Witness Name: Dr Andrzej Rejman
Statement No.: WITN4486025
Exhibits: WITN4486026 – WITN4486039
Dated: 26/04/2022

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF DR ANDRZEJ REJMAN

I provide this statement in response to requests under Rule 9 of the Inquiry Rules 2006 dated 1 October 2021 and 6 October 2021.

I, Andrzej Rejman, will say as follows: -

Section 1: Introduction

1. My full name is Andrzej Stefan Miroslaw Rejman of GRO-C GRO-C Surrey GRO-C My date of birth is GRO-C 1952.

2. I provided the Inquiry with my qualifications and employment history in my written statement, dated 26 March 2021, in response to a request under Rule 9 of the Inquiry Rules 2006. Therefore, I will not repeat this information.

Section 2: Opening remarks

3. I would like to begin my statement by making a few brief comments.

4. I wish to express my genuine sympathy for those infected and their loved ones. I appreciate that this has been the cause of much distress. I am fully committed to cooperating with the Inquiry and providing information within my knowledge.

Section 3: Rule 9 requests

5. I am grateful to the Inquiry for giving me notice of criticisms contained in:

    a. the Third Written Statement of Jason Evans dated 27 February 2020; and

    b. the oral evidence of Mr Evans on 11 June 2021.

6. I was notified of the criticisms contained within the Third Written Statement of Jason Evans on 2 June 2021, and the Third Written Statement of Mr Evans was provided to me on 7 June 2021. The criticisms made by Mr Evans in his written statement are multiple and detailed. Therefore, it was not possible for me to give a comprehensive response before the hearing on 11 June 2021, where Mr Evans was called to give oral evidence before the Inquiry and reference to these criticisms could be made at the hearing. This does not appear to be reasonable. I note that Mr Evans's Third Written Statement was provided to the Inquiry on 27 February 2020, that is 15 months prior to when I was notified of the criticisms, and was disclosed to Core Participants on 27 May 2021.

7. I have since reviewed the transcript of Mr Evans's oral evidence to the Inquiry dated 11 June 2021, where Mr Evans elaborates on the criticisms in his Third Written Statement.

8. I am grateful to the Inquiry for issuing requests under Rule 9 of the Inquiry Rules 2006 dated 1 October 2021 and 6 October 2021 inviting me to provide a single written statement in response to the criticisms outlined in Mr Evans's written and oral evidence.

9. The criticisms made against me by Mr Evans are numerous and span many paragraphs in his statement as well as pages of the transcript of Mr Evans's oral evidence dated 11 June 2021. Consequently, I will respond to the overlapping written and oral criticisms by subject matter, rather than addressing the interrelated written and oral criticisms in turn. I will address each criticism by

referring to where it can be found in Mr Evans's statement and/or the relevant pages of the transcript dated 11 June 2021.

Section 4: Response to Mr Evans's criticisms

Preliminary matters

10. At paragraph 64 of the statement WITN1210008, Mr Evans states that from the late 1980s and into the 1990s, I worked in the Department for Health ('DH') where I held *"various roles"*. I commenced work at the DH on 1 March 1989 and worked at DH for 10 months of that year in the role of Senior Medical Officer. My only role in DH was that of Senior Medical Officer from 1 March 1989 to 12 December 1998. My formal role in Haematology within DH ended on 31 July 1997, although I did some work to assist with the handover to my successor for a few months thereafter.

11. At page 116 of the transcript dated 11 June 2021, Mr Evans states in his oral evidence that I have *"[...] been in haemophilia care since the mid-to late '70s"*. I did not in fact deal with haemophilia as a condition until May 1978 when I worked in the Haematology Department at St Thomas' Hospital. In addition, it is worth noting that haemophilia is only a small part of Haematology as a broader discipline, and I have never had any major involvement in it. Thrombosis and anticoagulation took up the majority of my time when I practised on the specialist Haemophilia Unit, which was only for a few months.

1990s litigation – general undertaking

12. At paragraph 66 of the statement WITN1210008, Mr Evans states that I was *"[...] the architect of the now infamous HIV litigation waiver which precludes bringing future claims in respect of Hepatitis viruses"*. I exhibit the waiver at paragraph 5 of the draft of the Main Settlement Agreement dated 24 April 1991 [WITN4486029], which I understand is the first draft referring to hepatitis viruses. For the sake of clarity, the Government's announcement that the HIV litigation had been settled did not take place *"some months"* prior to February 1991, as stated at page 116 of

the transcript dated 11 June 2021. Although announcement of the acceptance in principle by the Government of the Plaintiffs' offer was made in December 1990, the agreement of the individual plaintiffs was needed [DHSC0002451_006]. This process concluded with the Settlement Approval Hearings on 9 May and 10 June 1991 where the Main Settlement Agreement, containing the final agreed waiver, was approved in respect of those plaintiffs who were minors by Mr Justice Ognall [WITN4486026; WITN4486027 (hearing of 9 May 1991) and BNOR0000357; WITN4486028 (hearing of 10 June 1991)].

13. I was not the architect of the HIV litigation waiver. The waiver was in fact part of a general undertaking by the Plaintiffs to discontinue claims against the Defendants and not to bring fresh proceedings, subject to certain exceptions outlined in paragraph 5 of the draft of the Main Settlement Agreement dated 24 April 1991 [WITN4486029].

14. In paragraph 67 of the statement WITN1210008, at Exhibit WITN1210028, Mr Evans exhibits a chronology of documentation that he alleges to be important and relating to me. It is inaccurate to imply that all of the documentation referred to in this chronology relates to me. A significant number of the items listed do not. For example, the items relating to press articles about court cases in France regarding haemophilia do not relate to me at all. Also, the entries from September 1997 onwards are not relevant since I ceased to have any responsibility for haematology and haemophilia at DH after 31 July 1997. In addition, I am simply copied to much of the correspondence for information only and played no active part in the issues considered therein.

15. The chronology mentions a minute from myself to DH officials dated 22 February 1991 [DHSC0004766_068] where I make reference to a prospective general undertaking that the Plaintiffs in the HIV litigation *"[…] would have to agree not to raise hepatitis in any further litigation"*. At page 116 of the transcript dated 11 June 2021, Mr Evans alleges in his oral evidence that this document *"[…] shows Dr Rejman is the architect of what we would all later come to know as the "waiver""*. I disagree with this allegation. My minute was not the genesis of the general undertaking; I was conveying a concept to DH officials that had already

materialised from discussions between the legal representatives of the Plaintiffs and the Defendants in the HIV litigation. The idea of a general undertaking by the Plaintiffs to discontinue claims against the Defendants was raised and discussed long before my minute of 22 February 1991 [DHSC0004766_068]. This was not *"[…] the first time…this idea* [was] *suggested"*, as stated at page 116 of the transcript dated 11 June 2021. I outline below certain documents that have been made available to me that provide details of discussions regarding the general undertaking prior to this date. I should say, however, that I have been dependant on the documents that have been made available to me from my legal advisors for this statement. I do not have (and would not, at the time, have had) access to DH legal advisers or Treasury Solicitors files, and I do not know the detail of the discussions or communications which took place between the respective legal teams. With that caveat, I refer to:

a. In the letter from Pannone Napier (solicitors for the Plaintiffs) to The Treasury Solicitor dated 7 September 1990 [DHSC0020866_134] outlining the Plaintiffs' position on *"the prospects of a compromise"* in the HIV litigation following a request by Mr Justice Ognall that the parties consider the same, the Plaintiffs' solicitors explicitly state at paragraph 8.4 that *"[…] any compromise would be based on the full and final settlement of all claims by the Plaintiffs against the Defendants"* and that *"[s]pecial consideration will have to be given to cases where clinical mismanagement is a live issue"*. The undertaking envisaged at this stage by the Plaintiffs' solicitors was therefore in fact wider in scope than the undertaking set out in the draft of the Main Settlement Agreement dated 24 April 1991 [WITN4486029].

b. Similarly, at paragraph 9 of the advice from the Plaintiffs' Counsel on the settlement of the HIV litigation dated 12 December 1990 [WITN4486030], the Plaintiffs' Counsel provides *"an outline of the proposed settlement"* negotiated with the Defendants for the Plaintiffs' consideration stating that *"[…] in return for a cessation to the litigation against all the defendants"*, the DH would make payment into the MacFarlane Trust.

c. Details of the settlement were in the public domain as early as 5 January 1991, for example in an article in the BMJ dated 5 January 1991 [WITN4486031]. This article refers to the fact that most infected or affected individuals were expected to *"[…] accept the government's offer of an extra £42m to settle their legal claims"*, therefore implying that the settlement sum would be contingent on individuals surrendering their legal claims.

d. On the same subject, in a minute from Mr John Canavan in the Corporate Affairs Operational Policy Unit at DH to Mr Dobson dated 8 January 1991 [WITN4486032], Mr Canavan notes that *"[b]efore a settlement could be reached, individuals would need to sign away litigation rights and formally accept the offer."*

e. Early drafts of the Proposed Detailed Terms of Settlement, that would go on to inform the contents of the draft of the Main Settlement Agreement dated 24 April 1991, make reference to the general undertaking. For example, a draft of the Proposed Detailed Terms of Settlement dated 21 January 1991 provides that *"[t]he Plaintiffs will discontinue their actions against all Defendants and will undertake not to bring fresh proceedings against any Defendant, Health Authority or treating doctor"* [DHSC0004523_091].

16. It is clear, therefore, that the general undertaking by the Plaintiffs to discontinue claims against the Defendants and not to bring fresh proceedings was being discussed and developed by the Plaintiffs and DH long before 22 February 1991. My minute was intended to highlight to DH officials a concept that was already in existence.

17. I have further been provided with a copy of a minute from Mr Burrage dated 22 March 1991 asking me (and others) for comments on the latest iteration of the Trust Deed as it stood at that date [WITN4486033]. At this point, it seems that the proposal was that the Trust Deed should contain an undertaking not to sue any of the Defendants in relation to "*any allegations concerning the spread of the human immune-deficiency virus through Factor VIII or Factor IX ".*

18. On 25 March 1991 Mr Burrage sent a minute asking me and others for urgent comments about the Draft Terms of Settlement, dated 22 March 1991 [DHSC0003660_020; DHSC0003660_019]. In my response dated 25 March 1991 [WITN4486039], I provided comments. In respect of the proposed undertaking, as it stood in that draft, I wrote: "*this undertaking would prevent any Plaintiff ever suing any of the defendants in respect of other negligence or other failures which might have nothing to do with either HIV or other viral infections. Perhaps we should include in this paragraph some comment limiting this undertaking.*"

19. Thus, the evolution of the draft seems to have nothing to do with my minute of 22 February 1991. Furthermore, in March 1991, although I assumed in my comments that the undertaking would cover both HIV and other viral infections, the inclusion of the latter was not a point made specifically by me and I was clearly concerned to ensure that the undertaking was fair to the Plaintiffs and not too restrictive, by ensuring that it did not potentially include matters that had not been part of the litigation.

20. As far as I am aware, it was not until 24 April 1991 that a further version of the proposed Declaration of Trust was sent to me [see WITN4486034 and WITN4486035]. By this time, the proposed undertaking had been widened to include "*or the hepatitis viruses*". I do not appear to have provided any comments on this version and I do not know what discussions, or with whom, had taken place between 22 March and 24 April. As I have said, these were not my responsibility.

21. The terms of the general undertaking that followed and was developed for inclusion in the Main Settlement Agreement were not secret. Whilst this was an issue handled by DH's lawyers and not myself, the general undertaking was clearly included in the Main Settlement agreement, copies of which were sent in draft to the Plaintiffs' solicitors when the terms of settlement were being agreed. For example, on 22 March 1991, Mr Canavan updated the Secretary of State and referred to the Trust Deed having been sent to the Plaintiffs' solicitors [DHSC0004523_017]; this presumably was a reference to the version sent to me on the same date. On 26 April 1991, in a minute from Mr Powell to Mr Canavan,

there was discussion in DH on the arrangements for sending the terms on which DH was prepared to settle to the Plaintiffs' solicitors [WITN4486036; WITN4486037]. On 29 April 1991, in a further minute from Mr Powell to Mr Canavan, there was further discussion in DH on the practical arrangements for distributing the settlement offer letter enclosing the terms of settlement to the Plaintiffs [WITN4486038]. On 1 May 1991, a letter from Mr Powell was sent to Pannone Napier enclosing the proposed terms of settlement in the HIV litigation [HSOC0023174]. The DH's proposed terms of settlement containing the undertaking were therefore not kept secret from the Plaintiffs; proposed terms of settlement were clearly set out to the Plaintiffs' lawyers for the advice and agreement of their clients.

22. Hepatitis featured prominently in the HIV litigation. The Plaintiffs' Re-Amended Main Statement of Claim [ARMO0000716] devotes considerable attention to hepatitis infection, as does the advice from the Plaintiffs' Counsel on the settlement of the HIV litigation dated 12 December 1990 [WITN4486030] (I should say that this Advice was obviously not available to DH at the time of the litigation; it has since been placed in the public domain and I have read it). For example, in Section D of this advice (*"Legal Issues (1) Foreseeability"*), Plaintiffs' Counsel state *"[i]n relation to the case on self sufficiency, we allege that the Department negligently exposed the plaintiffs to an increased risk of infection with hepatitis viruses in the 1970's and early 1980's""* and in Section L (*"Conclusion on Liability and Quantum"*) Counsel refers to *"*[…] *negligently infecting a haemophiliac with hepatitis"* as *"*[…] *our principal case"*. Furthermore, the Advice displays a clear understanding of the potential seriousness of such infection: see paragraph 51. Indeed, in summing up the Plaintiffs' case before the Court on 10 June 1991, Counsel for the Plaintiffs state at paragraph 3 of his submissions that *"[o]ur case focussed heavily on the hepatitis risk, because many of the Plaintiffs were infected with HIV before the AIDS risk was reasonably foreseeable"* [NHBT0091946]. Given its prominence in the 'HIV litigation', and that prior to testing becoming available in 1989 it was very difficult to prevent hepatitis when treating haemophiliacs, the inclusion of future claims for hepatitis infection within the scope of the general undertaking was not surprising in the circumstances and was not something I invented in the minute

dated 22 February 1991. Litigation on this topic would have covered much of the same ground or allegations raised by the 'HIV' proceedings.

23. In any event, it would not have been within the competence of a medical professional at DH to devise a proposal such as the general undertaking by the Plaintiffs to discontinue claims against the Defendants and not to bring fresh proceedings. This proposal would have been the subject of discussion between the legal representatives for both DH and the Plaintiffs, as noted at paragraph 16 above. For the avoidance of doubt, I had no role in devising this proposal. This assertion is not reflective of how decisions were made about legal issues in DH.

Alleged withholding of information in relation to Hepatitis C

24. At paragraph 68 of the statement WITN1210008, amongst other things, Mr Evans states that I was one of the central figures involved in a *"cover up"* which prevented haemophiliacs infected with HIV from also knowing they were infected with Hepatitis C. Mr Evans alleges that *"[t]he documentation shows that Dr Rejman knew in the 1980's that most Haemophiliacs infected with HIV were also infected with Hepatitis C, but he made no effort to communicate this to patients or patient groups."* Mr Evans goes on to develop his comments on this subject in his oral evidence at pages 107 to 115 of the transcript dated 11 June 2021 by reference to certain documents in the chronology at Exhibit WITN1210028 to the statement WITN1210008. I will therefore respond to both Mr Evans's written and oral criticisms at this point in my statement.

25. I was not involved in any *"cover up"* to prevent haemophiliacs infected with HIV knowing they were infected with Hepatitis C. The scientific literature as far back as 1983, and possibly earlier, indicated that the majority of haemophiliacs treated with Factor VIII concentrate were infected with non-A, non-B hepatitis, on the basis of clinical jaundice or abnormalities of liver function tests.

26. I do not intend to provide a comprehensive review of the scientific literature. However, by way of example, in December 1983 the British Medical Journal published an article titled *"Non-A non-B hepatitis after transfusion of factor VIII in*

infrequently treated patients" [CBLA0001772]. This article published the results of a study where liver function tests on 30 patients showed evidence that virtually all patients that received Factor VIII concentrate for the first time contracted non-A, non-B hepatitis (now identified as Hepatitis C). It was therefore common clinical knowledge, well before any testing was available for Hepatitis C, that the majority of haemophiliacs treated with Factor VIII concentrate were infected with non-A, non-B hepatitis.

27. Given this context, it bears little significance that I received, via a minute dated 29 September 1989 [DHSC0002495_027], sent by Dr H Pickles, a paper dated 1 September 1989 [DHSC0002495_028] highlighting that *"[…] haemophiliacs at risk would develop hepatitis after the first or second exposure to"* large-pool blood coagulation products. This does not, as implied at page 109 of the transcript dated 11 June 2021, indicate that I had some unique awareness that *"[…] haemophiliacs were en masse exposed to hepatitis C viruses."* By 1989 the risks of HCV infection were already common knowledge amongst the scientific community and I did not play any part in seeking to withhold this information from haemophiliacs infected with Hepatitis C. As stated at page 110 of the transcript dated 11 June 2021 this was indeed *"[…] widely shared and known information"* that was relied upon in the 'HIV litigation', as explained at paragraph 22 above.

28. Equally, my *"Cost-Benefit Analysis of Introduction of Routine Hepatitis C Testing of Blood Donors – Factors to be considered"* minute to Dr H Pickles and Mr Canavan dated 29 December 1989 [NHBT0000061_086], where I set out (amongst other things) the risks of hepatitis to infected individuals does not demonstrate that I was in possession of any particularly special knowledge about the exposure of haemophiliacs to Hepatitis C or *"[…] the serious nature of hepatitis C"*, as stated at pages 111 and 112 of the transcript dated 11 June 2021. I was presenting well-established information, that was *"[…] widely accepted by this point anyway"* as stated at page 112 of the transcript dated 11 June 2021, to DH officials who were considering the implementation of hepatitis testing of blood donors at the time.

29. As it was certainly common knowledge by the late 1980s that the majority of haemophiliacs treated with Factor VIII concentrate were infected with Hepatitis C,

there was no reason for me to pass this information on to haemophiliacs infected with Hepatitis C. In any event, this was not my responsibility. I had no formal or informal contact with patients. I occasionally accompanied administrative colleagues to informal meetings with the Haemophilia Society. My role as Senior Medical Officer in DH was not patient facing but rather entailed giving specialist medical advice to medical and administrative colleagues. I also had a number of roles on various committees. Patients could discuss the topic with their clinicians, or they could ask the Haemophilia Society about this issue. To the best of my knowledge many haemophiliacs were aware of the risk of hepatitis infection well before hepatitis testing became available because, for example, they or people they knew had developed jaundice. I therefore envisage that the risk of hepatitis would have been discussed with clinicians, communicated to Haemophilia Society members via bulletins and included in leaflets enclosed with concentrates given to patients.

30. When Hepatitis C screening for blood donors was introduced in September 1991 in the UK, the percentage of positive donors among voluntary donors could be measured in the UK for the first time. The percentage among paid donors in the US was also available. It became apparent that the number of donations in a batch of concentrate was such that every batch of concentrate, whether from volunteer donors or paid donors, would have contained Hepatitis C. However, effective virucidal procedures from 1984 reduced the risk of infection with the virus. Also, severe haemophiliacs who required many treatments with cryoprecipitate, and therefore from many different donors, were likely to have become infected prior to Hepatitis C screening in 1991.

31. This topic was discussed at the 19th meeting of the AIDS group of Haemophilia Centre Directors on 12 February 1990. I was present at the meeting as a DH observer. I took no part in the discussion on this topic, which was between Haemophilia Centre directors and Dr Simpson, Joint Secretary of the three Defence Unions. This is demonstrated by the minutes of the meeting which show that I made no contribution [HCDO0000271_014]. Mr Evans's comments in his oral evidence at pages 113 and 114 of the transcript dated 11 June 2021 that I somehow played a part in the decision not to give hepatitis data to the Haemophilia

Society or the discussions surrounding hepatitis infection and prospective litigation are therefore misplaced.

32. At pages 114 and 115 of the transcript dated 11 June 2021, reference is made to a minute dated 14 August 1990 from Mr Canavan for the attention of the Chief Medical Officer and Deputy Chief Medical Officer advising them not to speak at a Haemophilia Society event due to sensitivity surrounding the topic of self-sufficiency in blood products [DHSC0002472_085]. I was copied to the minute for information and played no part in this decision. This is acknowledged at page 115 of the transcript dated 11 June 2021 which provides that *"Dr Rejman aside, those remarks more generally could be said to be something of a conspiracy of silence on the matter"*, suggesting the fact that I was copied to the minute is not central to the analysis of this document.

33. Mr Evans seeks to convey in his written and oral evidence that my knowledge of the well-established fact that haemophiliacs infected with HIV were highly likely to be infected with Hepatitis C and the presence of my name in contemporaneous documentation discussing hepatitis issues led to me inventing the general undertaking in the HIV litigation. At paragraph 68 of the statement WITN1210008 Mr Evans states that I *"[…] devised the waiver, covered it up and…put the financial interest of the Government above patient safety and interest"*. For the sake of clarity, the general undertaking did not have anything to do with patient safety since, presumably, those affected by it would have been infected many years previously. Furthermore, any suggestion that this waiver was covered up is baseless as it would have been the subject of discussion between legal representatives for DH and the Plaintiffs.

34. Similarly at pages 116 and 117 of the transcript dated 11 June 2021 Mr Evans suggests that it is convenient that I was allegedly the *"[…] person suggesting that those in the HIV litigation, at least, should sign away their rights to be able to legally do anything"* given my *"[…] awareness of hepatitis C, that virtually all haemophiliacs have been exposed to it, and the seriousness of it"*.

35. I do not agree with the picture Mr Evans has painted of me in respect of the allegedly special knowledge I possessed regarding Hepatitis C infection and my involvement in discussions on the subject at the time, which is based on little more than the presence of my name on certain contemporaneous documentation. It is notable that no criticisms are made of any other civil servants in relation to this subject, despite others having been named in the contemporaneous documentation in question. The approach of seeking to ascribe a central role to me is not supported by evidence contained within the documents. As outlined at paragraphs 26 to 31 above, the substance of these documents reveal that I was conveying information regarding hepatitis infection that was well-established at the time and did not participate in discussions in respect of the same. Page 108 of the transcript dated 11 June 2021 states that I *"[…] withheld information…in relation to hepatitis C"* and I then conducted what Mr Evans describes as *"[…] a great injustice against our community"*. However, as I have explained I did not possess special knowledge regarding Hepatitis C infection and, in combination with the reasons outlined at paragraphs 12 to 23 above, I do not agree with the assertion that I utilised my knowledge or my position at the time to orchestrate any injustice against the haemophilia community.

ACVSB files

36. At paragraph 69 of the statement WITN1210008, Mr Evans refers to my *"[…] involvement related to the Advisory Committee on the Virological Safety of Blood (ACVSB) files"*. Mr Evans states that ACVSB *"[…] was first established in the late 1980s to deal with matters pertaining to blood safety."* For the sake of accuracy, the ACVSB was established in early 1989. My role with the ACVSB was as Medical Secretary to the Committee. I was there at the first meeting of the ACVSB on 4 April 1989, just after I commenced work at DH and I continued in my role as Medical Secretary when the Committee changed to the Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation.

37. At paragraph 70 of the statement WITN1210008, Mr Evans refers to an internal audit published by DH in April 2000 in relation to the ACVSB files. Mr Evans asserts that from his research I was the person responsible for the destruction of

many of the ACVSB files. For the reasons below, I do not agree with the assertion that I was responsible for the destruction of the ACVSB files.

38. On 16 April 2020, I received a request under Rule 9 of the Inquiry Rules 2006, to present a statement about the DH Internal Audit Review Hepatitis C Litigation Final Report dated 11 April 2000 [DHSC0046961_071] relating to the ACVSB. I submitted my draft statement to the Inquiry in June 2020. In January 2021, this was returned with minor amendments, mainly relating to numbering of documents. I proposed some other minor amendments, which were accepted by the Inquiry team. In April 2021, I submitted the signed final version of this statement, WITN4486001.

39. The DH internal audit states that it is unable to identify the individual responsible for the instructions to destroy the various files, or those who carried out the destruction. In the *"Overall Conclusion"* section at paragraph 3.1 it states the decision was *"[…] most likely taken by an inexperienced member of staff"*. Furthermore, in the *"Recommendations – Authorisation"* section at paragraph 5.9 it states *"[w]e believe, although no documentary evidence remains, that they were authorised appropriately i.e. at the level (EO then, IP2 now)"*.

40. For the sake of clarity, it is not correct that the DH internal audit states that ACVSB files were destroyed on 9 February 1993, as stated at pages 118-119 of the transcript dated 11 June 2021. There is no mention of this date in the DH internal audit published in April 2000. For the reasons explained at paragraphs 33 and 34 of my statement WITN4486001, the docket for GEB 1 Volume 4 of the ASVCB files shows this volume was destroyed on 29 September 1994. This is clarified and confirmed at pages 121-125 of the transcript dated 11 June 2021, which provides that the files were *"[…] sent to the DRO on 30 July and destroyed on 29 September '94"*.

41. I do not agree with Mr Evans's assertion at paragraph 70 the statement WITN1210008 that *"[t]he name of the person responsible for the Destruction of many of the ACVSB files is redacted in this report; however, from my research, that person was Dr Rejman"*. I have seen both the unredacted and the redacted

versions of the report. I provided full details of my knowledge about the circumstances relating to the destruction of the ACVSB files and further comments about the audit in my statement WITN4486001. I recognise that my statement was not available to Mr Evans at the time Statement WITN1210008 was submitted in February 2020 however my statement was not referred to by Counsel to the Inquiry at the hearing that followed.

42. In paragraph 70 of the statement WITN1210008, Mr Evans states that he has *"[...] learnt that certain files relating to the Contaminated Blood scandal were booked out from the DH by a member of staff and never returned"*. In paragraph 71, Mr Evans alleges that he believes I was this person. I do not agree with this statement. It should be noted that no details have been provided in respect of these files, which were booked out and never returned. I was one of several individuals involved in litigation discovery. There is no reason to believe that I am therefore responsible for unidentified files that were not returned.

43. Mr Evans goes on to develop his statements in respect of the destruction of the ACVSB files in his oral evidence at pages 117 to 134 of the transcript dated 11 June 2021. Mr Evans seeks to use certain events that took place on dates around when ACVSB files were destroyed to allege that I am connected with the destruction of these documents. Mr Evans provides no evidence to support these allegations and invites the Inquiry to infer that I was connected with the destruction of the ACVSB files because of my involvement in certain occurrences around the dates of destruction. For the reasons set out at paragraphs 37 to 41 above, I did not destroy the ACVSB files, or request their destruction, and the attempt made in Mr Evans's oral evidence to connect me to the document destruction is not only entirely speculative but wrong. I will now turn to the connected assertions in Mr Evans's oral evidence.

44. Mr Evans begins his oral evidence on this subject by making reference to my minute of 12 January 1993 requesting the winding up of the ACVSB and the establishment of the Advisory Committee on the Microbiological Safety of Blood and Tissue for Transplantation ('MSBT'), which would also cover tissues and organs [SCGV0000210_096]. As stated in my minute, the request to wind up the

ACVSB and establish the MSBT was made in order to *"[…] avoid the duplication that would arise from having separate bodies examining many of the same issues in respect of blood supply and tissue transplants."* At pages 117 to 118 of the transcript dated 11 June 2021 attempts are made to link this document and the fact that the ACVSB *"[…] oversaw matters relating to hepatitis C testing"* with my alleged *"[…] relationship with the destruction of the ACVSB files"* however no explanation or evidence in support is provided in respect of how my request to wind up the ACVSB and replace it with the MSBT is related to the destruction of the ACVSB files. To be clear, the MSBT subsumed the functions of the ACVSB and there was a significant degree of overlap in respect of the individuals involved with both bodies. At paragraph 5 of my minute of 12 January 1993, I outlined details of the proposed MSBT membership, which included mainly existing ACVSB members but with two microbiologists to replace two existing virologists as well as two additional transplant surgeons. The proposed MSBT membership outlined in this minute did in fact come into existence in reality.

45. At page 121 of the transcript dated 11 June 2021, reference is made to the Third Meeting of the MSBT on 29 September 1994 where I was present in my role as Medical Secretary [PRSE0003670]. At this meeting HCV lookback was discussed and the *"potential for litigation"* in connection with this exercise was raised by an independent member of the Committee. At page 122 of the transcript dated 11 June 2021 it is stated that *"[…] another volume of the ACVSB files is destroyed on this same day".* In fact, these are the same ACVSB files (GEB 1 Volume 4) referred to earlier in Mr Evans's oral evidence, which Mr Evans had previously mistakenly asserted were destroyed on 9 February 1993 when in fact these were not destroyed until 29 September 1994 (see paragraph 40 above). Mr Evans attempts to link the MSBT meeting and destruction of GEB 1 Volume 4 of the ACVSB files, which occurred on the same date, to implicate me in the destruction of the ACVSB files. No supporting evidence is provided to connect these two events and these statements are again entirely speculative. This is suggested by Ms Richards's question at page 124 of the transcript dated 11 June 2021 – *"[…] I think you accept maybe you're joining dots that can't necessarily be joined but you're drawing attention to two things happening on this date?"* – to which Mr Evans responds,

"Yes". For the sake of clarity, I again repeat that I had nothing to do with these destruction decisions or actions.

46. Pages 132 to 134 of the transcript dated 11 June 2021 refers to the Canadian Red Cross' loss of a civil lawsuit on 8 October 1997 for its failure to screen blood donors in the 1980s and, on 26/27 September 1997, *"[...] the Krever Inquiry...being challenged about his intention to place blame in the inquiry"*. Mr Evans attempts to link these events with the destruction of ACVSB files on 14 and 15 October 1997 however no substantive evidence is provided in support of these allegations. In any event, I was no longer a Senior Medical Officer responsible for Haematology at DH as of 31 July 1997.

General criticisms

47. In paragraph 71 of the statement WITN1210008, Mr Evans asserts that I have always refused to comment in journalism pieces that he has been involved in. There is no reason why I should contribute to any journalism pieces in which Mr Evans has been involved. Importantly, he has never contacted me. I have been contacted by representatives of two national newspapers, since the Inquiry was announced. However, after discussion with a DHSC administrator, I took up the option of referring any inquiries to the Department of Health and Social Care. I am keen not to compromise any evidence that I will give to the Inquiry and regard that as being the best forum for my evidence to be placed in the public domain.

48. In paragraph 72 of the statement WITN1210008, Mr Evans refers to me as a *"[...] faceless civil servant who has worked behind the scenes against"* the infected and affected. I do not agree with this comment. I have regularly participated in public activities. I attended UKHCDO meetings as an observer, and I met doctors treating haemophiliacs on other occasions. I met with Haemophilia Society officials. I attended court during sessions relating to the HIV litigation. I reject any suggestion that I worked against those infected and affected. The HIV litigation was about defending individuals and public bodies against claims of negligence. I helped provide medical advice in respect of this. My role included looking after all aspects of haemophilia within DH. For example I contributed to HSG(93)30 the Health

Service Guideline on *"Provision of haemophilia treatment and care"* [HCDO0000269_062].

49. In paragraph 100 of the statement WITN1210008, Mr Evans states that it appears to him that I have something to hide, which supposedly explains why I have not provided any comments to the media. I wish to state unequivocally that I have nothing to hide. I refer to paragraph 47 above which provides a more detailed response on this issue.

Statement of Truth

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

Signed: GRO-C

Date: 26th April 2022.

Table of exhibits:

Date	Notes/ Description	Exhibit number
09.05.1991	Minute from Mr Burrage attaching note of court hearing on 9 May 1991	WITN4486026
09.05.1991	Note of court hearing on 9 May 1991 – "HIV HAEMOPHILIAC SETTLEMENT – COURT HEARING 9 MAY 1991"	WITN4486027
10.06.1991	HIV Haemophiliac Litigation - First Draft Order at Court Hearing on 10 June 1991	WITN4486028
24.04.1991	Main Settlement Agreement	WITN4486029
12.12.1990	HIV Haemophiliac Litigation – Advice to the Plaintiffs on Settlement	WITN4486030
05.01.1991	BMJ article – "*HIV infected haemophiliacs settle*"	WITN4486031
08.01.1991	Minute from J Canavan to Mr Dobson and Parly	WITN4486032
22.03.1991	Minute from Mr Burrage re MACFARLANE	WITN4486033

	(SPECIAL PAYMENTS) (NO 2) TRUST	
24.04.1991	Minute from Mr Burrage attaching latest draft of Trust Deed	WITN4486034
24.04.1991	Draft Trust Deed	WITN4486035
26.04.1991	Minute from Ronald Powell to Mr J Canavan re: HIV Haemophiliac Litigation	WITN4486036
26.04.1991	Draft Letter offering to settle HIV Haemophiliac Litigation	WITN4486037
29.04.1991	Minute from Ronald Powell to Mr J Canavan re: HIV Haemophiliac Litigation	WITN4486038
25.03.1991	Minute from Dr Rejman to Mr D Burrage re HIV Haemophilia Litigation – Draft Terms of Settlement	WITN4486039