Witness Name: Professor Richard Seton Tedder
Statement No.: WITN3436006
Exhibits: WITN3436007
Dated: 23 April 2023

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF THE HON RICHARD SETON TEDDER FRCP FRCPath

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I provide this statement in response to W0684's statement dated 7 October 2022 [WITN0684028].

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

Section 1: Introduction

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

Section 2: Responses to criticisms by W0684

2. I make this statement in response to a third statement by Dr Karpas **[WITN0684028]** dated 7 October 2022, and further to my earlier statement **[WITN3436003]** dated 31 August 2022, the detail of which I will not repeat.

3. I addressed in my earlier statement **[WITN3436003]** various allegations already made by Dr Karpas, principally directed against Professor Weiss but also referring to my collaboration with Professor Weiss in developing a test for HIV, and suggesting that we had contrived to delay the introduction of AIDS testing in the UK, to favour the Wellcome test and to benefit financially. Some of these allegations are repeated

in his new statement; I only deal with those to the extent that anything needs to be added. There is one new point in Dr Karpas' third statement **[WITN0684028]**, relating to the provision of a spleen, which I will also address below.

4. I refer to paras 456 to 461 of my previous statement **[WITN3436003]**, in which I respond to similar allegations in Dr Karpas's earlier statements **[WITN0684001 and WITN0684019]** to those in his third statement **[WITN0684028].**

5. As I have already made clear, our sole intention, in relation to which we devoted our time and the resources available, was to ensure that a reliable antibody test for the presence of infection by the agent that was the cause of AIDS was introduced as soon as possible and that there was an effective test for screening donors of blood transfusions.

6. In relation to the suggestion that there was a desire for a British test, I believe the wish was to get a functional and usable test as quickly as possible, regardless of the nationality of that test.

7. Since making my statement, I have seen the statement of Professor Weiss **[WITN6868001]** dated 23 June 2022. I note the following:

    a. He reviews various references to the decision and support for introducing a test as soon as possible or practicable. He considers references to the tests in development internationally at the time (eg paragraphs 5.17-5.21) and addresses various practical issues (paragraphs 5.40 and 5.41 and 5.43 and 5.46 – I describe the sad case of the nurse who suffered the needle stick injury at para 305 of my first statement – and 5.82, 5.89 and 5.90, 5.98-5.100 and 5.104-5.109). He is not aware of any evidence that there was a delay to favour the Wellcome test (paragraph 5.97).

    b. He explains the difference between having a test that can detect HIV infection and being able to adapt it for large scale routine screening while maintaining its working properties – sensitivity and specificity, batch consistency, containment of HIV which is a dangerous pathogen and, with the radio-immune assay (RIA) I had developed originally, the containment of iodine as a dangerous isotope (para 5.25). He also explains how some tests might not be appropriate for scaling up (paragraphs 5.35 and 5.37). I would

add that we would not, for example, have been able to take an RIA format of the test to Africa for these reasons.

c. He acknowledges that when DNA fingerprinting became available later, he realised that CBL 1 was in fact the French isolate that was extraordinarily transmissible and had contaminated the culture. He explains how he apologised to the Institut Pasteur (paragraph 5.51) and how his relationship with the French was in fact an effective and productive collaboration (paragraphs 3.33).

d. He describes the involvement with Wellcome and relevant issues at paragraphs 5.79 and 5.80, 5.83 and 5.84.

e. He describes that he took no personal royalty income for the Wellcozyme test (para 5.91). For my part I will have indirectly received funds from the patent held by the university through UCL Business. I do not know how much or when; this would have been as part of a wider income stream. In any event, the prospect of any financial gain played no part in how I acted at any point and was never my motivation. This repeated assertion is wholly untrue.

f. He notes at para 5.88 that he and I asked that the tests for Zambia and Uganda were set at zero profit.

g. Professor Weiss explains by reference to both facts and science the basis on which he rejects the assertions by Dr Karpas (in particular paragraphs 6.1-6.18).

8. I have described in my first statement (paragraphs 456 to 461 of **WITN3436003**) and stand by the friendly, productive and collaborative relationship that both Professor Weiss and I had with Drs Montagnier and Brun-Vezinet in Paris.

9. In his most recent statement Dr Karpas repeats (paragraph 14) an allegation he makes in various papers published in 2019 **[WITN0684026]** and 2021 **[WITN0684029]** that, based on my personal friendship with Dr Phillip Mortimer, I influenced him to delay the evaluation of the Abbott test being conducted at the Public Health Laboratory Service. I do not accept that at all. At the time, we were

working flat out to help to produce a reliable and effective test that could be scaled up, as quickly as possible. That was our sole and consuming aim at that time.

10. The evaluation was not within my remit, and I had no power to influence how the assessment was done, or how quickly it was carried out. Indeed, because of my involvement in the Wellcome test, I excluded myself from any assessment of the tests. Even if it had been within my power, I would not have tried to influence the timing - or any other aspect of the assessment - in any way. To do so would have run completely contrary to my own beliefs and would have been against my training by Dr Dane in the ethical practice of science.

11. I did work closely over the years with Dr Philip Mortimer of the Public Health Laboratory Service (he was based at Colindale) and I do consider him a friend as well as a colleague. I have recently seen the statement which he has made to the Inquiry dated 13 September 2022 **[WITN7105001]**. He has not given oral evidence. I particularly note the following:

    a. At paragraph 32, Dr Mortimer refers to a 67-page evaluation by PHLS of the HIV screening tests for donors and the publication in the *Lancet* in September 1985 of the evaluation. He notes that PHLS has since been wound up and says that he doubts that there is the capacity to do 'such a prompt and timely an independent evaluation' nowadays.

    b. He describes the importance of testing accuracy and the temptation for manufacturers to market underdeveloped tests. He notes the wish to have 'several kits to be reliably available to the UK market, without compromising accuracy' [para 33].

    c. He explains the importance of the evaluation at paragraph 34, including allowing end-users (RTCs) to choose a kit that suited their local circumstances. He describes how the RTCs all had different resources, laboratories and set-ups – staffing, kit, funding (see for example his paragraph 53). Ensuring that the test could be safely and effectively incorporated into each laboratory was important.

    d. As it was, it seems that the PHLS evaluation was carried out with a smaller panel of sera than would have been ideal (paras 35 and 46). It would have

taken time to put the panel together and technical colleagues had to be trained and equipped (para 36).

e. Dr Mortimer addresses the allegations made by Dr Karpas directly at paragraphs 112-121 of his statement. He acknowledges his friendship with me and acquaintance through our work with Professor Weiss but firmly denies any impropriety. He sets out facts in support of what he says.

12. My view is that it could have been appropriate to introduce only one test as long as it was an accurate, effective and consistently available test that could be used for large scale screening, regardless of its nationality. However, it is only really possible to assess if a test fits those criteria by comparison with others available. I was also concerned that the indirect format – i.e. that of the Abbott test and others – risked a high number of false positives, which was a real and not an imagined problem. While I cannot now locate any documents relevant to this, I do clearly remember that I was deeply concerned by accounts of the use of the Abbott test in Congolese school children, which falsely identified a significant proportion of them as being HIV positive when they were not.

13. For completeness I have now also seen the PHLS evaluation **[DHSC0000486]**, which seems to confirm the high level of false positives with the Abbott test and the National Blood Transfusion Service (second stage) evaluation **[DHSC0001607]**, although I have no recollection now of seeing these at the time. I note that a number of the tests, including the Abbott test, were not taken forwards following the PHLS assessment (I note this in my first statement at para 275). It seems that evaluation was important in identifying which tests were suitable for use in the UK.

14. I do not accept any of Dr Karpas' assertions. I think that the only really new point in Dr Karpas' third statement is that he provided a spleen to me from a patient at the Whittington Hospital and, in a publication, I 'ungraciously' claimed that I had provided the spleen to him.

15. At this passage of time, I have no recall of this. Those assisting me have been able to obtain a copy of the letter (New Scientist dated 9 April 1987, page 61), which I have now been shown **[WITN3436007]**. I can say that my normal approach would be to give credit wherever it is due. I do not read the article as suggesting I had provided the spleen. It says: 'I remember helping him to collect for culture purposes cells removed from a spleen removed from one of our patients'.

16. I also note that the letter I wrote to the *New Scientist* includes some quotes from correspondence between myself and Dr Karpas. These provide further information relevant to my evidence at paras 457 and 458 of my first witness statement. In particular, it points out that we did not deny him blood samples, but instead collectively decided not to pursue collaboration with him (as he had requested in correspondence). As I said in my first statement, I would always provide material if it was requested with good reason. Indeed, in my letter of 20 June 1983 to Dr Karpas I specifically said we hoped to be able to offer material to research workers in the future. I remain unaware of any occasion where Dr Karpas asked solely for material.

17. I hope I have responded to the various points that Dr Karpas makes. I want to be clear that my overwhelming wish at the time was to have a reliable and effective test available as soon as possible and that my work and time was dedicated to achieving that.

Statement of Truth

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

Signed GRO-C

Dated 23. Apr. 2023

Table of exhibits:

Date	Notes/ Description	Exhibit number
2022	Written statement to the Infected Blood Inquiry of Dr Abraham Karpas	WITN0684028
2022	Written statement to the Infected Blood Inquiry of Professor Richard Tedder	WITN3436003
2020	First written statement to the Infected Blood Inquiry of Dr Abraham Karpas	WITN0684001
2020	Second written statement to the Infected Blood Inquiry of Dr Abraham Karpas	WITN0684019
2022	Written statement to the Infected Blood Inquiry Professor Robert Anthony Weiss	WITN6868001
2019	*Emergency Infectious Diseases and Diagnosis* Journal, "How the 1983 seminal French manuscript with the evidence that their HIV was the cause of AIDS as deliberately blocked, resulting in hundreds of thousands of infections and deaths worldwide' by Abraham Karpas	WITN0684026
2021	*Immunology and Infections Journal (Vol 2(1), "Infections, AIDS and Deaths Worldwide Resulted from Abuse of Referring in the Journal of Nature"* by Abraham Karpas	WITN0684029
2022	Written statement of Dr Philip Mortimer	WITN7105001
1985	Department of Health and Social Security evaluation of five commercial Anti-HTLV III / LAV Assay kits	DHSC0000486
1985	First draft of 'An Evaluation of Anti-HTLV III Test Kits in the National Blood Transfusion Service – a Report of the Results in the First and Second Kits"	DHSC0001607
1987	*New Scientist,* 9 April 1987	WITN3436007