Witness Name: Dr Layinka Margaret Swinburne
Statement No: WITN3447001
Exhibits: NIL
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR LAYINKA MARGARET SWINBURNE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 11 June 2019.

Section 1: Introduction

1. My name is Layinka Margaret Swinburne. My date of birth is GRO-C 1927. I live at GRO-C

2. I qualified at the University of Leeds Medical School in 1951. My qualifications are BSc, MB.ChB, FRCP, FRCPath, DCH.

3. After extensive experience in general medicine, geriatrics and paediatrics, I commenced training as a General Pathologist at Northampton General Hospital and continued as a Junior Assistant Pathologist, University of Cambridge.

4. I came to St James's Hospital, Leeds, in 1960 as a Senior Registrar. Two years later, I was appointed as a Consultant General Pathologist.

5. I was later given the opportunity to develop the Department of Immunology, which later became my main interest.

6. The head of the Department of Pathology was Dr William Goldie; together with the haematological technician, Roger Hall, he took a particular interest in bleeding disorders, working in conjunction with the Oxford Haemophilia Unit run By Dr Rizza and Dr

Rosemary Biggs on the development of materials such as cryoprecipitate. When Dr Goldie died, I succeeded him as director of the Unit, by which time we had about 100 patients.

7. I continued as director for several years; during this time, single-specialty pathologists joined the consultant team. Dr B.A. McVerry took over the management of coagulopathies, including haemophilia, after which I had no further clinical involvement but remained as co-director until retiring from my NHS appointment in 1991, allowing me to continue to use my expertise on AIDS in education and advising members of the public.

8. In the laboratory, I focused on immunology and later became one of the first clinical managers in the NHS (as Manager of Pathology Services), and Chairman of the Division of Pathology for some years before retirement from the NHS in 1991.

Section 2: Responses to criticism of GRO-B

At paragraph 10, Mr GRO-B *explains that, after watching the 'World in Action' television programme, he advised you of his concems about contracting an infectious disease from using blood products that came from the United States. He states that you and another doctor reassured him that there was nothing to worry about, advising him that the programme was "unscientific, exaggerated, melodramatic, and just 'TV stuff". Please comment.*

9. May I say at the outset that I am grateful to the Inquiry for granting additional time for the preparation of my statement. I am 92 years old and suffer from poor health and mobility.

10. I have read Mr GRO-B account with great sadness and I am sorry to hear of the life-long difficulties that he has experienced.

11. I knew Mr GRO-B (and his brother) very well, and confirm that they were frequent attenders at the Unit.

12. I do not recall the conversation referred to at paragraph 10 to Mr GRO-B statement. I do not, however, seek to challenge his account. What I will say, however, is that at no time did I tell him or any other patient anything that I did not believe to be true. We regarded our patients as partners in managing their health; they taught us a lot. He refers

to the friendly atmosphere of the Unit which was not common at a time when doctors were often authoritarian and the concept of informed consent had not been developed.

13. When I first became involved in haemophilia, the only treatment was a transfusion of fresh blood. We had a panel of altruistic local donors who could be called upon to give a pint of blood – to be used immediately at any time of the day or night for the relief of severe or life-threatening bleeding.

14. The study of virology was at the material time still very much in its infancy. There were tests for Hepatitis A and Hepatitis B, but some patients had mysterious non-A and non-B forms. It took years of more research and enormous advances in every aspect of virology and immunology before these could be identified, by which time I was not clinically involved.

At paragraph 12, Mr GRO-B *claims that you had informed him that "AIDS positive antibodies" had been detected in his blood and he was therefore protected and immune to HIV. At paragraph 13, Mr* GRO-B *then states you regretfully advised him that the test results had been "reinterpreted" and confirmed that he, in fact, had been tested positive and carried the virus. Please comment.*

15. I do not recall the conversation referred to at paragraph 12 of Mr GRO-B statement. As above, I do not seek to challenge his account, and would again state that at no time did I tell him or any other patient anything that I did not believe to be true.

16. Our understanding of AIDS and HIV was at the material time still very much in its infancy. We were learning all the time. This is perhaps reflected in the comment made by Mr GRO-B in relation to a 'reinterpretation' of the relevant test results.

17. Every year, the Haemophilia Centre Directors met in Oxford to discuss progress and exchange ideas. We also gained information from smaller local meetings (some of which I organised), conferences, and published work in scientific and specialty journals. As early as April 1981, there were rumours and articles in the press about a new disease, AIDS. We discussed the scant evidence and decided collectively that it was unlikely to affect us. We were wrong. By the autumn we had our first case of Pneumocystis pneumonia due to AIDS in our Unit.

18. We followed the research and emerging facts on the nature of the infection. Research concentrated initially on the immunology of the disease. Although the AIDS epidemic was well under way, it was not until 1984 that the virus was identified and named by international efforts in the Pasteur Institute in Paris and research laboratories in the USA.

19. Mr GRO-B statement and the details of what I told him reflect the uncertainty of those days. The rate of change in my specialties at the material time was unbelievable. It was the beginning of a devastating time, the memory of which still affects me severely. Eventually, we lost nearly half our patients.

Section 3: Other Issues

If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please set them out here.

20. The development of cryoprecipitate made a huge difference to the lives of haemophiliacs. It was prepared 'in house' in our own laboratory. At first, I formed a small team with three of my consultant colleagues who would turn out any time of the day or night to give the necessary injection. With the improvement in syringes and needles, and the development of flexible cannulas, it became possible to teach parents (or the boys) to inject themselves. It transformed their lives. The frozen product was soon superseded by freeze-dried Factor Eight produced by the National Blood Transfusion Service ('NBTS') from local donations, but because of the increased need, demand threatened to outstrip supply and the commercial companies filled the gap.

21. I also recruited and personally trained the first lay venepuncture staff. Previously, it had needed a doctor to take blood samples which took up much of the time of junior doctors.

22. From the beginning, my job involved teaching and lecturing to nursing staff in training, medical students, and lay audiences. As the HIV epidemic progressed, I and my colleagues included AIDS and its prevention in our teaching.

Statement of Truth

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

Signed GRO-C

Dated 6.8.19