical judgement - balancing of dangers involved."

As I understand your statement, Lord Fowler, that's not your handwriting and you don't know whose it is?

A. No, it's much too legible for mine.

Q. Then if we go over to the top of the next page, the action in relation to haemophiliacs at this point is:

"Ask Professor Arthur Bloom, Chairman of the Haemophiliac Centre Directors, to contact all the Directors informing them on the availability of heat treated Factor VIII."

Then if we just go to DHSC0000514, this is 30 July, the Chief Medical Officer writes to you again. Halfway down the second paragraph it says:

"... I am arranging that a letter will go all haemophilia centre directors in order to draw their attention to the availability of heat treated Factor VIII and the need to avoid using any commercial unheat-treated Factor VIII which may remain from 1984.

"I am satisfied ..."

The next paragraph:

"... that it is extremely unlikely that any patients of haemophilia treated in the UK will in

future be infected with HTLV-III virus."

And then Sir Donald, one assumes, has added this in handwriting:

"- but sadly a very high proportion of the haemophiliac population already are infected due to previous use of unheat-treated Factor VIII."

Just pausing there. It might be said that writing to Haemophilia Centre Directors at the end of July 1985 about heat-treated Factor VIII is closing the stable door after the horse has bolted. It's somewhat late in the day, bearing in mind heat-treated concentrates have been discussed at the end of 1984. Do you know why this was only being done at this point in time?

A. I imagine it was being done because it was a very significant milestone. I mean, it was saying, in effect, that heat-treated Factor VIII was now available for everybody and that the risk of further infection, as far as AIDS was concerned, had been very substantially reduced. So I think it would be -- I think it would be extraordinary if the Chief Medical Officer hadn't taken -- made note of that, and that everyone else -- I imagine they would be getting to understand that in any event, but everyone else should know that as well.

Q. I will pick up on the question of screening. Now, again, as I understand your statement, although you became involved in an exchange of correspondence with Nick Edwards, the Secretary of State for Wales on this issue --

A. Yes.

Q. -- you, yourself, were not, I think, involved in the ministerial decision-making in relation to the introduction of the screening test. Is that correct?

A. I think that is correct. The issue there was, was it not, whether you went with a not-complete test, or whether you waited a couple of months to get the proper test, you know, the full test.

Q. Yes, I mean, I think, if we just put some dates on it first of all. Screening was introduced in around the middle of October 1985 --

A. Yes.

Q. -- that's certainly the ministerial announcement from Barney Heyhoe, by this time it's, I think, 14 October 1985. Other countries, they're referred to the documents you've exhibited, but Australia, the States, the Netherlands, for example, had introduced screening earlier. The decision the Department took was to undertake its own evaluation, two-stage evaluation, of the screening tests to satisfy itself

that it had the most reliable tests --
A. To avoid mistakes.
Q. Well, I think that certainly seems to have been part of the thinking.

Now, the Chief Medical Officer, if we look at WITN0771101, this is June 1985, and he was writing to John Patten on the issue of screening of blood donations. So the Chief Medical Officer seemed to think it was a finally balanced decision that was in favour of the suggested line --

A. Yes.
Q. -- and then he explains his thinking in the next paragraph. Then says, in the third paragraph:

"Ministers should recognise, however, that support for a different view is likely to appear in the medical press ..."

There is reference to a letter from Professor Bloom which was published in the medical journals in June 1985:

"... and that considerable public pressure would develop if in the meantime a case of AIDS develops in a recipient of UK blood. Such a case or cases is likely to occur sooner or later ..."

Now, I think perhaps we can pick up the counterargument, the argument in favour of introducing

testing earlier, just by reference to one document. Soumik, it's HSOC0002441. This is a document entitled "Haemophilia and transfusion -- the clinician's dilemma".

A. Yes.
Q. It's authored by Dr Peter Jones who is a haemophilia clinician and Reference Centre Director. If we go to page 8, we can pick up his thoughts towards the bottom of the page, the last nine lines or so, he says this:

"Despite the difficulties which have arisen in the United States in the first months of their universal application of HTLV III tests ... my own feeling as a clinician is that we have been wrong in this country to await the development of a more reliable test."

Then he refers to a Punch cartoon. Then at the bottom of the page:

"It is easy to point to the false results encountered by the American tests and use them, together low incidence of positive tests as a whole found in the United States, as an argument for not testing individual donations until we are absolutely sure of what we are doing, but turn the argument round and you have a different picture. Surely with a disease like AIDS it is imperative to try to give some measure of protection to anybody at risk, no

matter how small that measure."

So that's the counterargument, Lord Fowler. I raise that with you because I think in your statement you'd seen a number of these documents, not that particular one from Dr Jones at that stage. Then if we look at your statement -- if we could have Lord Fowler's statement, Soumik, page 149 -- in paragraph 6.100, you refer to the -- if we pick it up five lines down:

"Although I was not involved in the detail of this, this an area where we (in my view justifiably) relied on the expert medical advice being given on the balance to be struck between speed of implementation and reliability. Looking it at now, while it may be said that lives may have been saved by the most rapid introduction of *some* testing, the concern about unreliable results and engendering a false sense of security has forces too, as it did at the time. Introducing a testing system involving less reliable testing, particularly if it had a tendency towards false negatives, would risk more cases slipping through the net."

Then you say this:

"I do not feel that I am able to comment more meaningfully or in more detail on whether the balance

was struck correctly, whether at the time or viewed with all of the benefits of hindsight."

Having now seen, in addition to what you saw at the time of your statement, the observations from Dr Jones, does it remain your view that you're not able to comment more meaningfully on whether the balance was struck correctly?

A. Yes, I think the balance was struck correctly, in the sense that I think I would back the judgment of the Chief Medical Officer, very expert in this area and who was completely dedicated to it, and I'm -- you know, I don't know Dr Peter Jones in quite the same way, I'm sure he's very distinguished, but I think that the Chief Medical Officer is right, and certainly right, from the point of view that, if you introduce a test which can go wrong, then you're playing with fire, because it means that -- and remember the press at this time were not 100 per cent in favour of much of what was taking place.

But, I mean, a case which went wrong would be headline news and you would lose quite a lot in that, because you'd lose confidence, public confidence, in the system. So we're not just talking about medics talking to each other; we're also talking about the public as well, and we're talking about haemophiliacs

and we're talking about other patients, as well. So I think that the Chief Medical Officer was absolutely correct, that it was not a vast delay, I think a couple of months, something like that. But I think it's completely correct that he should do his utmost to get the best and correct measure.

Q. Those are your views, as I understand it, after the event because at the time, subject to the correspondence that you then had later on with Nick Edwards in, I think, around October 1985, this wasn't a matter that came to you for your decision; is that correct?

A. No, it wasn't, but I think I did write to Nick Edwards at the time, and Nick, who is a great friend, had, I think, argued, had he not, that some test is better than no test, or words to that effect, and I had challenged that and the whole Department actually had challenged that. So I think my view is consistent.

Q. Does it not concern you that the UK was slower than other countries to introduce testing. As I say, I think Australia, USA, Netherlands had all introduced testing by June 1985, and France and Germany were about to introduce it. Is that not something which troubles you, as to why the UK was taking a slower and different course?

A. Well, it was taking a certain course and I am all for trying to eradicate the risk. If you want international comparisons, you compare our record on AIDS with any of the countries that you have just mentioned and you'll find that our record comes out probably better than any of them. So that was the policy and prudence that we carried out, and you have alighted on one particular issue where we were behind; I can give you quite a number where we were 100 miles ahead.

Q. If we just, for the sake of completion, look at the correspondence with Mr Edwards --

A. Yes.

Q. -- not so much for what it tells us about screening but to cast some light, I think, on the interactions between the Department and the Welsh Office. If we go to DHSC0044118, please. This was in response too letter you'd written to the Prime Minister --

A. Yes.

Q. -- in September 1985, about setting up a Ministerial Steering Group. We can see Mr Edwards writing on 8 October 1985, saying this, in the second paragraph:

"The initiative to set up a Ministerial Steering Group to direct work in the wider implications of AIDS is timely. Since my Department has responsibilities

for housing, education and employment as well as health services I am particularly conscious of the need to address these wider issues ..."

He explained that there will be Welsh Office representation. Then he says:

"You mentioned in your letter the establishment of an interdepartmental team of senior officials to make recommendations to the Steering Group. The Welsh Office will need to be represented on that too at a senior level. This would go some way to promote the close liaison that is needed between our Departments, both in the wider implications of AIDS and on those aspects relating primarily to health services."

Just pausing there. I think this was the one concrete example you were able to give in your witness statement of the relationship between the Department and the Welsh Office. Was this fairly typical, as far as you can recall?

A. Well, it was typical of the relationship with Nick. Nick was forthright in his views and sometimes, one might have thought, rather over forthright. He had particular issues that he felt very strongly on and expressed it in that way. But we had constant -- I won't say "constant", but we had regular conversations Secretary of State to Secretary of State

and, if Nick was concerned, he would certainly let me know. He was also very sensitive about the fact that, as you can see from this, that Wales should be represented, the Welsh voice should always be heard, which is absolutely fair. That's what the Secretary of State should be.

Q. Then there is a reference in the next paragraph to the testing or screening kits.

A. Yes.

Q. If we can pick that up in his later letter, at ARCH0000068.

This is 18 October 1985. Again, it's from Mr Edwards, as Secretary of State for Wales to you, and he sets out some issues about the test kits and the evaluation of those test kits in the first paragraph, explains he's had a presentation by his officials.

Then the second paragraph he says:

"Be that as it may, I accept that even unreliable testing is better that no testing at all."

So that's the letter he wrote to you.

If we can then just go to WITN0771090, we can see this is a response from the Department, preparing a draft reply, and paragraph 2 deals with the issue about the evaluation of the tests. But I just wanted

to draw your attention to and ask you about paragraph 3, if I may, Lord Fowler. It says:

"A fairly robust response is proposed. The introduction of a screening test, after a rigorous two stage evaluation, is one of the Government's most notable achievements in response to the challenge of AIDS."

And then this:

"It is highly undesirable that another member of the Government should have such a negative perception of this achievement. Private attitudes can easily become reflected and in the tone, if not the content, of public statements and correspondence. Damning the test by faint praise could lead to the very failure in public confidence which Mr Edwards wishes to avoid."

So there appears to be a concern there being expressed by your officials that there should not be criticisms and concerns publicly expressed by other Ministers; is that right?

A. That's one way of interpreting it. The other way of interpreting is that Welsh department were fully part of the policy group that were looking at this, and went along with it. Then to find the Secretary of State not actually taking another part was a little surprising. But Nick was a very --

I mean, "A fairly robust response is proposed", we say, but Nick was very robust as well, I mean he would accept that. And he did -- I was going to say fly off the handle, but that's not true. He did certainly express himself very forcefully on these issues. But I don't think -- I mean, I think this is just what you might expect between -- from a department, the Department of Health, who believed very firmly in what they were doing, to what they regarded as a not very learned intervention. If I could see that -- his quote again. Can I see that first quote again? No, before that.

Q. The letter from --

A. Yes, from Nick.

Q. That's ARCH0000068.

A. Yes, where does he say --

Q. It's the beginning of the second paragraph.

A. Yes, I see. He's basically saying unreliable testing is better than no testing at all. Well, we disputed that, and so did -- the other departments disputed that. That wasn't the view.

In fact, frankly, when you get to the end of this correspondence, he actually, basically, accepts that we were right and he was wrong, but he didn't quite put it on in those ways.

Q. Well, yes. And I think just so that we can see your response, which was at DHSC0002482_126 -- sorry, DHSC0002482_126 -- you say in the first main paragraph:

"I am concerned that you have obtained from your officials such a negative impression of the Government's achievements in this area. This all the more surprising since your officials have participated fully in the forums which gave us the medical and scientific advice on which our policy has been based."

Then you say this:

"Perhaps the most worrying misconception is the statement 'unreliable testing is better than no testing'. This is the complete opposite of our thinking. We have based policy on the firm conviction that unreliable testing would be disastrous and would engender a false sense of security. This was the reason why we delayed the introduction of screening until we were satisfied that the tests to be used were sufficiently reliable."

Then you talk about the two-stage evaluation. Now, whether that was the right judgment is obviously a matter for submission in due course, Lord Fowler, and for decision by the Chair. But as I understand your witness statement, what you say here was

essentially based upon the advice that you were being given at this point by your officials. You say in your statement that you've relied essentially on what the Chief Medical Officer or Deputy Chief Medical Officer were telling you?

A. Yes, but I would say -- I would just add this: I mean, I think that Nick made a point. He suddenly -- he did tend to pick up issues and then be fairly forceful about them, but I think if he was here today he would say, "Pass on, this wasn't an issue that I got right, and I wouldn't wish to pursue it". That would, I think -- I hope I'm not being unfair to him -- but I think that he wouldn't wish to be judged by that particular statement, I may be wrong --

SIR BRIAN LANGSTAFF: Can I just intervene at this stage?

MS RICHARDS: Yes.

SIR BRIAN LANGSTAFF: I want to see this correspondence in context. Can I tell you what I think the context is and how I should understand the letters which have just been set out.

On 14 October 1985, universal screening was introduced, so when Nick Edwards wrote on 18 October, he was writing four days after a test --

MS RICHARDS: Yes.

SIR BRIAN LANGSTAFF: -- had been introduced. That test

had been evaluated. It was "satisfactory", in other words it wasn't 100 per cent accurate -- I suspect few tests are -- but it was okay for use. He was saying, when he said, "Some test is better than no test", what he was really saying wasn't expressing that principle as a principle for action but he was saying: this test isn't reliable enough, it's a poor test.

And I can understand -- am I to understand, then, that the Department's reaction to that was one of a bit of umbrage because they thought it was the best test they'd got and to call it "poor" was likely to undermine confidence in the testing that was the best that could be done?

MS RICHARDS: I think that's certainly one way of viewing the correspondence, sir, yes.

A. But I'm not sure that is the right way of viewing it.

SIR BRIAN LANGSTAFF: Well, that's what I'm asking, really.

A. Yes, because I think -- basically I think what he is saying is to challenge the -- the whole basis of what -- because -- let me start again. What the Department was saying, what the Health Department was saying is that we should take this -- we should not take, if you like, an interim step, but we should go on until we're absolutely satisfied.

Now, that wasn't going -- a process which was going to take several years; that was a process which might take several months. And I think in the end my memory is that Nick was entirely happy with that, and withdrew from this --

SIR BRIAN LANGSTAFF: I think my point was this: that if screening was introduced, as it was to my understanding, on 14 October --

A. Yes.

SIR BRIAN LANGSTAFF: -- at that stage the Department was satisfied that the test was appropriate.

A. Yes.

SIR BRIAN LANGSTAFF: So at that stage, when Mr Edwards wrote to you, saying a poor test is better than no test at all, he wasn't advocating the introduction of a poor test, because there was a test. His policy -- if it was a poor test, it was being used. What he was saying is: the test isn't entirely reliable but I suppose it's the best we can do. That's the sort of way that, at the moment, I'm looking at this correspondence.

A. Well, I --

SIR BRIAN LANGSTAFF: It's not quite the way you've been questioned about it, which is why I'm asking if I've got this right.

A. Again, I'm not sure you are right, but I would like to, if I might -- I'm sure this is unusual, but I'd like to actually check the correspondence on this, and perhaps write to you on it. Because -- just to get it absolutely clear.

SIR BRIAN LANGSTAFF: That would be very, very helpful. And in due course, if you do, we'll publish whatever it is that you have to say.

A. Thank you so much, yes, yes.

MS RICHARDS: Yes.

And just for the sake of completeness, if we go back to Mr Harris' minute of 31 October 1985, which is at DHSC010103 -- no, sorry, it's not.

Thank you. It's WITN0771090.

I, sir, drew Lord Fowler's attention to the third paragraph, because of what it might or might not indicate about the relationship between Government Ministers, but the second paragraph indicates that Mr Edwards had been shown the draft report of the evaluation in the BTS of the two screening tests, and so it provides a little more context.

A. Yes. Perhaps I can try and sum this up --

Q. Yes.

A. -- can I? But knowing Nick Edwards as well as I did, I think he would be intrigued to see how much is being

read into his letter. But there we are.

Q. Yes. I mean, again, so that there is no misunderstanding, Lord Fowler, I've asked you about it really less because of the substantive content --

A. Yes.

Q. -- but more because it's one of the few examples we currently have of exchanges at a Ministerial level between the Welsh Office and the Department of Health on issues relating to AIDS, until we get to the Cabinet subcommittee that you referred when Mr Edwards in attendance.

A. Yes, but it was quite the a good relationship, I mean it was a robust relationship -- to use the word -- because Nick was a very robust politician and -- but it was never anything less than totally open and honest.

Q. Can I move then from screening to a discrete issue about making available funding to haemophilia centres for counselling in relation to AIDS.

If we go to your witness statement, Lord Fowler, at page-- well, it starts at the bottom of page 163, but we can pick it up at 164.

At paragraph 6.127, you deal with the question of funding that was made available and you've itemised there a range of awards that were made not

specifically for Haemophilia Centres or for individuals with bleeding disorders but, more generally, in the range of counselling services. Then at the bottom of that page, subparagraph (4), you refer to funding for the Thames Regions, again that's not specific to haemophiliacs, then at the very bottom of the page, funding that would be used to support the counselling work of the Haemophilia Reference Centres. We can see there the figure, four lines down, £90,000 for the Haemophilia Reference Centres.

So I'm looking at your statement, really, to avoid the need to go to all of the documents you refer to?

A. Yes.

Q. Essentially, September '85, there is a funding of £90,000 for Haemophilia Reference Centres and then we can see there is subsequently funding which you refer to in subparagraph (6) of £270,000 be provided to six Haemophilia Reference Centres, to continue support for specialist counselling services they'd set up. Then you describe that in a parliamentary answer. I don't need to take you to that.

What I wanted to do was just ask you in relation to two matters on the provision of funding. The first is, when Nick talks about funding for counselling, did you have any understanding of what was meant by

"counselling" for haemophiliacs infected with HIV at that point in time?

A. Yes, I think so. It was, in broadest terms, how to cope with that condition, rather important advice to be given. If you go to my book on this, you'll see that I think that we should have developed even more the advice and education side of this -- of our programme here.

Q. The Inquiry has heard a lot of evidence to the effect that counselling in the form of ongoing psychological support --

A. Yes.

Q. -- was not, for the most part, at least, available to those who were infected, indeed either through blood products or through blood transfusion. I wonder if I can just show you the minutes of an EAGA meeting and see if it casts any light on the matter.

It's WITN0771132, minutes of an EAGA meeting on 1 October 1985, and you'll see from the list of attendees, Lord Fowler, that in fact Barney Heyhoe, Minister of Health, attended that meeting. If we go to page 5, bottom of the page, there is a description of counselling, not specific to Haemophilia Centres, in the last few lines. So one of those attending the meeting, it's not entirely clear from the minutes but

it may be Professor Geddes, in the last five lines says this:

"He undertook counselling himself but had not been on the St Mary's course. The counselling he gave basically consisted of an explanation of the significance of a positive test and its health implications and secondly the risks to other people. Many patients asked if they could return with their relatives for further counselling."

Again, Lord Fowler, the evidence the Inquiry has heard, for the most part, was that, to the extent that counselling was made available at this time, it was of this order: this is what a test means and this is how you might avoid passing it on, not counselling in the sense of ongoing support and psychological support. Do you recall that matter being considered around this time at all within the Department, as to what this money might actually fund?

A. I'm sure there were meetings on it and I know certainly in my book in 1991, where I advocated an inquiry, a public inquiry, into this whole area, I did say that there should be a searching inquiry into the whole area of health education, which will examine the effectiveness of our current approaches, and that AIDS -- what AIDS shows is that health

education is not some rather cosy marginal activity, but is a way we have of preventing human disaster, but is also actually, although that isn't written there, is also a way of counselling people on how to live with the disease.

Q. Just to complete, I hope, the picture in relation to specific funding to Haemophilia Centres for counselling --

A. Yes.

Q. -- if we go to CBLA0002374, we have a report of the Social Services Committee, "Problems associated with AIDS", and we can see that there is a date towards the bottom of the page, "Ordered by The House of Commons *to be printed* 13 May 1987". You and, I think, Tony Newton both evidence before the Social Services Committee along with a number of others.

A. Yes.

Q. Soumik, can we go to page-- I think it's probably 99. The previous page, sorry.

So if we just pick it up at the bottom of the page, paragraph 162, it says:

"The DHSS has provided each of the seven Haemophilia Reference Centres in England with £40-45,000 a year for the last 2 years to cope with the extra burden of work placed on them by HIV."

I think that's a reference to the 270,000 figure. We can no doubt check that:

"The Welsh and Northern Ireland Offices have provided similar levels of funding for the centres in Cardiff and Belfast. However, in Scotland, the Edinburgh Centre has received only temporary support from the Lothian Health Board, and the Glasgow Centre has had a small counselling research project funded by SHHD. There has been no support comparable to that in the rest of the UK. We hope this discrepancy will be rectified as soon as possible."

Then this recommendation:

"We recommend that all haemophilia centres have the requisite funding to enable them to cope with the extra work AIDS and HIV entail for them. Ideally, this money should include specific provision for a fully-trained AIDS counselling service."

Two questions, Lord Fowler, if I may. The first is, it would appear from this that the funding from the Department went solely to the reference centres. We know that there were many other smaller haemophilia centres where individuals had been in affected with HIV, who didn't receive funding. Are you able to assist us in understanding why funding was limited to the reference centres?

A. Because we were still working in an area, which -- I mean, we always are going to be working in -- where funds were limited and the priorities we made were haemophilia centres. But if I had more money we could have done more things. But, I mean, frankly, these money questions, I mean, I do really think you should ask the Treasury about this. I mean, it's always the Health ministers who get blamed, but Health ministers have often been making the case for exactly the things that you're asking, but the Treasury have been saying no. So, I mean, I hope you'll bring a few Chief Secretaries in front of you and actually ask them why they didn't provide the money.

Q. So do I, Lord Fowler.

The second point in relation to Scotland. Now, obviously Scotland was not, for the reasons you've explained, your direct responsibility, but --

A. No, not at all.

Q. -- do you recall, kind of -- I don't think there are many documents that would aid in assisting your memory, in this regard. Do you recall any discussions or representations in relation to the positions of the Scottish --

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

Q. Then I think the formal response to this report then

came after you left office, so I don't think I can sensibly ask you about that.

But you have set out in your statement, and it probably picks up on the point you've just made about the Treasury, Lord Fowler, at -- it's paragraph 6.144. I'll get the page reference. I think it's ... no, sorry, wrong paragraph.

Page 165, please. So paragraph 6.128, you pick up on the issue of the funding to the Haemophilia Reference Centres. Then you refer at the bottom of the page to that EAGA meeting which Barney Heyhoe attended to talk about the case for additional funding, and you say this:

"He explained that we had made a strong case for additional monies and would continue to argue for the need for more resources. My general recollection, which is not tied to this specific period, is that AIDS was not seen as a priority in the Treasury, or for that matter, at number 10."

Are you able to assist us in understanding why you think AIDS was not seen as a priority by the Treasury or indeed the Prime Minister?

A. Well, obviously for the Treasury, the Treasury took the view that they weren't in business for actually spending more money, and if they can make reductions,

they would. And they're not a social department, and, you know, as I said yesterday, I mean, I'm afraid there were some of the ministers who took some credit for the fact that they were not spending money and that -- I mean, most of the AIDS campaign, remember, we had to do ourselves, out of the resources inside the Department. So we took it -- we took the money from various parts of the Department. We didn't get extra money from the Treasury. The Treasury were completely stony faced, as far as all that was concerned.

Of course, what they were totally reassured by was that Number 10 and the Prime Minister didn't take it as a priority either. So if the Prime Minister had taken it as priority, doubtless things would have been slightly different. But she didn't, and there is no reason to actually beat about the bush, as far as that is concerned, that is something that she would, I think, concede herself.

And I think, I can't remember now what period it was. I mean, I remember, for example, even things which wouldn't cost money, I remember we wanted to do a ministerial broadcast on AIDS. The Committee, under Willie Whitelaw, and all other Cabinet Ministers there agreed, but that needed the say so of the Prime

Minister, and usually ministerial broadcasts needs her say so, and she took me in, asked me in -- well, actually I asked myself in -- on New Year's Eve, of all times, and said that she wasn't prepared to give that authority. So no ministerial statement was made.

We had the offer of a ministerial statement over the whole of television and the opposition, Michael Meacher, to his great credit, had agreed that he didn't want any reply. So it was absolutely cut and dry, but it was vetoed by Number 10. So that was the -- I mean, I've said it was not seen as a priority and the Treasury or, for that matter, at Number 10, and that is exactly what the position was.

Q. I want to come on to ask you about the -- a little more about the health education campaign, and certain aspects of it. But before we look at any of the documents relating to that, can I ask you to go to your statement, we'll put it up on the screen again, page 20. You describe in paragraph 0.42:

"... bigotry and prejudice of some sections of the public ... fuelled by a number of public figures."

You've given some examples and you correctly say that these are examples drawn from your book "AIDS: Don't Die of Prejudice". I'm just going to read them out for those who haven't had the advantage of reading

your statement beforehand:

"The then Chief Constable of Manchester James Anderton said that homosexuals, drug addicts and prostitutes who had HIV/AIDS were *'swirling in a human assess pit of their own making'*;

"Lord Monkton argued that those with HIV should be quarantined and kept away from the general public ..."

A. All of those with HIV, incidentally.

Q. Yes, yes:

"Woodrow Wyatt, a close political friend of the Prime Minister, told his News of the World readers: *'The start of Aids was homosexual love making. Promiscuous women are vulnerable, making love to promiscuous bisexuals. They then pass on AIDS to normal men' ...*"

Then:

"Alfred Sherman, an influential political figure on the right, (again close to the Prime Minister), wrote to The Times saying that AIDS was a problem of *'undesirable minorities ... mainly sodomites and drug abusers together with numbers of women who voluntarily associate with the sexual underworld'*."

You talk, in the next paragraph, of that being the face of prejudice and stigma with which you were contending.

Do you consider that that bigotry, that prejudice, played a role in the decision-making in terms of funding and the lack of enthusiasm from the Treasury or Number 10 for funding?

A. I don't know about that. I mean, I think -- I mean, I think that the Prime Minister's view on AIDS was of -- more long holding than that, I'm not sure if she was being influenced by that. The Treasury will use any argument that comes along for reducing spending. I'm not sure if they did, to be perfectly honest, on this one.

But perhaps I could actually make this point about the campaign itself, which was -- I mean, this is behind all of this -- which alleges that the campaign led to a stigma of people with HIV. We did, unusually -- we were about the only people who did it -- we did, after the AIDS campaign, we asked the British Market Research bureau to do a survey of a public opinion. There were four waves of interviewing between '86 and '87. What that showed was that the people who claimed to know anything about AIDS recently, the proportion more than doubled from 44 per cent to 94 per cent. It went on attitudes to advertising were generally favourable. The proportion claiming to know more about AIDS than a couple of

months ago rose from 38 per cent to 70 per cent, and it concluded that the advertising campaign substantially achieved the objectives of educating the public and influencing the climate of opinion on a basis for behaviour modification.

So, frankly, I may have -- we may have made mistakes, but I don't think there was too much in that campaign that I feel inclined to apologise about, because I think it was probably one of the most successful public education campaigns since the war.

Q. I want to ask you a little more about some aspects of that answer, Lord Fowler. But before we do that, just to give a handful of dates, I don't think we need to go to too much by way of documents. I think we can see from the various documents you've referred to in your witness statement that the public education campaign essentially commenced with an exercise with leaflets and posters in 1986.

A. Well, leaflets, I think, mainly, wasn't it, in 1986? The real poster campaign came -- yes, you're quite there. Sorry, I'll start again. The beginning of -- well, 1985 we started with, I think, leaflets and some advertisements. Then we moved into '86 and we, as you rightly say, we had leaflets and we had posters. And the reason that we did that was that, with the

creation of this special Cabinet Committee, we were able to get it through, get this proposal through, because previously it had been held up by people who said people are going to be very offended to get a communication through the letterbox and things of that kind. So we were able to do that, and with the advertising, and with -- the postering, I think, was particularly effective. Again, I have to say, it was all financed inside the Department.

Q. We'll just -- I think we can just look at one document to see what the purpose was, or what was said to be the purpose of this public education campaign. So if we go to DHSC0105117. This is 7 March 1986:

"I attach a briefing package and a draft letter for the Secretary of State to send to MPs."

If we go over the page, it says:

"I am writing to you and all other members of the House to tell you about the [UK] public information campaign which will be launched shortly."

At the bottom of that page, it says:

"In the absence of a cure or vaccine, either of which may take many years to develop, the measures available to control the spread of this dreadful disease are limited. The one measure which is unanimously advocated by the experts is

a high-profile, long-term public health information campaign. This is something the World Health Organisation is also recommending to Governments around the world."

Then if we go to the next page:

"Since December 1985, when I announced my intention to mount a campaign, work has been progressing on the development of campaign proposals to allow a Spring launch."

Reference to EAGA's involvement and representatives of at-risk groups:

"Campaigns aimed at homosexuals and drug users are needed but are not enough. A wider public information campaign in layman's language is required to:

"-- provide basic facts and dispel myths about AIDS and the infection which underlies it

"-- alert the high-risk groups to the danger of infection and encourage them to change their lifestyles

"-- emphasise to the general public the dangers of sexual contact with people who may be infected."

Then you go on to say about:

"... such a campaign will have to be sensitively balanced if it is to provide the basic information in a form which people will be prepared to read and will

understand."

As I understand the rest of that paragraph, when you talk about sensitive balance, it's -- you're going to be putting in references or you wanted to put in references to specific sexual activity but it needed to be carefully worded so as not to offend or put people off?

A. Yes. Much more important that we shouldn't actually offend or otherwise alienate people who, through absolutely no fault of their own, had HIV. That was really the sensitivity that we had in mind. I think I was slightly past the stage of worrying whether I was offending people in the sense of the advertising that we were doing, because it was, you know -- as, I mean, from the very first, things like risky sex and things of that kind, we were all into that, and we did change. I mean, we were doing things that no other Government, Health -- no other Government Department had ever done in terms of health advertising.

What I would like to stress, however, is that in the advertising itself, Donald Acheson and I, and indeed Tony Newton, we went through every advertisement, line-by-line. There were some things that we cut out, we didn't -- I don't think we ever inserted, but we did cut out things which -- if we

felt that that was going to in any way harm people outside. So we had to somehow get the balance. We had to warn the public, but we also had to try to prevent ourselves, prevent the advertising from giving the impression that we were condemning all those with HIV.

Q. If we just go back to the top of the page --

A. Yes.

Q. -- we can see it says, the sentence I read before:

"Members of the Expert Advisory Group on AIDS and representatives of the at-risk groups have been involved in discussions on the style and content of the campaign."

A. Yes.

Q. Now, by this point in time, those who had been infected with HIV through blood products or through blood transfusion or through organ donation might not be described as "at-risk groups", they had already been infected. Do you know whether there were any discussions held with representatives of those who were already -- had been infected by that route, on the style and content of the campaign?

A. Well, only in a general sense. I mean, you can't have -- I mean, you know, running a campaign is difficult enough without actually -- and certainly

running the advertisement is difficult enough without actually having a kind of great congregation of people -- a great combination of people around the table. And certainly some of the bodies would have distinct views of their own. I mean if I can give the example of one body which we did certainly take into account, well, The Haemophilia Society was one, another one was Terrence Higgins Trust. We certainly took their views into account as well. And we did, of course, create the National Aids Trust, which was exactly to do the kind of things that you've been talking about.

Q. Following the leaflets and print advertisements, posters and so on, the next stage of the campaign, as it were, was then the "Don't Die of Ignorance" campaign?

A. Yes.

Q. And the television advertisements, which were --

A. Yes.

Q. I think it can probably fairly be said were unforgettable for those who saw them, the tombstone which falls at the end, the voiceover by John Hurt, the lilies that fall onto the tombstone, the message "Don't Die of Ignorance".

Now, looking at that advert, looking at what

you've said in the document on-screen about the purpose of the campaign, the campaign was aimed at deterring people from behaviour which might expose them to AIDS, in a nutshell, was it not?

A. Warning people.

Q. What --

A. And actually getting their attention. I mean, you know, you can actually write -- you can write -- we started by writing wonderful long advertisements which I don't think anyone -- well, I think some people read, but they weren't very good. They weren't very striking. But what one wanted was advertisements that grabbed people's attention. Well, you know how difficult it to get anyone's attention these days with everything that appears on television, and the same was true then. So we did need some sort of messages, some kind of messages, which did grab their attention. And as I think this report, the market bureau report shows, I mean it was quite successful.

Q. Those who had been infected with HIV not as a result of anything they'd done but as a result of what had been done to them, through blood products, was any consideration -- conscious consideration at least -- given on what the impact might be on them, this already vilified cohort, community, sitting at home,

seeing an advert that would effectively spell out a death sentence or might be seen as spelling out a death sentence to them? Being told, "Don't Die of Ignorance", when they've already been infected through their NHS treatment with HIV. Was that impact considered at all?

A. Yes, that impact was considered, and a number of other issues of that kind were considered, and we tried to take a course which, as best we could, took that into account. But the number 1 priority was to -- we were in a national emergency -- was to warn the public that the dangers from HIV and AIDS were very substantial, and that they should take some notice of what we were saying. The whole purpose of the campaign was to actually tell people: read -- you know, read the leaflet that's come through, take some notice of what we're saying, don't just pass on.

And I think they did, and I think all of the figures show that they did. The knowledge of AIDS went up, the knowledge of what you could do went up. So that was the priority. But we tried to do it as best we could without -- well, certainly not demonising anyone with HIV and AIDS. I spent most of my time, actually, giving interviews and saying that this wasn't the purpose of what we were doing. But at

times it must have been appeared, I suppose, to some who had HIV that this was quite a difficult message. But it wasn't in any way an inaccurate message. I mean, we said that -- you know, some of the most famous advertisements we did, we said that it can be the death of you. Well, it could be the death of you. That was the trouble. There wasn't at this stage any -- there certainly wasn't any cure, there isn't now, and there weren't really any drugs, effective drugs for it. So, you know, what would a government -- a sensible government want to do?

I mean, you could, as they did in the United States, Ronald Reagan did in the United States, say nothing at all, and you had the most incredible epidemic as a result of that, or you could try to take it head-on. We probably took it more head-on that any other country in Europe, which is why I slightly bridled at your earlier international comparisons.

The effect was -- it's estimated we saved thousands of lives as a result of that. And so, you know, again I'm not inclined to apologise for the campaign.

Q. I am -- just the last question before the break, if I may, Lord Fowler.

A. Yes.

Q. I think you say in your statement that you can't think of a middle way in which you could have achieved the objectives of the campaign in a way that was less dramatic, less bold. My next question is not about asking for an apology, but just exploring understanding.

Do you understand the perspective of those parents sitting at home with young children who had been infected with HIV from their treatment, husbands and fathers who had been infected, partners who had themselves been infected because their haemophiliac husband had been, do you understand that, for some of them at least, they have described a sense of fear that came from many, many sources, but the advertising campaign is a theme that's come up and the tombstone advert is a theme that has come in some of the evidence the Inquiry has heard, that it contributed to the sense of fear, the sense of isolation, the sense of vilification that they --

A. Yes, I do see it. Obviously I see that, and it had been put to me in a number of areas. I mean, not just with haemophiliacs, obviously. I mean, you have women who have been entirely -- have been infected entirely with no fault -- if "fault" is the right word -- on them at all. Indeed, you might well say that, look,

any of the HIV victims in the sexual area are without fault because at vast periods of time in this campaign no-one knew how it was all caused and the rest. And they certainly didn't expect to get AIDS as a result. But the number 1 priority, I think, remained that we should try to prevent that fate overtaking other people. So we tried to prevent that fate overtaking other people, but at the same time respecting and defending -- I was forever defending the position of people with HIV and AIDS. I continue to do that and will continue to do that for as long as I'm around.

So I feel very strongly on this. But, I mean, you have to make some choices. I mean, the greatest, the choice was, first and foremost, to actually prevent this epidemic going even further and further. And, you know, you could have taken that course and we could have made less effective advertising. We could certainly have done that, and everyone would have said, you know, that's nice advertising, but whether it would have been effective or not is another matter. I think actually the advertising was extremely effective, and it played a very major part in reducing, as we've had in some of the evidence, the incidence of AIDS below that of most other European countries, and certainly below that of the

United States.

MS RICHARDS: Sir, I note the time. I have a few more questions on the issue of public education, but I can pick those up at 2.05.

SIR BRIAN LANGSTAFF: 2.05, I think.

MS RICHARDS: Yes.

SIR BRIAN LANGSTAFF: So 2.05.

(1.05 pm)

(The luncheon adjournment)

(2.04 pm)

MS RICHARDS: Lord Fowler, I just want to ask you, before we leave the topic of the public education campaign about a handful of interactions with the Prime Minister, Mrs Thatcher. If we could start by looking at JEVA0000096.

Now this is a document dated 26 September 1985, and it's an internal document, I think, to Number 10, so not something you'd have seen, I imagine, at the time?

A. Definitely.

Q. It's a reference:

"David Willetts has suggested that the Prime Minister may like to open the £30 million Blood Products Laboratory at Elstree next year. The lab will ensure that haemophiliacs can be supplied from

our own pure sources with special blood plasma, to protect them from becoming innocent victims of AIDS. I suggested the Prime Minister discuss this at the next diary meeting, and she agreed.

"My own feeling on this is that the Prime Minister should stay clear of AIDS (!), even when it is a question of opening laboratories to help innocent victims. I think this all something for Norman Fowler. If she is going to do a medical visit, I should prefer to suggest opening a hospital, or a home for children with incurable diseases, etc. Furthermore, I do not think we could entertain the idea of a visit to Elstree (where the lab is) without combining it with something else."

Do you know why there appears to have been a feeling in Number 10 that the Prime Minister should stay clear of AIDS?

A. Can you show me who it's from?

Q. If you go down to the bottom of the page, it's from Mark Addison, Private Secretary?

A. Oh yes. Yes. I think they knew perfectly what her attitude to AIDS was, in a sense all he is doing is replaying what her attitude is, and I doubt if it required very much persuasion on his part to argue against her going to Elstree.

David Willetts, on the other hand, is a different kettle of fish, and he was much more independent of Number 10. I think he was an adviser at that time of one kind or another. It was a good idea. What a good idea it would have been, had she done it. But I think that it just portrays some of the reservations I have about the attitudes coming out of Number 10 at that time.

Q. Then, specifically in the context of the public education campaign, if we then go to JEVA0000097.

If we could start with second page, please, Soumik.

This is a letter from you directly to the Prime Minister in March 1986. There is some earlier correspondence, as we can see from the opening paragraph, I'm not taking you to all of it, but in which reservations about the proposed AIDS advertisements are set out.

A. Yes.

Q. And you explain:

"[You] recognise some of the material in the proposed advertisements might shock some people. Indeed, the Chief Medical Officers' introduction admits as much. But the advertisements are intended to deal with a grave and unprecedented problem

involving a potentially lethal infection which is already spreading outside the original high risk groups to women and children. Given that there is no vaccine and no cure the only option open is public education."

And then you say in the bottom paragraph that you've:

"... considered, in light of your anxieties, how our advertisements might be modified. I have to say that our room for manoeuvre is small. For example, unless there is a reference to anal intercourse, which has been linked with 85 per cent of AIDS cases so far, the advertisement would lose all its medical authority and credibility. Not only should we be criticised for dodging the issue, but it is certain that the media would start to ferret out what the advertisements had lost along the way and why."

Then, over the page, you talk about this being one of the ways in which AIDS spreads.

In the next paragraph you have suggestions to offer about the part of the advertisement that refers to risky sex.

Then if we go further down the page you say -- this is the penultimate paragraph:

"... subject to the suggestions I have made, which

I hope you find helpful, I see no alternative to proceeding with publication this coming weekend."

Then if we just go to the first page of this document, we can see what I think is a response to it.

"Mr Fowler's office tells me that the minute below follows a long meeting this morning between Mr Fowler, Baroness Trumpington, Ken Stowe and the Chief Medical Officer, at which they concluded, after much agonising that the proposed advertisement would lose much of its effect if the passage of 'risky sex' was omitted. Mr Fowler has therefore proposed some (quite small) amendments, which I have marked up ..."

Then the question in the next paragraph:

"Are you content with the draft advertisement, as amended?"

Then what is presumably the Prime Minister's response in handwriting, saying, "Yes". This isn't the only exchange that you have, I think, with Number 10 on the issue?

A. Yes.

Q. But is this an example of the kind of difficulties that your statement describes in getting the message that you wanted to publish endorsed by your political colleagues?

A. It is the difficulty that I had with Number 10. There

is no question with Margaret Thatcher I had that difficulty with her. I mean, it goes back to the risky sex argument that we had previously, which was an even more dramatic example of it.

My own concern on this -- so I was just thinking about this -- her own concern on this was actually a rather odd concern. It was that if young people read the warnings, they would be introduced to things that they had never heard about -- which might well have been the case -- but the implication was that if they heard about it, if they'd be introduced to them, they would race away and do them.

Well, there was absolutely zero evidence of that, and never any at any stage was there any evidence of that. And I think she just got that entirely wrong.

It was quite near to the concerns of the Chief Rabbi, who also was unhelpfully part of this parade, but -- who also felt that it was spreading information to people who, up to that moment, knew nothing about the issue as well.

So, you know, we did fight on several fronts.

But the fact that the Prime Minister was well-known to be a sceptic on all of this, of course, supported -- managed to support a whole range of other sceptics, including, obviously, the Treasury, who

weren't beyond taking advantage of that division in the ranks.

Q. Then if I can just pick up one further reference to a meeting you had with the Prime Minister at WITN0771162.

This is November of 1986, and it's from --

A. Yes.

Q. -- Number 10 to the Department of Health, I think, because it says:

"The Prime Minister had a meeting yesterday with the Lord President, your Secretary of State ..."

Which I think is reference to you.

"... the Minister for Health ..."

A. Yes.

Q. "... and Sir Donald Acheson to discuss the problem of AIDS."

Then we see, the bottom of the page, it says:

"In conclusion the Prime Minister agreed with Mr Fowler that it was very important to maintain a balance between preventing the spread of the disease, and causing panic."

You've exhibited a diary entry of yours at what I think is probably WITN0771163 -- yes -- where you say:

"A 30-minute briefing of the Prime Minister on

AIDS prior to Cabinet. I take along Donald Acheson. It goes well. She asks good questions and shows a wide understanding of the disease and what should be done to prevent its spread."

And we can take that down, thank you.

Can you recall whether there was ever any discussion between you and the Prime Minister about the particular plight of those infected through their NHS treatment?

A. I am sure there was, but I wouldn't like to be able to put my finger on when it was. I mean, we talked on the whole area. That was quite a good meeting that we had then, and she was on best behaviour, and asked very good questions and -- you know, she operated as a scientist, which of course she was. And that was quite useful. But it didn't, I'm afraid, change her underlying views about the subject.

Q. I'm going to come next to ask you a little about the issue of compensation --

A. Yes.

Q. -- and the consideration that was given to that. But can you recall ever having a discussion yourself with the Prime Minister on that issue?

A. On compensation?

Q. Yes.

A. I don't think I did.

Q. So if we then just pick up what was said about compensation from 1985 through to 1987, when you then left the Department. We start with PRSE0003350, please.

So this is February 1985, and if we look at the bottom half of the page, right-hand column, just below the heading about Depo-Provera, it says:

"Mr Kenneth Clarke ..."

No, just above that, please, Soumik, the paragraph above that.

There is a question from Mr Chope:

"... asked the Secretary of State for Social Services if he has any plans to offer compensation to persons who contract [AIDS] as a result of receiving contaminated blood supplied by the [NHS] ..."

The answer from Mr Clarke is:

"There is only a very remote chance of contracting AIDS from ordinary blood transfusions."

Then this:

"There has never been a general State scheme to compensate those who suffer the unavoidable adverse effects which can unhappily arise from many medical procedures."

We'll see that phrase about "unavoidable adverse

effects" appears more than once in what's said by Ministers of either department. Do you think that's an apt way, a fair way, to characterise infection with an incurable disease with a high mortality rate, unavoidable adverse effects?

A. No, I think that -- I think that -- I mean, it probably was Ken's view, but it also very much the Treasury view that we should avoid any plans to offer compensation, and various Ministers expressed that in different ways. And I think rather than texturally analysing the way that Ministers did it, one should remember that that was the general policy. It was a policy laid down by the Treasury that we weren't going to offer compensation to people who contracted AIDS in that way. And the reason for that -- or the excuse, you might say, for that policy -- was that there had never been a no-fault scheme, no general State scheme to compensate.

I think what that avoided was the fact -- which made -- again which made this a situation with haemophiliacs different -- was that we were dealing here with a new disease. It wasn't a question that someone had been deficient or there had been some kind of fault in dealing with it; the fact was that people were exploring how they could actually deal with it.

For many, it was okay, but for some it wasn't -- anything but okay. But I think to -- I think the trouble was that the Treasury, and again I come back to the Treasury, the Treasury never went past that particular point; they just said: there has never been a general scheme, and if we allow this one to go through, then we're going to have all kinds of claims on the Treasury. And that was their view. But they never looked at the point about AIDS, or indeed the point about haemophiliacs with AIDS, because this would -- we were in an area of unknown. It was rather foolish, I think, to start talking about culpability in that kind of area.

Q. But if we just move on a year to 1986, to DHSC0000194, this is a letter from Baroness Trumpington, who was now the Minister with responsibility for blood and blood products, March of 1986, to an MP who has clearly raised a number of issues. If we just look at the bottom paragraph. It says:

"The Government have the deepest sympathy for the plight of haemophiliacs. However, there has never been a general State scheme to compensate those who suffer the unavoidable adverse effects which can in rare cases unhappily arise from some medical procedures. Compensation is awarded by the Courts in

cases where negligence has been proved. It would, of course, be improper to prejudge any case which a haemophiliac might bring, but no suggestion has been made that the doctors treating haemophiliacs have acted negligently. Before the availability of heat-treated Factor VIII, the possible risks of unheated Factor VIII had to be weighed against the effects on the lives of haemophiliacs of ceasing to have treatment."

Then this sentence, which is what I wanted to ask you about, Lord Fowler:

"Doctors treating haemophiliacs were, we believe, careful in explaining these risks to their patients."

Now, that's an articulation of a positive belief held on the part of the Department that the doctors carefully explained the risks to their patients. The evidence the Inquiry has heard is very much to the contrary, Lord Fowler. But if this was to appear in a letter from the minister responsible on behalf of the Department, should there have been some inquiry or investigation before setting out a positive affirmation of that kind; and, if so, do you know whether one was undertaken?

A. Yes, I don't know where that phrase came from. Lady Trumpington, at the time, I don't think was the

minister responsible, was she, for blood?

Q. I think she was.

A. Forblood products?

Q. Yes.

A. Right.

Q. We can check, but --

A. Right, okay. If she was, she was pretty new to it. I think most ministers would have queried that particular sentence. I think the even more basic thing here is, which affected everyone, it affected all haemophiliacs, is the idea that negligence had to be proved. Well, that's all very well if you're dealing with a well-established disease where, you know, a doctor has made, I don't know, a fundamental mistake. I don't quite see in the medical treatment of HIV and AIDS how you can actually pinpoint negligence. I don't think -- I can't think of anyone who has tried to do it negligently.

What they were trying to do was to find a way of treating this unknown disease. Again, I come back to the point, you know, in the early '80s we didn't even know it was a virus.

So it's -- that is a much more fundamental error, I think, in our attitude. It meant that we should have looked at the whole thing rather more

constructively and rather more widely than we did, frankly, and that was a mistake, and not only was it just a mistake for the Conservative Government but also for the following Labour Government. I remember a Labour minister saying to me that she went on to Parliamentary Questions and was told, under no circumstances, to admit that any fault had been shown.

Well, I mean, there is a lack of frankness in what medical knowledge there was at different stages about HIV and AIDS. It just didn't exist. How you made a -- how you could actually say that someone had been negligent, it was very difficult to tell.

Q. Just following it through by reference to an observation apparently setting out the Treasury perspective.

A. Yes.

Q. At DHSC0014947_ 034, this is a minute of 15 January 1987 from an RF Tooher to Mr Harris, it refers to an earlier minute which you've also exhibited but I don't think we need to go to that. It says at paragraph 2:

"You can expect strong Treasury objections to any suggestion that a special compensation scheme should be set up for haemophiliacs because of repercussions for other medical accidents. The Treasury have given

approval to medical compensation arrangements in very restricted circumstances. This is where the medical risk is assessed as being so slight that it virtually does not exist and where there is a special motive. An example of the latter has the Treasury's recent approval for compensation arrangements in respect of clinical trials on a new whooping cough vaccine at the PHLSB. This was agreed on the grounds that it was desirable to encourage the proposed clinical trials and the risk involved was considered to be negligible."

It may well be this a question that has to be posed to the Treasury rather than to you, Lord Fowler. But are you able to assist us in understanding what's being said in that second paragraph, which appears to be the Treasury will approve compensation arrangements only in cases where the risk is so small it virtually doesn't exist --

A. Yes.

Q. -- in other words, we'll never have to pay out? Is that the right way to read it?

A. I don't know. It's a very convoluted argument. I mean, the real thing is that the Treasury had objected to any suggestion that a special compensation scheme should be set up for haemophiliacs because of

the repercussions -- well, rather medical accidents, it wasn't repercussions of that. It was that it would set a precedent for other claims. That was their fear. I think the rest is high class flam, really.

Q. If we go to SCGV0000014_044, this a letter passing on to Lord Glenarthur a letter from Dr Ludlam who was a Haemophilia Centre Reference Director in Edinburgh. If we go over the page, it's a letter which, in turn, refers to and encloses a copy of a letter published in The Times by Dr Peter Jones, outlining the case for compensation for haemophiliacs. If we go to the third page, we'll see Dr Jones' letter.

He talks in the first paragraph about how:

"[HIV] has added an intolerable burden to the lives of many families with husbands or sons already incapacitated by haemophilia."

He refers in the second paragraph to a hope that:

"... time will be found to consider the special needs of these families."

Then he talks about difficulties with insurance and mortgage. In the last paragraph, he says this:

"I believe that these families form a well defined group with a special call for State help. In the case of haemophilia, the Government should argue neither

precedent nor an open-ended commitment, because of the iatrogenic nature of infection and the small and finite numbers involved. It would be of great and immediate benefit if some form of no-fault compensation could be provided to them."

There is certainly, I think -- I'm not sure whether Dr Jones' letter made its way directly to you, but there is a letter at LOTH0000009_022, which suggests a further correspondence from Dr Ludlam was passed on to you. Leaving that, in a sense, to one side, the case that was being articulated by some of the haemophilia clinicians to regard those infected as a special case, not least because of the route of infection through their NHS treatment, was that ever substantively considered by the Department, with or without the Treasury, during your remaining time in office, which I think was now a few further months?

A. So was what considered?

Q. So the case that was being put forward by, we see, Dr Jones and Dr Ludlam for compensation or some form of special support for haemophiliacs infected with HIV, was that and those arguments ever substantively considered by you, as far as you can recall, in the remaining months of your time at the Department?

A. I think we may have talked about it, but I think it

was doomed to failure. There was no chance that I was going to get permission to do that, no chance whatsoever. The Treasury were against it, the Prime Minister would have been against it because it would have -- she would have been told that it would have other effects. I can't think of anyone, with the exception of, you know, one or two members of the Cabinet, who might just have been -- might just have had some sympathy.

It was a hopeless case, I'm afraid, because they took in the view that, if we agreed to this, then the floodgates would be open. That was the argument and it was as crude as that, I'm afraid.

Q. If we just, then, go to a couple more documents on this issue, DHSC0001383.

This is a minute dated 17 February 1987 from Dr Smithies to Mr Harris?

A. Yes.

Q. We can see she says in second sentence:

"Some background information about the treatment of haemophilia may help to provide perspective to the question of whether or not haemophiliacs have a special case for compensation for the tragedy of having had the AIDS virus transmitted to them as a result of their treatment."

Then if we go over the page, she sets out various matters, I'm not going to go through the detail of it. I just wanted to ask you, before we return to the question of compensation, about what she says at the top of that second page, "Transmission of Infection". She talks there about:

"In 1974 ... recognised in the UK that hepatitis was being transmitted through the use of commercial Factor VIII concentrates."

She describes non-A, non-B hepatitis about halfway down that paragraph. She says:

"... a chronic hepatitis may develop which may proceed to cirrhosis."

In the next paragraph:

"Apart from non-A non-B hepatitis there are a number of viral infections which may be transmitted through unheated coagulation factors."

I just flag that up because I then want to ask you to look at the third page. Under the heading "Compensation", she says:

"It seems likely that we have a finite number of haemophiliacs who have contracted HIV infection. Their position is pitiful and has attracted great sympathy in particular because of the perceived stigma of the disease which is associated with promiscuous

sexual activity. The equally sad fact that a number of haemophiliacs will undoubtedly die of chronic hepatitis as a result of non-A non-B infection has not been recognised publicly."

Now, just pausing there, Lord Fowler, obviously much of my questioning has focused on AIDS because that's the particular issue with which you became associated in 1985 onwards. I don't know whether you saw this document, I'm not sure that there is any evidence to suggest that you did.

A. I have seen it since, but I don't think I probably saw it at the time.

Q. Yes. Are you able to assist in understanding why there had been no public recognition of the fact that a number of haemophiliacs will die of chronic hepatitis?

A. No, I can't really. My memory was that there were some, but obviously it was not remotely enough. But I can't really help you very much on what happened, I'm afraid.

Q. Then just the next paragraph:

"Some patients are relieved of their symptoms (say of arthritis) by taking non-steroidal anti-inflammatory drugs which can and do cause death. I find it difficult to advocate that there are any

special circumstances surrounding the care of haemophilia which makes their case for compensation greater than that of other patients who take medicines which kill them. That is, of course, provided that doctors caring for the patients have prescribed their treatment in a proper manner."

We'll leave aside that proviso which is about what doctors did or didn't do. So we see Dr Smithies saying we can't advocate any special circumstances. It doesn't appear from this or any of the other documents that there was any soul searching on the part of the Department to consider whether there had been, not necessarily negligence, but fault or wrongdoing by governments, successive governments, the failure to achieve self-sufficiency in the 1970s or to recommission BPL at a sufficiently early stage, or anything, of that matter, that might have made the case for compensation standout from others. Do you know why that was the case?

A. I am guessing, I would have thought that the case was that they regarded it as a pretty hopeless case to put forward, because you had the Chancellor of the Exchequer against you, you had the Prime Minister against you and you had most of the Cabinet against you, where on earth were you going to get

a compensation scheme? You just weren't.

Q. So hopeless not because it was an unmeritorious argument?

A. No, absolutely.

Q. But because the political, financial commitment wouldn't be there --

A. There wasn't the commitment and they were all -- I'm not saying everybody was like this -- but we as a Cabinet had been far -- we were far too influenced by the argument which -- you know, from lawyers as well, which was if we give way on this, you're giving way on an awful lot of other things.

Q. Now, we looked earlier at the Social Services Select Committee report and what they'd said about counselling, but they also talked about compensation. I'm not going to trouble you with looking at the detail of that but the position when you left office then in 1987 was essentially that which had been maintained throughout, which was no compensation?

A. I'm afraid it was, and there wasn't much -- I mean, therefore was absolutely no chance of me changing that policy, even though it did manage to get slightly changed after I left, for various reasons I can explain. But I had used up all my available capital by this stage, to be frank, and there was no other

progress that I can make. It was just after the Prime Minister had rejected the absolutely free public message that we could have made as a Government. We had used up all the available resources there were for various other pieces of expenditure, and it needed a new -- it needed -- well, it certainly didn't -- certainly there was no chance that I could have persuaded anyone.

Q. You say, I think again, for the sake of completeness, you say in your statement that the move taken later, in 1987, towards making a special case for infected haemophiliacs in providing the form of finance support was the right thing to do. But you've observed in your statement in terms of the political realities you're doubtful you would have succeeded in obtaining any level of funding in the way your successor because you had largely expended your political capital with Number 10 and the Treasury at that time?

A. Yes, it was quite interesting that John Moore did, because John Moore immediately issued -- well not immediately but a few weeks afterwards issued a statement of some kind saying that he entirely backed what the previous Government and Ministers had been doing because he had Tony Newton with him. I don't think Tony -- Tony's views and mine were

pretty similar.

Then two months later we had this 10 million scheme which was announced, and that, I think, was because the -- that Tony was meeting The Haemophilia Society and they were very worried about what they were going to say. The only trouble with it was, self-evidently, otherwise we wouldn't be here -- well, perhaps we would, but we wouldn't be here on this issue 40 years later -- it wasn't an adequate scheme. It was a scheme, that can't be denied, but it wasn't a very good one.

Q. Now, just two or three remaining points from me --

A. Yes.

Q. -- Lord Fowler. If we go to your statement, so, Soumik, if we can look at Lord Fowler's statement and go to page 18. In paragraph 0.36 of your statement you've described an occasion when you were, I think, writing a book on AIDS and you asked to see your own papers, turned up at Department of Health, taken to a side room presented with three unsorted bundles of papers in no order, and you noted a secretary had been taken away from her duties to watch you work. You say:

"[This] was the first time in my experience of writing three books that this procedure had been

decreed: normally it was assumed if an ex-Cabinet minister had been trusted with the secrets of the Falklands, he could be trusted not to make off with what were arguably his own papers."

Did you enquire at the time or did you ever enquire subsequently why this arrangement had been put in place?

A. I made a comment in passing to a Health minister, and said that I thought this was a pretty extraordinary. I also thought it was pretty deficient as well. Because I literally went along, expecting, as I had for a previous -- on a previous occasion, expecting the papers to be sorted out and in order, et cetera, and it was ridiculous. I mean, I had three great bundles of papers which were completely unsorted. Some of them were quite interesting, some of them were not and some of them obviously had -- were altogether missing, which it seemed to me that we had no system for storing such things.

This was meant to be a campaign that had been successful, so goodness knows what we did for ones which they thought had been unsuccessful. So it was quite evident that they didn't have a system for looking after it. I said to the Minister that this was what had happened, and I mentioned the secretary,

because I'm not particularly a sensitive guy but the fact that a secretary looks over me to see what I'm going to do with them, it seemed to me pretty kind of extraordinary. And he said, yes, yes, he agreed with that. The worst thing was that we were taking the secretary away from her other work.

Well, you know, that didn't actually seem to me to be the reply to the issue that I was making, but I don't think there was any kind of great concern about this. Departments, let's face it, Government Departments are not concerned about ex-ministers writing memoirs which might contain themselves, and they're not very interested in history, in any event, if that history happens to be beyond the public relations issues. So I think that all that kind of comes together to run a pretty awful system.

Q. Were you aware then, or have you ever become aware of any rule or policy regarding the maintenance or destruction of ministerial papers and private --

A. No, I don't know anything of it, and it's not altogether surprising because it's not really something which comes up when you're actually in office, and you only see it after you are in office, and perhaps I should have actually raised it with the Secretary of State -- I don't know who that was at

that particular time -- or the Permanent Secretary, but I didn't, and perhaps it's all changed now, and perhaps with the advances in technology it's not quite so difficult any more.

Q. Just turning to the question of an inquiry, you've said in your statement that you advocated for an inquiry into AIDS in 1991?

A. Yes.

Q. To whom did you advocate that and what was the response?

A. I wrote a book and, if you'll excuse me, can I perhaps ask for the copy of it.

Q. Yes, of course.

A. There we are. Thank you very much. Thanks.

It was a memoir of my days as a Cabinet Minister with Margaret Thatcher, and I wrote a book, one of the chapters of which was "Don't Die of Ignorance", and what I advocated there was that there should be an inquiry into the whole area of health education, which would examine the effectiveness of our current approaches.

I made the point that it might seem curious for a sexually transmitted disease like AIDS to be at the forefront of a much more general policy but we might remember that in 1916, the 1916 Royal Commission on

Venereal Disease led to a free public medical service. So these advances do take rather curious turns.

But the idea, and it was just an idea which I set out, and I think I set it out in a later work as well, was that one should have an inquiry not necessarily to find fault, but just to see what had happened. And, actually, I would claim with AIDS we got much of it right. So you could look at what went wrong and you could look at what went right but it should be a matter of course that, when it came to the end of that, that an inquiry was set up.

What you didn't want was exactly what's happened in this case, is that you went through year, after year, after year of people pressing for an inquiry, and then, frankly, because of a political convenience, the Government set up the Inquiry. I'm making no, Sir Brian, criticism of the way this Inquiry has been handled, which I think has been handled impeccably, if I may say so. But it's a very curious way of going about things. But that has been the way that it has happened.

There should be -- for some of these inquiries, it should be automatic, there should have been an automatic inquiry into the handling of AIDS, and how it was done, and its pluses and its minuses,

because at the moment, I mean, you know, it affected those who were affected by it, the people who died, their families and that, of which you're very well aware of, but it also affected witnesses as well.

I mean, you've been asking me questions for a couple of days now on things which would have been better answered by ministers who were actually in power at the time. But, you know, they're not all dead but an awful lot of them are. I mean, Donald Acheson is dead, Tony Newton is dead, and so -- you know, John Moore is dead -- and so the list goes on. Sometimes it's inevitable that you have an inquiry, you know, later on, because you had no alternative. But this wasn't the case here. You could have had an inquiry in, you know, 10 years afterwards, 20 years afterwards, 30 years afterwards.

In fact we're having an inquiry 40 years afterwards, which is the worst of every conceivable world. If I may say so, on behalf of the witnesses, I mean it's one thing to give evidence at the age of 53, or 63, or 73, 83 you're beginning to push it a bit with witnesses. Apart from anything else, remembering what the hell was taking place 40 years previously. So I'm afraid to say I think that there are deficiencies in the system, but I do underline the

point that I'm making no complaint about this particular Inquiry, which I support, and which has been impeccable in its dealings with me.

Q. You've said in your statement that there was prevarication over many years over the holding of this Inquiry. Was there anything in particular you had in mind when you used the word "prevarication" or was it just the number of times successive governments -- not just Tory governments --

A. Yes, successive governments.

Q. -- said no?

A. No, I mean, I just think that, you know -- I just think that it would have been in the public interest and it would certainly have been in the interests of those who had been affected to have had the Inquiry much earlier. I don't know how many people died in the interim between 1985 and today, who would have been entirely -- been entirely uncovered by anything that can come out of an Inquiry. So I think there is a question of justice here which should be addressed, and I hope will be addressed because it can't be a satisfactory position for anyone.

Q. You, I think, left office, in terms of the Department of Health in June 1987. Had there been any consideration given by you or others, as far as you

can recall, to the holding of a public inquiry at that point?

A. No, not by me. I thought it was a mission impossible, mission hopeless.

Q. Then I think you remained in that Government until January 1990 as Secretary of State for Employment. Did you raise the issue of holding a public inquiry or anyone else raise it whilst -- in that period of time whilst you remained in Government?

A. Well, 1991 I did, but I don't think I did beforehand, and I certainly wouldn't have done it as another Minister. I mean, that was -- by this stage, I had handed over to John Moore.

Q. Then the last matter I want to explore with you, before others have the opportunity to suggest any further questions to me, is in the question I have been asked by others to ask you. It refers to just looking to a passage of Lord Clarke's evidence, INQY1000140, please.

It's page 207, which electronically is probably about page 52, or so, Soumik. Yes.

So if we look at the bottom half of the page, left-hand side, picking it up at line 10, this is what Lord Clarke said to the Inquiry:

"What I've had to put up with, and it exasperates

me at times, is, purely by chance, I have remained the best-known person of all those people involved. I'm the kind of aging, fading B-list celebrity now. The only people that the general public have heard of who were involved are Norman Fowler and myself. So there's a tendency for the campaigners and for the press to try to want to attach everything to do with this to me as though, because I was in the Department at the time, I took all the decisions. If not me, Norman will have to do, you know. And that the people tried to influence inquiries -- are always trying to steer them to try to find some celebrity whose fault it was."

Then he goes on to deal with a particular response that he'd made.

It might be said that Lord Clarke was complaining that he and, to an extent, you, were celebrity scapegoats for decisions in which you had little involvement. Do you regard that as in accurate characterisation?

A. No, but I regard it as an accurate portrayal of Ken's views.

Q. And I think then just finally linking that back to something you said towards the beginning of your evidence yesterday, Lord Fowler: whatever your

day-to-day personal involvement or, indeed, that of Lord Clarke or any of the other Ministers in the decisions, actions or omissions, I understand you to accept that ultimately responsibility for the Department's decisions should rest with Ministers, which would include, obviously, both the junior ministers, Lord Clarke, and ultimately yourself?

A. Yes, and ultimately I was the Secretary of State, I was the head of the Department, and, you know, if it had ever come up -- and I was responsible to Parliament. If it had ever come up in the time that I was sitting, then I would have been accountable to that Parliament. There was no question about -- there should be no question about that.

I mean, there was -- it was the famous case, which I can't now remember, the Minister of Agriculture or someone of that sort, who established this. But, I mean, there shouldn't be any question about it. Ministers -- it's a great privilege to be a minister, but if you're Secretary of State you take on the responsibility of answering for the whole of the Department, even though you may not have any knowledge of that particular point. That's the whole point about Ministerial responsibility.

MS RICHARDS: Sir, those are the end of the questions

I was proposing to ask, but we do need to afford Core Participants the opportunity to suggest any further questions, and I would want a little time to consider that. So we could come back at, at, say, half past and finish Lord Fowler's evidence.

SIR BRIAN LANGSTAFF: Well, I think we will give you a little bit longer than that but -- subject to Lord Fowler's views.

Let me tell you, Lord Fowler, what happens now. I don't know if you've seen any of the Inquiry proceedings before?

A. Yes, I have.

SIR BRIAN LANGSTAFF: Then you may know that the Core Participants are not only entitled, but exercise the entitlement, to ask questions, through counsel for the Inquiry, of their own for a witness, and we must give that opportunity for them to do so.

A. Of course.

SIR BRIAN LANGSTAFF: Particularly after having heard what you've said as a total to her.

A. Yes.

SIR BRIAN LANGSTAFF: So I don't know how many questions there will be or how long they'll be. There may be none -- that's unlikely -- there may be a great number. I don't know. It will take as long as it

takes. So if we come back at, let us say, at 45 minutes from now, let's say 3.40.

A. Yes.

SIR BRIAN LANGSTAFF: I can't promise that you'll be finished by 4.30. You may well be.

A. It doesn't matter. It's only a -- I think, the end, that I think it's ridiculous to --

SIR BRIAN LANGSTAFF: Well, thank you for that, but it's your decision and you're entirely free to choose.

A. Absolutely.

SIR BRIAN LANGSTAFF: Then we'll do that. 3.40.

MS RICHARDS: Thank you.

A. Thank you very much.

(2.54 pm)

(A short break)

(3.40 pm)

MS RICHARDS: Lord Fowler, a number of questions proposed by Core Participants, so we're going to leap around from subject to subject, rather than be thematic.

First is this: in relation to the position of Dr Galbraith, who as you'll recall, wrote that report with a recommendation addressed to Dr Field in May 1983. You referred on a number of occasions during your evidence to Dr Galbraith being "just one man", however Dr Galbraith was in fact the director of

the Communicable Disease Surveillance Centre, a Governmental body with responsibility at the national level for prevention and control of infectious disease. Would you accept, therefore, that he was someone whose view ought to have carried significant weight in the Department's decision-making process?

A. Yes, and I think he did. I don't in any way denigrate Dr Galbraith, who had a very high reputation and was obviously a very distinguished medical man. No question of that whatsoever.

I think the question was whether his one decision was going to be the thing which determined policy, and we came to the conclusion that it would be better to wait until there was a more collective view on that subject.

Q. Now, the next question, we'll be assisted if we look at a passage from Lord Glenarthur's evidence. I don't know if it's a passage that you've looked up before, but I'll put it up on the screen.

A. Thank you.

Q. INQY1000139, please, Soumik.

Then if we go to -- it's page 145 of the internal pagination, so if we try, I think, page 35 or something, electronically, and see where that takes us

to. If we go on a couple of pages. That's it.

If we look at the top half of the page, please. So I'm going to read out a passage from Lord Glenarthur's evidence, Lord Fowler, but just before I do so, just to put it in context, what I was asking Lord Glenarthur about at this point in his evidence was the decision-making process in 1983, weighing the risks of AIDS, on the one hand, against the risks to haemophiliacs in relation to non-use of factor concentrates on the other.

If we pick it up at line 12 on the left-hand side, I've said:

"So that was one side of the balance. Then you put, or you described being put on the other side of the balance, the risk of haemophiliacs from AIDS?"

I think that should be "the risk to haemophiliacs from AIDS".

Answer: Yes.

Question: Which was described to you in the various materials we've looked at as small, or sometimes very small."

And then the question:

"It doesn't appear that the risk from non-A, non-B hepatitis, which itself could be fatal, either in short-term ... or the longer term ... was put into the

balance at that point. In other words, you weren't just dealing with what was believed, rightly or wrongly, to be a small risk of infection with AIDS; you were also dealing with a very high risk, some describe it as a near inevitability of infection with non-A, non-B hepatitis.

"Now, I should say, in the interests of fairness, non-A, non-B hepatitis is also a significant problem in terms of the domestic blood supply."

Then this question:

"Do you know why, in undertaking that balance, the issue of non-A, non-B hepatitis doesn't appear to have factored in, in the Department's decision-making process? Specifically in 1983, I'm talking about."

Lord Glenarthur's answer:

"No, I don't know, and I'm quite surprised that it wasn't flagged up, for example, in the first briefing I had from Dr Walford, or highlighted in some way. I can't recall without looking at it whether or not it referred to it at all. But, you know, if it was so serious, then I'm quite surprised it wasn't flagged up."

So that's the passage from Lord Glenarthur's evidence, looking at the issue of whether, in 1983, as it were the question that was being asked was

incomplete, because it looked at AIDS, rather than AIDS plus non-A non-B hepatitis, on one side of the balance. Do you have any reflection on that, or are you able to assist us in understanding why non-A non-B hepatitis wasn't part of the explicit decision-making process in 1983?

A. I don't, I'm afraid. I can't really help you very much more than Simon Glenarthur has on that, which isn't very far. It was not something which came to me in any event, and so it was -- it's difficult for me to judge. I can by all means make enquiries about that and see if there is anything I can add to that, but at the moment I really can't.

Q. We can take that down, thank you.

I think you told us yesterday, when I was asking you about the information that you had as Secretary of State, you mentioned a knowledge, as the 80s went on, that hepatitis was potentially serious?

A. Yes.

Q. Are you able to elaborate at all as to how your knowledge of the seriousness of hepatitis developed?

A. What, over the 1980s?

Q. Over the 1980s.

A. Not really. It developed to some extent, but I mean,

I was almost totally concentrating on HIV throughout the 1980s.

Q. And then --

A. That would not have been the case in the -- I hope -- in the medical division. But, you know, that was -- the Medical Division was just one part of this enormous DHSS empire.

Q. Then I asked you yesterday about whether you would have been concerned if the Department was relying largely on the opinion of a single haematology expert, and I think we -- it was my fault, Lord Fowler, because I didn't then follow through the question with you. I think there may have been a degree of confusion as to who I was referring to.

It may be submitted to the inquiry that the Department was over recently upon the evidence of a particular haemophilia clinician, Professor Bloom. I'm not asking you to comment on that as a matter of fact because I don't think that's something you had direct involvement with, but if it were the case that the Department was largely or entirely taking its advice about haemophilia care from one clinician, would that concern you as a matter of the Department's decision-making process?

A. Yes, I don't think it would have been good practice

and I think it would have concerned the Chief Medical Officer as well and he would have wished to prevent that. And there is no point in me arguing against one person, you know, however distinguished, saying, you know, "You can't just take his view, I mean, you have to take a rather more consensus, collective view than that", and my answer would be the same for both.

Q. Then, picking up on the issue of the Chief Medical Officer, and you've described the contrast between Sir Henry Yellowlees and Sir Donald Acheson.

A. Yes.

Q. Can you assist more generally with what the process was for appointing a Chief Medical Officer?

A. It's a very, very good question, and I'm not sure that I can, really. I can't remember how that was done. I think it was probably done as a Civil Service appointment, just as you would appoint the permanent secretary, because that's, in effect, what they were. I mean, it was sometimes said I had two permanent secretaries, actually I had three: I had the permanent secretary, Ken Stowe, then I had the one for social security, Geoffrey Otton, and then of course I had Donald, who was the Chief Medical Officer. I think I'm right in saying that would be done, that would be an appointment carried out in the normal Civil Service

way, although it obviously didn't arise very much. I can check that, but I think that is my reply.

Q. Once a Chief Medical Officer was in post, if there were concerns about how that Chief Medical Officer was discharging their responsibilities, were there any mechanisms for addressing that?

A. I think it's always quite difficult to move on someone you're not satisfied with -- and rightly so, because, you -- you know, we're politicians, we come in and -- you don't want a political Civil Service, in the sense that a guy comes from the Conservatives and takes one view and then from Labour takes another view, which has practically nothing to do with their professional capabilities.

It is very difficult to move senior civil servants and it's very, very rarely done, in my experience. It's perhaps been done more in recent years than certainly in my period, in the 1980s.

And as for Henry Yellowlees, I don't think we would have thought of doing that because he had been there for some time before I arrived. So in a sense he was more experienced than I was. It wasn't his experience that I was worried about, it was his energy, I think, in going into the public health area. I don't think -- I mean, I -- you know, looking back

on it, I don't think that would be remotely a good reason for moving him out. And, as it happened, we had Donald Acheson behind, and then he took over from that.

I think it's quite a good idea not to actually have sudden changes which might look as they were on a political whim. We have a non-political Civil Service, and remember that the medical division is part of the Civil Service and I think we should keep to that.

Q. In 1983, '84, or indeed, in fact, earlier than that, from 1981, really, through to the mid-1980s, were you aware that factor concentrates imported from the US were made or may have been made using what is sometimes referred to as "skid row" donations, or donations from prisoners in American prisons?

A. Yes, I learnt that as I went along, but, I mean, I don't know at what point I learnt it.

Q. That was something that was well-known within the Department?

A. Oh, yes, it was well-known within the Department, and well-known particularly within the Health division, no question.

Q. Then, moving to an entirely different topic, when we were looking at the public education campaign and the

issue of stigma earlier today --

A. Yes.

Q. -- I drew attention to those passages in your statement in which you identified individuals who had expressed views that might be said to be, amongst other things, hostile to the gay community?

A. Very hostile.

Q. Did the Prime Minister, as far as you know, share those views?

A. I don't -- well, I hope -- I don't think so. I think she had a certain -- she had a certain amount of sympathy, I think, but I never really discovered this, with the Chief Rabbi, who had a long criticism of the campaign. But that was mainly on the grounds that we were running the wrong campaign; we should be running a moral campaign, we should be teaching people about morality, and what we were doing was in fact teaching them -- I forget the phrase he used, but teaching them how to avoid being taken to law and how to avoid that by using protective clothing. I mean, it was that kind of view that Rabbi Jacobovits had. I think he was quite close to the Prime Minister on that.

But she never -- to be fair, she never actually talked to me about it. Except there is a view that kept on coming out that if we ran a public health

campaign we were going to -- a tighter public health campaign, we were going to teach children and young people things that they had never dreamt of and you pays your money and takes your choice on that. But it seemed to me not a very strong argument and not backed up with any evidence that it led to the kind of consequences that she was fearing, which I assume was that there would be an increase. There wasn't an increase and nor was there any evidence of it being an encouragement.

Q. Now, I just want to ask you a little, in quite general terms, about your witness statement and some of the documents referred into that.

In answering my question I'm not asking you to go into the content of discussions that you may have had with your legal team.

A. Yes.

Q. As we've explored in the course of your evidence over the last two days, in the period up until 1985, you had comparatively limited direct involvement with matters relating to blood, blood products, hepatitis or HIV. But you've set out in your statement a number of documents which you wouldn't have seen, I think, at the time, and we tried to make that clear as you've gone through your evidence.

Would it be right to understand that -- sorry: did you go through those documents yourself and put together the narrative, or was that undertaken with the assistance of your legal team?

A. Sorry, the narrative of?

Q. The narrative of your statement of matters in which you had no direct involvement at the time?

A. It was a mixture, but my legal team certainly helped.

Q. In terms of those documents that you've referred to, and there are obviously a very large number that you've referred to in your witness statement, and which you've commented on on a number of occasions, have you, yourself, for the purpose of preparing and signing your statement, reviewed those documents?

A. I think I fully reviewed all the evidence -- reviewed all the documents that we put in, yes.

Q. And where you've made observations about matters that you didn't know at the time, that's your perspective, being asked about it for the first time some 40 years later?

A. Yes. And there is a difficulty here because, as I said during the hearing, it is quite difficult to distinguish between what you knew then and what you know now, 40 years on. I mean, it is the difficulty with this Inquiry. And one tries to distinguish

between the two; it is not always possible to do.
Q. Again, going back to some of the general observations you made about some of the difficulties facing a Secretary of State for Health in the 1980s, you mentioned it could be a rough ride on Health in the context of dealing with the Prime Minister. Can you just elaborate on what you mean by that, in particular by reference to any matters that the Inquiry is investigating?
A. I'm not sure how relevant it is to the Inquiry in the sense of having direct influence but, I mean, Margaret Thatcher always wanted some sort of solution to the financial issues of the National Health Service, and I think she had a longing for a -- if you like, an insurance-based system of some kind. The trouble, of course, with an insurance-based system was that you then had a two-tier health system and we never pursued that, although Patrick, my predecessor did do a certain amount of work looking at alternative health systems.

So she, I think she -- it was the relationship of public spending and health which actually was the thing which really most worried her, and she thought there must be a solution to this. I think she was probably persuaded in the end that that wasn't right.

I mean, I always took the view that the National Health Service was actually about the best system that there was for us. We'd all -- well, most of us -- that been brought up on it, it was well established, and it created a sense of fairness, and also good health as well. And the trouble -- I mean, one mustn't overstate the American experience, but the trouble with the American experience is that, you know, money can buy anything. In this country, we can -- and if you do become a member of a private health scheme -- but the Government have never remotely -- well, in my time -- have never remotely come to a position where we're arguing for an alternative health same.

So I think, Margaret was concerned on that and then I think she was concerned that here was a big nationalised service, I use the expression, not mine, and that it was bureaucratic and it was unmanageable and unmanaged and, therefore, there were all kinds of problems inherent in it, and if only you had it differently organised, then all would be clear. That actually didn't work particularly well either.
Q. The next question relates to the extent to which the Scottish Office of the Scottish Home and Health Department was free to plough its own furrow?

A. Yes.
Q. So it's -- I think, because we don't have a clear factual position to put before you, Lord Fowler, it's a hypothetical question. If, say, Scotland had decided to take a different course from the Department on big issues, such as introducing testing regime earlier, or taking a different course in terms of the banning of commercial concentrates, to the extent that they were used in Scotland, would Scotland have been free to take that separate course, or do you think the Department would have tried to put pressure on Scotland to adopt the Department's own approach?
A. Well, the Department might have -- probably would have put pressure on to try and get a uniform approach. It doesn't seem to me too much sense to have one system in England and another system in Scotland. But it didn't always work, and wouldn't always work, but I think they would try to get a kind of uniform system.

But the best example of it not working particularly well was the injecting drugs, and the fact that we supplied free needles, and they were reluctant to go into free needles. They did, in the end, but that was only -- I think from memory, that was only when Michael Forsyth took over in 1980 --

well, I can't remember the date, but when he became Secretary of State.

To begin with, they were very antagonistic towards it, because they said, "Look, if you give out these free needles, this is condoning crime and there is no way". And I remember a Scottish -- he was actually, by this stage, an ex-Scottish Secretary, saying at one of our meetings, he said "There is no way known to man that I'm going to support that policy, it is just condoning crime". So if you have people taking that view and, for some reason, it was very prevalent in Scotland, which also, ironically, had the worst problem, that, yes, they could take their own view. So it was possible to take their own view, but we didn't particularly like it.
Q. Now, you said in the course of your evidence in relation to Sir Henry Yellowlees that if he'd taken a grip of this thing we might have had a better picture, and I'm afraid I don't have the reference to precisely what point we were talking about then but I think we must have been talking about 1983 and AIDS.
A. Yes.
Q. Can you elaborate upon that at all? What do you think Sir Henry Yellowlees could have done that wasn't done?
A. I think it was just a matter of him being rather more

hands on. He was a remote figure, I didn't see him very often, hardly at all, frankly. I don't think anybody else on the political side did, there was that quote that Donald has in his book about his view of politicians, which probably expresses more clearly than I his view of politicians. So he wasn't -- he wasn't working in the same way that Donald was working, which was as a partnership and working together. That wasn't remotely his -- it seemed to me, his attitude.

He was a traditional Chief Medical Officer, traditional medic, who regarded politics and politicians with some distaste, which is all very well, except that it meant he didn't make many changes or he wasn't in a position to make many changes or even look for many changes. So it's quite difficult to put one's hand on it, but he wasn't as involved. Donald was involved right from the -- almost right from the beginning in the Health Department. He did his homework and he involved us all in it, and his enthusiasm, and knowledge, and involvement took policy through, which was just what we wanted.

That wasn't the case remotely with Henry, I'm afraid, who was a remote person -- remote person -- and perhaps that was how CMOs were when he took over.

Q. Next question is about the issue of stigma relating to HIV.

A. Yes.

Q. Were there any particular steps taken by the Department in the 1980s that you can recall to combat that stigma; and, if so, what were they?

A. Well, we were forever doing things to try to combat it. We tried to put our advertising in phrases which didn't condemn, at any stage, gay or straight, you know. This was a Government advertisement, well, no-one had ever seen anything like that before in this country. I mean, it seems pretty normal now. I mean, I give you one other example of it: I mean, when I went to the United States I was going around a ward which was absolutely full of AIDS patients, absolutely full, young men, and it wasn't my idea, it was the idea of some enterprising television reporter there who said would I like to come and shake hands with an AIDS patient. So I did, and I mean, you know, because all what we were saying was you don't get AIDS from shaking hands or drinking out of the same mug, all that sort of stuff, and that -- a photograph of that got a lot of coverage, actually, in the UK, and indeed in the States -- not, of course, as much as coverage as Princess Diana when she did very much the

same thing, I think, at the Middlesex Hospital, but that was a young beautiful princess doing it, rather than a middle-aged health minister.

But, I mean, I can't tell you -- we all -- all of the ministers, I mean, myself, Tony Newton, we all bent over backwards to actually try and fight stigma. I did debates on the subject, I remember at a Young Conservative conference, at National Conference, facing a hostile motion on the subject, with people -- with the proposer saying that he was backing one of the chief proponents of discrimination, and there was, I thought, a thunderous roar of applause for this speech, but in fact when it came to the vote he was heavily out voted.

So if you stood up to it, actually, the British public are quite sensible and they will follow the lead. But you had to try and give a lead.

Q. The next question is about the Council of Europe recommendation and it's not about the detailed content of the recommendation --

A. Yes.

Q. -- it's just about a question of process.

A. Yes.

Q. I asked you about the issue of reliance on the US imports and the connection with the first part of the

recommendation. It's been quite correctly pointed out to me that, in terms of -- that might be true for England but, for example, in terms of Scotland, the position was rather different in terms of reliance on imported concentrates.

Would you expect the Health Departments or the territorial departments, to have been consulted or to be part of the decision-making process in terms of either what recommendations should be made, or how they should be responded to in the Council of Europe?

A. In the Council of Europe?

Q. Yes.

A. Yes, I would have thought they would have been. I think they would have been and I think that they would have provided the briefing beforehand. We had someone -- we had someone, we had a little section-- inside the DHSS that did do a European policy, including the Council of Europe, and -- no, I think that there was no lack of briefing.

Q. But you'd expect there to have been some form of liaison between whichever was the right division and the Welsh Office, Northern Irish Office and Scottish Office?

A. Oh, I think so, I mean, I haven't got any evidence on that, but that would be my guess.

Q. The next question, we're nearly at the end, Lord Fowler. It goes back to the question of "no conclusive proof" and, as you know and we've explored it in some detail, you addressed it in your statement, and we explored it with Dr Walford, but the qualifying part that was in that original briefing didn't then make it into the public statements --

A. Yes.

Q. -- in their various forms.

We don't know who took it out, I should say, or precisely what the drafting process was.

A. We're assuming it was in. I mean, I'm assuming it was.

Q. Well, certainly an early formulation contains it.

Can you assist, from your own knowledge of the Department, in understanding whether there might have been any reasons for not including that qualification and for removing it?

A. I think --

Q. If that was --

A. Yes, I think the only reason for removing it would have been that, if you did do that, then it could increase concern, it could conceivably increase panic, but I think that that not -- I mean, in my view, that's not a good reason, but if you asked me what the

reason is, I would have thought that that was the reason, but who was responsible for that, I'm afraid I just don't know.

Q. Then you talked about the importance of openness in Government --

A. Yes.

Q. -- and the importance of the Government being as open as possible. Did you take any steps, as far as you can recall, when you were at the Department of Health to communicate your support for openness and transparency, in relation to matters of health and public health, to those working in the Department?

A. Yes, I think if I was asked that would be the point, and I certainly would have made my own views known in the relevant Cabinet Committees that there were. I mean, I was well-known as an ex-journalist, so it would come as no surprise to anybody that that was my basic view.

Q. You told us about the experience of visiting a children's hospital early in your years as Secretary of State and seeing the babies with whooping cough.

A. Yes.

Q. Do you -- as a matter of fact, did you ever, during the time you were Secretary of State for Health, did you meet with any patients with bleeding disorders?

A. Well, I think I did, and I was thinking about that and I think I did, but not a specific meeting of that kind. I mean, it was -- and this was -- it was the whole problem of being Secretary of State in this massive department. I started with best intentions of going around. I started with the children's hospital, I went to Rampton Special Hospital, but that's, you know, two days out of your working week, and it just becomes impossible to keep it up. Because, you know, for the rest of 1982, we had -- well, going into 1983 -- we had -- what was it, '82, '83, whatever.

'82 we had the Falklands which required me to just stay where I was and go to the Cabinet meetings, and that was followed by an industrial dispute, which rather understates its seriousness, which kept me absolutely fully employed until the end of the year. It was also at a stage when there were demonstrations against conservative ministers, it was a period of demonstrations, in any event. So it was always a bit counter productive, actually, paying visits.

Q. I think I've reminded myself, as you were answering, Lord Fowler, that your statement does make reference to -- although you've no independent recollection of it, I think -- a meeting you had probably with constituents you were family members of those who had

been --

A. Exactly right, two constituents came to see me in Sutton Coldfield, it wasn't the most successful of meetings because once gets out of the -- I mean there was an official with me, so it was a meeting just between me and the two constituents and it probably would have been much more effective had it been done with the official coming to Sutton Coldfield or them coming to London. But that meeting did take, and they expressed their concerns.

Q. Then my last question, Lord Fowler, really calls upon your expertise, your experience, as a parliamentarian. Is there, to your knowledge, a convention that if Parliament is being led by a ministerial statement to expect a particular event, it should be informed if the expectation is not fulfilled?

A. Wow. Say that again.

Q. Yes, I'm not asking about any particular statement, I should say. It's a general question.

A. No.

Q. Is there a convention, to your knowledge, that if Parliament has been led by a ministerial statement to expect a particular event, Parliament should be informed if that expectation is not fulfilled?

A. Yes, in one way or another. I mean, it most certainly

would be, because it might not be -- if it was done in a parliamentary statement, it might not be that it was countered by another parliamentary statement, but it might be countered by a parliamentary question by putting -- by having a parliamentary question put down and making it clear that, although you had said this in the statement, in fact, it never took -- it has never taken place and the reason for that is this and that.

I doubt if you would make a second statement on the subject. Well, you might do, it depended how serious it was but you certainly would make it clear if the promise had not been fulfilled.

MS RICHARDS: Sir, those are the questions I'm proposing to ask from those that were suggested on behalf of Core Participants. I'm just going to see if there are any questions -- no, there are none from those representing Lord Fowler. Do you have questions?

Questioned by SIR BRIAN LANGSTAFF

SIR BRIAN LANGSTAFF: Well, I do, I have a couple of questions for you, Lord Fowler. They're both rather loosely linked. But the first picks up on a question which counsel was asking you just towards the end about the no conclusive proof line that was taken --

A. Yes.

SIR BRIAN LANGSTAFF: -- and the absence from it of any qualification, which you thought and you may well be right -- I have yet to hear all of the evidence from departmental officials about it -- that the reason was to avoid panic, and alarm amongst the public. It may be said that there was a degree of contrast between that approach to communication with the public and the approach which you and the Department took shortly after, when the tombstone advert and that campaign was issued, where, although the purpose was not to alarm but to inform emphatically, it was well understood that a consequence might be alarm and that would be perhaps no bad thing, I suspect, in the view of the Department, if I'm right.

So between the two, there has been a change of approach and I appreciate that your view would be that a communication should always be open and full and informative, at least to the best of one's ability, and presumably that would include telling the public if you just don't know because the information hasn't got to that stage.

A. Yes, and I agree with all of that.

SIR BRIAN LANGSTAFF: But, at what stage is there the tipping point or was there the tipping point, do you think, between those two views, looking back on it,

between the view we dare not risk alarm, assuming that to have been the view, and we don't way and at all if we do, even though that's not the purpose?

A. Yes, well, we didn't actually think that when we were doing the second one, that it was quite going to have impact that it did have. I mean that came as slightly a surprise to us, it did have a major impact. But I think that, you know, we had been struggling to get our message into the media, and then suddenly it kind of splurged in that way.

But the only thing I would say about the two, the alarm on the advertisements, every advertisement which went out, literally every one which went out, was checked by myself, it was checked by Donald Acheson, and it was checked by Tony Newton, so there was absolutely no excuse for getting it wrong. I mean, it was just a fact of life, I'm afraid, or a fact of death, I fear, that HIV was a risk to life, and that was the message that we were trying to get out. But it was exactly that was totally accurate.

The other -- the contrast is a piece of what, in my journalistic days, would be called "news management". They were saying, "Well, that might be the case, but it would be rather a bad idea if we let everyone know that", and I'm not in favour of that.

I just think you get -- I mean, even from the point of view of those people who take that view. It often means that you get into more trouble than you might otherwise do.

But one was an honest approach, the other was a public relations, okay, you can -- a patrician approach as well, rather. You know, you're just the public, we can tell you what's good for you and we -- it was a very different kind of approach and one that, personally, I don't share, and which I think, I hope, has now gone entirely out of fashion, although it was, I think, a bit in fashion in the '70s and '80s.

SIR BRIAN LANGSTAFF: The link that I would make between that question, which was really addressing the way in which there should be a reaction or may be a reaction to what is an emerging threat, and it may be said that there was a difference between the reaction that was actually taken, albeit you wouldn't have approved of it, to what was emerging and later on what had emerged. But if this Inquiry had taken place 20 or so years ago, as you would have wanted, it might have made recommendations which would have affected or, one would hope, improved the ability at least to public health to respond to whatever new threat there might be.

How best would you have seen, or do you see, these processes being adopted which best identify an emerging and serious risk, before it becomes an emerged and serious risk?

A. Again, so much -- it depends a bit on the circumstances, but I think the only rule I would make is that you want to be honest about the position. And if you have a genuine belief, a genuine honest belief, that there is a serious risk emerging, then you should say so, and you shouldn't actually keep that secret. I think you get into -- I mean, even if you don't believe in that, I think you get into much more trouble if you try to push it under the carpet.

So, I think -- you know, honesty and openness is the only thing -- at least I hope that doesn't sound too pie, but I mean that is about the only way you can do it.

I mean, the other thing, of course, about emerging risks -- and I think, I suppose, in Covid in particular -- is you've got to decide, you know, what your standpoint is. It seems to me a bit of the difficulty with Covid was that, you know, half of the people were saying business is the standpoint, the other half were saying public health was the standpoint. But it does help matters if you have one

standpoint, otherwise people get confused.

SIR BRIAN LANGSTAFF: Would your standpoint -- I'm talking generally, I'm not talking specifically about Covid --

A. Yes, yes.

SIR BRIAN LANGSTAFF: -- although it would apply -- would your standpoint have been that keeping the public safe is one of the first, if not the first, duty of Government?

A. I think it is the first duty of Government, and so I would take public health as being the first.

SIR BRIAN LANGSTAFF: And therefore everything ought to depend, first of all, upon: does this protect or help protect the safety of the public?

A. Exactly.

SIR BRIAN LANGSTAFF: Thank you.

Finally, if this Inquiry had -- well, this Inquiry is now in process. I may make no recommendations, I think that's unlikely, but I might, but if I do make recommendations, would you have any recommendation you would suggest I would make which, from your standpoint, given your knowledge of the political realities, would be likely to avoid something like this -- I have to put that very generally -- happening again?

A. Yes. Happening again is -- it is difficult. But

I think that the more information you get, the quicker -- and the quicker you get it, then it makes it less likely that things will happen.

I mean, my major criticism of what has happened over the last 40 years is that it is -- this Inquiry -- is, I won't say too late, but it is very late. I mean, your counsel has been urging me for most of two days on issues saying: couldn't it be done earlier? And she's quite right to have done so. But you might actually make the same criticism of the Inquiry itself.

That's not -- if I -- with respect, Brian, it's not your fault and it's not counsel's fault, but I mean we have messed about for 40 years before setting up this Inquiry. It's been rejected about, I don't know, two or three times -- well, no, it must be more than that -- over those years, and then finally, frankly because of rather dubious -- for dubious political reasons, I suspect, but I may be wrong about that, it was brought forward.

I think it would be very useful if we could say delays of this kind in setting up an Inquiry are not acceptable. And it's easy to say that. But you should also say at the same time that there are -- if you're faced with a pandemic, as you were -- as you

are today and you were with AIDS, then it should be automatic. It shouldn't be for a public relations campaign or solicitors or anyone like that to have to work a year after year to get the Inquiry, it should just come automatically, and the only question would be when it comes.

Now, to some extent I think this is the territory on which the Government is now on, but it's taken a hell of a long time to get there. So the more automaticity you can get into this, the better.

I mean, I think there are other questions about the Inquiry. I mean, I don't think they should be set up for political purposes as well. But it takes us into reform of the public inquiry process, which I think is beyond my scope at the moment, and certainly beyond the scope of this Inquiry. I'm not at the moment urging an inquiry into the Inquiries! But I think at some stage we should look at it again and see if there are better things.

But, you know, from my point of view -- and it's been extremely hard work, all this, but from my point of view everyone has helped and has been -- and I've been treated with courtesy and fairness throughout, and that's, I think, as much as one can expect as a politician.

MS RICHARDS: Lord Fowler, is there anything else that you would wish to add?

A. No. I thought I just added that!

MS RICHARDS: Sir.

SIR BRIAN LANGSTAFF: Well, I have to particularly thank you, that although you make the point that you may be 83 and you could, if this Inquiry had been held earlier, have been a bit younger, but despite your age, you've shown a vigour, a clarity and an ability to emphasise what are your independent views before us. And you have in my view set out to be helpful to the Inquiry, and I thank you for that.

But you may not perhaps realise just how helpful it's been to have the unvarnished views of the Cabinet Minister who was responsible between '81 and '87, the years of significant interest to this Inquiry, who can articulate the pressures on and the practicalities of decision-making in the political field for those who have responsibility for what happened. You can cast light on why, how and when decisions were made, or weren't made, by others, and indicate something of the personalities of others who have helped in one way or the other frame what happened or what didn't happen, so can I just thank you very much for that. You have our appreciation.

A. Thank you very much indeed. That's very kind of you indeed. Thank you.

MS RICHARDS: Sir, that's it for today. We obviously will be coming back in later hearings to Government action and Government decision-making.

SIR BRIAN LANGSTAFF: Yes.

MS RICHARDS: But we return tomorrow to start looking at material relevant to pharmaceutical companies.

SIR BRIAN LANGSTAFF: Yes. So tomorrow, 10 o'clock, pharmaceutical companies.

(4.32 pm)

(The hearing adjourned to 10 am on Thursday, 23 September 2021)

INDEX

F:

F:

F:

F:

F: