

Witness Name: James Latta

Statement No.: WITN0631001

Exhibits: WITN0631002

Dated: 14 October 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JAMES LATTA

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 March 2019.

I, James Latta, will say as follows: -

Section 1. Introduction

1. My name is James Latta. My date of birth is GRO-C 1953 and my address is known to the Inquiry. I am a retired civil servant. I intend to speak about the knowledge I gathered while working for the Department of Health's HIV/AIDS Unit (the "HIV/AIDS Unit"). I worked for the HIV/AIDS Unit from 1988 to 1990.

Section 2. Professional Background and Employment History

2. I began working for the Edinburgh Blood Transfusion Service (the "BTS") in 1970 as a Medical Laboratory Scientific Officer, sometimes called a Biomedical Scientist. I was required to have completed a Higher National Certificate in order to apply for this role, which I had done.

Section 3. Work at the BTS Scotland

10. Working at the BTS in Edinburgh, Scotland in the 1970s gave me a good working knowledge of blood products and Factor VIII.
11. Edinburgh's BTS was very advanced. I worked across a range of areas in the BTS which allowed me to broaden my knowledge. For example, I learned about the specialised equipment that we had imported from Japan. This particular machine tested for antigens in the blood and helped to identify when the difference in Rhesus statuses that would be problematic for mothers and their babies.
12. As I mentioned, I worked at night producing Factor VIII from the Scottish blood donations. This was the first Factor VIII production unit in the UK.
13. The BTS made Factor VIII through the cryoprecipitation process. The process uses methanol and dry ice to separate the plasma out. Freezing causes the Factor VIII to distill from the plasma.
14. I have been asked about the difference between cryoprecipitate and Factor VIII. As I understand it, cryoprecipitate is not a product in itself, but a procedure: cryoprecipitation of plasma.
15. There has always been a very steady and regular pool of Scottish blood donors. The Scottish Factor VIII was produced from Scottish blood.
16. This has been of great benefit to Scotland. There was never any need for Scotland to import or buy blood as the Scots have always been able to rely on voluntary donations. We were very proud of this self-sufficiency. I remember that being the feeling at the Scottish BTS.
17. England, Wales and Northern Ireland, on the other hand, did not have a local supply that met the local demand. For that reason, England bought plasma from the United States in the 1980s. The Department of Health

contracted with the US for a provision of plasma from which to make blood products like Factor VIII.

18. Articles such as the Daily Mail article that follows this statement (marked **WITN0631002**) claim that plasma was imported because it was cheaper. This is not true. The plasma was imported to supplement the local supply in order to manufacture Factor VIII which was increasingly needed by haemophiliacs.

19. I have been asked about my knowledge of Factor IX. My understanding is that the UK's main concern was with providing a sufficient supply of Factor VIII. It may be that Factor IX existed and that the Americans manufactured it but if it did exist, I did not know of this. As far as I am aware, all haemophiliacs were treated with Factor VIII.

20. I suspect that I was offered the permanent job in the HIV/AIDS Unit because of my knowledge and experience gained during my time at the BTS in Scotland.

Section 4. Work at the HIV/AIDS Unit

13. As I said, I began working at the HIV/AIDS Unit in 1988. My role included supporting senior members of staff in a number of ways. I interacted with a range of medical specialists and gained an understanding of the issue with which the HIV/AIDS Unit was grappling.

14. Around the mid 1980s, the HIV/AIDS Unit was set up. It was a direct and immediate response to the UK's realisation that the blood imported from the US was problematic. Significant numbers of haemophiliacs were becoming ill and dying after being treated with Factor VIII cryoprecipitated from American plasma.

15. The government was proactive in responding to this realisation. The HIV/AIDS unit was staffed by senior medical staff with a wealth of expertise. Its task was to analyse the cause of the situation as it was, and formulate a plan on how to move forward and minimise the aftershock.
16. The Unit was tasked with working out what had gone wrong. I remember being in a room at our offices in Elephant & Castle and hearing staff saying that the "American bastards" didn't tell us that they were sourcing plasma from prisoners and high-risk groups, and that the American companies that supplied the UK with plasma "took the money and ran".
17. I have been asked by the investigators whether the UK government knew that the plasma sold to us from the US originated from paid donors. We have always known that the U.S.A. pays its donors. What was not apparent was that people with "dodgy lifestyles" were the people that donated the plasma. This was a conscious deception by the Americans.
18. The UK was left with the mop-up of the problem that the Americans created. The approach taken by the UK government was to recall all of the blood products made from plasma from the US. This was done across the UK.
19. The NHS providers across the UK then shared blood. This was why there was no blood shortage crisis, during this period. Luckily, Scotland and Northern Ireland could provide blood to England. The English Government also publicly encouraged people to donate more blood in an effort to reduce its reliance on plasma from outside its borders. Thanks to these efforts, there was enough blood shared across the UK to balance out the demand.

Section 5. Testing of Blood Donations

21. When I worked for the BTS in Edinburgh, I gained knowledge of the tests run on blood donations. Before donating, blood donors would fill in an initial questionnaire designed to give a brief idea of the donor's background and lifestyle. They were asked, for example, whether they use drugs and whether they have a history of sharing needles. If the donors did not "tick the boxes", they were turned away and ask them to come back after six months.

22. I have been asked by the investigators about my knowledge of testing of blood donated by prisoners. I do not have direct knowledge of prisoners donating blood in the UK. If they did, I would not be surprised. I would expect that prisoners donating blood would be asked a greater number of questions as they are higher risk donors.

Section 6. NHS Retention / Destruction Policy

23. All government departments have established protocols regarding how and for how long records are kept.

24. At the HIV/AIDS Unit, we filed all documents away in labelled files. These were kept on the premises for a number of years before being sent for archiving. I think that high level policy documents are kept for twenty five years in archives. This is my recollection of the procedure when I worked there.

25. I did not personally keep any documents or paperwork from my time at the HIV/AIDS Unit. I would not have been allowed to.

Section 7. Other Issues

26. It frustrates me that articles like **WITN0631002** imply that the UK government or the Department of Health is responsible for the "scandal". It is the United States of America that was at fault. No government would ever have proceeded to infect people with a disease. It was not the UK government that contaminated the blood. It was received in that state from the United States of America.
27. The demand for compensation for infection is illogical. It does not make sense to hold people the UK responsible for the fault of Americans.
28. The article also alleges that Government Ministers were being privately briefed. They were being briefed by officials as is the normal procedure. Ken Clarke would have been advised on what was happening "on the ground."
29. Furthermore, the article alleges that "money was tight". I do not recall that there was any shortage of money. The funding was "non-cash limited". This meant that there was essentially an unlimited revenue stream from which the NHS could draw.
30. While I have great sympathy for people like Jason Evans (quoted in the article), it should be clear that the Department of Health did not intentionally create the infections of anyone or cover anything up. Emotions should not cloud this fact.
31. Those who are infected and affected need to be supported - especially psychologically - but they also need to realise that we have to move on from what happened.
32. The press needs not to engage in a blame game. Articles like the Daily Mail article are inaccurate, inflammatory and can cause a huge amount of upset. It is irresponsible for the press to be fuelling rumours.

Statement of Truth

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

Signed

GRO-C

Dated

14 October 2019