Witness Name: Edwina Currie Jones

Statement No.: [WITN5287001]
Exhibits:
[WITN5287002-WITN5287007]
Dated: [09/08/2022]

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF EDWINA CURRIE JONES

Section 1: Contents

Section 2: Introduction

I, Edwina Currie Jones, will say as follows:

2.1. My name is Edwina Currie Jones. From 1972 to 2001 I was known as Edwina Currie. My birth name is Edwina Cohen. My address and date of birth are known to the Inquiry.

2.2. I was Parliamentary Private Secretary to Sir Keith Joseph, Secretary of State for Education from 1984-1985; and on 10 September 1986 I was appointed Parliamentary Under-Secretary for Health in the Department for Health (DOH/the Department) and Social Security (DHSS/the Department) under Norman Fowler as Secretary of State. I continued to hold that post under John Moore as Secretary of State. When the DHSS split into two Departments, I continued as Parliamentary Under-Secretary for Health in the DOH under Ken Clarke as Secretary of State.

2.3. My portfolio of duties included prevention and the promotion of better health including campaigns on heart disease, smoking, and lifestyle issues, and developing nationwide breast cancer and cervical cancer screening programmes for women. I occasionally attended meetings of the Ministerial Group on AIDS chaired by William Whitelaw MP. I resigned from the DOH on 16 December 1988.

2.4. I make this statement in response to a Rule 9 request from the Inquiry dated 4 May 2022 and further Rule 9 requests dated 25 May and 10 June 2022.

Employment History

2.5. The Inquiry has asked me about my qualifications and employment history, which I summarise below:

Education/qualifications:

a) 1965–1969 MA, University of Oxford

b) 1969-71 Arthur Andersen & Co, Chartered Accountants

c) 1971-1972 MSc, London School of Economics

Career overview:

d) 1970 – 1971 Economic Assistant, AP grade, Economics and Statistics Section of the Ministry of Technology/Dept of Trade and Industry.

e) 1972-1974 Teaching full time, Kingston College of Further Education

f) 1975-6 Teaching part-time, Open University

g) 1978-1981 Teaching part-time, Bromsgrove School

h) 1975-1986 Conservative Councillor to Birmingham City Council:

- 1975 member of the Central Birmingham Health Authority (Teaching)
- 1978-1979 Chair of the Social Services committee
- 1982-1983 Chair of Housing committee
- 1982-1983 Chair Central Birmingham Health Authority (Teaching)

i) 1983-1997 Conservative MP for Derbyshire South

j) 1984-1985 Parliamentary Private Secretary (PPS) to Sir Keith Joseph, Secretary of State for Education

k) September 1986 – July 1987 Parliamentary Under-Secretary for Health in DHSS under Norman Fowler as Secretary of State

l) July 1987 - July 1988 Parliamentary Under-Secretary of State for Health in DHSS under John Moore as Secretary of State

m) July 1988 – December 1988 Parliamentary Under-Secretary of State for Health in DOH under Kenneth Clarke as Secretary of State

n) 1989 as a backbencher wrote and published a record of my time in office entitled: "Life Lines – Politics and Health 1986-1988" ("Life Lines"), published by Sidgwick and Jackson

o) 1989-92 I helped set up a registered charity, Voice UK, supporting vulnerable witnesses in court in cases such as rape, which resulted in changes to practice and law.

p) From 1992 I was involved in the campaign to bring equal rights to gay men with the Age of Consent amendment which I proposed to the Criminal Justice Bill debated 21st February 1994.

q) 2002 "Diaries: 1987 – 1992" was published by Little Brown

Previous Evidence

2.6. I gave written [BSEI0000016][1] and oral [BSEI0000017][2] evidence in the BSE Inquiry. Other than this, I have not provided evidence or been involved in any other inquiries, investigations, criminal or civil litigation in relation to the human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products.

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[1] Also available at: https://webarchive.nationalarchives.gov.uk/ukgwa/20060525120000/http://www.bseinquiry.gov.uk/evidence/ws/wsalpha1.htm, 14 September 1998.

[2] Also available at: https://webarchive.nationalarchives.gov.uk/ukgwa/20060525120000/http://www.bseinquiry.gov.uk/evidence/trans/transcripts.htm, 23 November 1998.

Section 3: HIV and Acquired Immune Deficiency Syndrome ("AIDS")

3.1. In 1983, as newly elected backbencher, I asked the Secretary of State for Social Services: *"...what advice has been given to hospitals concerning the use of imported factor VIII in the light of recent concern about its possible contamination with the causative agent of acquired immune deficiency syndrome"* **[PRSE0000886]**. I put down this Parliamentary Question as soon as possible following my election. The Question was answered after the long recess on 14 November 1983 by Ken Clarke who was, at that time, the Minister of State for Health.

3.2. Mr Clarke replied that: "*There is no conclusive evidence that acquired immune deficiency syndrome (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*" **[PRSE0000886]**.

3.3. I asked this question for two reasons. First, acquaintance with senior staff and researchers of the Queen Elizabeth Teaching Hospital ("QEH") left me concerned that HIV and thus AIDS might be transmitted through blood and blood products. I believe it was then already established that hepatitis could be transmitted through blood. I understood this was being used as a marker for HIV before testing became possible. Secondly, I raised it on behalf of constituent haemophiliacs.

3.4. I referred to this question in two of my books:

(1) In *"Edwina Currie Diaries 1987 – 1992 (Volume 1)"*, I said page 53:

> *"I shan't ever forget my November '83 question on transmission of AIDS through blood transfusion (put up to it by constituent haemophiliacs, almost certainly now infected), to which Ken Clarke answered that there was no evidence that AIDS was transmitted through blood. Like Calais, it's engraved on my heart."* **[RLIT0001121]**.

(2) In my book, *"Life Lines"* **[RLIT0001130]** at pages 71-2, I described seeing a haemophilic constituent in my advice bureau with his wife. He had been infected with HIV through blood products. Having described their visit, which was memorable and moving, I wrote:

> *"They were not in fact my first brush with AIDS and I should not have been so shaken. After I won my parliamentary seat in 1983 I kept up my contacts in Birmingham where I had been chairman of the Central Birmingham Health Authority. Friends there had been expressing their concern about the reports coming from America. I had started to put down parliamentary questions almost immediately. One question I asked in November 1983 was: 'What advice has been given to hospitals concerning the use of imported Factor VIII in the light of recent concern about its possible contamination with the causative agent of Acquired Immune Deficiency Syndrome (AIDS)?'*
>
> *And the answer, from the then Minister of State Kenneth Clarke, was: 'There is no conclusive evidence that Acquired Immune Deficiency Syndrome is transmitted by blood products.'*
>
> *Afterwards, whenever it was my turn to answer parliamentary questions as a minister I was extremely wary of suggested answers starting with 'There is no conclusive evidence that ... '"*

3.5. The Inquiry asks if I was satisfied with the answer Mr Clarke gave. I do not think that I was. I knew Mr Clarke well. I knew him as a responsible, thoughtful person. The wording of the answer suggested that it had been drafted by officials who were not on top of this issue. I was quoted several years later as saying the official who wrote the response: "*needs his head examined*". I do not know who the official was, and I do not now recall making that comment. The Inquiry refers me to a newspaper article dated 23 October 1987 where I was subsequently quoted as having made that remark **[LDOW0000242]** **[DHSC0004541_081]**. The Inquiry asks about any steps I took after the answer and if I discussed it with anyone. At this distance in time, I do not recall. I was a backbencher at this stage. It is likely that I aired my dissatisfaction to parliamentary colleagues but, as I have stated above, I cannot actually remember.

3.6. I am asked to explain what I meant in commenting in volume 1 of my diaries page 53-54, that the question was: "*...engraved on my heart. I suppose, if I'm being totally honest, there's also the thought that if one of these liability cases goes badly wrong it could just be me that has to defend it, sometime in the future*" **[RLIT0001121]**. I will quote longer excerpts than the quotation put to me in the Inquiry's Rule 9 request so that the quotation can be fully understood from its context. Referring to 3 April 1988 I wrote in my diary at pages 52-54:

"The most upsetting event of last week was something I nearly wasn't involved in. John Moore cancelled Monday Prayers (Mary [my Private Secretary] said, 'He told his office he needs a morning off', then she shrugged and grinned). On Tuesday we were up till 2am at the Commons, so he cancelled the 9.30am Prayers meeting too and we went straight into briefing for First Order Questions on 11th April (first day back). At the end he asked ministers and PPSs to stay, and explained that the doctor with AIDS had died and it was proposed to take no action. I flipped. This was a young surgeon who had worked in Zimbabwe, so odds are he was infected by a patient; married, baby, fell ill at Xmas and was told it was exhaustion, died from AIDS last weekend. He had operated on over three hundred patients in Redditch and Exeter. I said that we should act at once in the interests of the public health and should contact, trace, and offer reassurance and the rest. If we didn't and someone else got infected meantime, they could sue us and really take us to the cleaners - and it would get out anyway, which would destroy the credibility of Government statements. John said, the decision's taken, we've just had a meeting, we must avoid political embarrassment. And I thought, I despise you: I'd rather get the sack than put up with this. So I pitched in again and repeated the arguments, and I'm getting signals from Tony, who is looking unhappy, and John says I'm repeating what Tony has only just said in the meeting and practically accuses us of colluding (which we had not; but we do think alike on many issues.) Finally John said that if I felt so strongly about it, we'd better reconvene the meeting of that morning, with CMO [Chief Medical Officer Dr Acheson] etc and get the decision changed. Which we did. As we left Tony took my arm, said not a word, but squeezed it hard: I'd done the right thing. ... Later we had two meetings, one JM, TN and I, followed by officials. At the first, John said

> *he was angry that I did not raise these matters in the proper way. So I put on my frozen Medusa look (copied from the PM) and said, 'Fine, but you keep cancelling meetings, so there has been no opportunity.' .. Anyway, Tony and I got our way - I signalled him to do the talking - and we convinced Chris France [Permanent Secretary] that it would be wrong to say 'no evidence of cross infection = no risk.' I shan't ever forget my November '83 question on transmission of AIDS through blood transfusion (put up to it by constituent haemophiliacs, almost certainly now infected), to which Ken Clarke answered that there was no evidence that AIDS was transmitted through blood. Like Calais, it's engraved on my heart. I suppose, if I'm being totally honest, there's also the thought that if one of these liability cases goes badly wrong it could just be me that has to defend it, sometime in future. And there are two other bits of the tale: the funeral workers told the local press about the poor doctor, so there was no chance of keeping it secret anyway - as if there ever was..."* **[RLIT0001121]**

3.7. The reason that Ken Clarke's answer in November 1983 was something that "*I shan't ever forget*" and was "*engraved on my heart*" was that the answer seemed unsatisfactory at the time. Indeed, it proved to be wrong. As I explained in my book "Life Lines" at page 72, it led me - once I was a minister – to be extremely wary of suggested answers starting with words along the line that *'There is no conclusive evidence that …'"* I was saddened and frustrated that my initial 1983 question did not produce the positive science-based response I would have expected.

3.8. The comment in my diary at page 53-54 that, "*I suppose if I'm being totally honest, there's also the thought that if one of these liability cases goes badly wrong it could just be me that has to defend it, sometime in the future* " was not a reference to Mr Clarke's answer in November 1983 at all but to the incident I had been discussing, namely a surgeon who had died from AIDS and the initial suggested response that nothing would be done in terms of advising those on whom he had operated. My primary concern was for the 300 or more patients he had operated on who might have been infected. It is also clear from the above entry that if my outspokenness in a Ministerial meeting led to me being removed from office, that was a risk I would take in the interests of these individuals. Tony Newton and I did not agree with John Moore's proposed course and by enlisting the Permanent Secretary Chris France, we got our way. I believe a protocol was set up in order to ensure potential sufferers were traced and contacted, offered testing and advice. In this particular case as I recall, most of the patients were elderly, did not want to be tested, were grateful for being contacted, and expressed their sadness at the young doctor's death.

3.9. I considered I might be a target for blame or criticism because of my high profile due to the portfolio of duties I had at the time; my frequent appearances on TV (still new to many colleagues), and because there were so few women in Parliament, I drew attention. I was often erroneously believed by media and the public to have responsibility for matters that were not my brief; the Blood Transfusion Service, for example was not part of my portfolio at this time; it was, I believe, an area covered by Lord Skelmersdale.

3.10. I am asked whether I had any other interaction with the Government over its use of imported Factor VIII, or about the risk of AIDS from blood products, before I became a minister in September 1986. I have addressed in Section 7, below, the presentation from Wellcome about their HIV test in 1985.

3.11. I am referred to various documents regarding comments I made during a press conference in Runcorn on 12 February 1987, and in particular the Inquiry asks me about a quotation that records me as saying, "*Good Christians who wouldn't dream of misbehaving will not catch AIDS.*" That comment was reported in a number of newspapers including the Daily Mirror, Express and Today on 13 February 1987 along with other comments I had made at the press conference discouraging sexual contact with strangers due to my concern that there was not enough publicity to get across the message about how easily AIDS could be spread **[HSOC0007922]**. The comments were also reported on by the Mail **[HSOC0007924]** and by the Guardian and the Daily Telegraph **[HSOC0007926]**.

3.12. I was also reported as saying: "*We had 62 people dead from AIDS last month and the number is going to go on rising. It is horrifying us and worrying us very much indeed. AIDS is rife among the heterosexual community and prostitutes in some parts of the world*" **[HSOC0007924]**.

3.13. The Today paper reported that I was "*concerned that there was not enough publicity about the spread of Aids among heterosexuals and prostitutes in other countries*" **[HSOC0007922]**. The Telegraph reported: "*She said she was worried that attention to the screening of immigrants and to deaths among male homosexuals ignored the fact that Aids was rife among the heterosexual community and among prostitutes in some parts of the world.*" **[HSOC0007926]**. That is an accurate reflection of one of our concerns at the time, namely that AIDS was being wrongly portrayed as afflicting mostly immigrants and gay men and wasn't therefore a problem which should bother most people. This was alarming to us, as it grossly under-estimated the risk there was to everyone of the spread of AIDS through sexual transmission, and indirectly stigmatised those infected through non-sexual routes, particularly haemophiliacs and their families.

3.14. In my book "Life Lines" I said as follows at pages 97-98 **[RLIT0001130]**:

> *"We were, and are, under constant pressure to make the campaign more 'moral'. But counselling sexual fidelity in itself, or advising celibacy for homosexuals, or anyone else, is not a complete programme for the public health by any stretch of the imagination. It was awareness of that fact that led to my somewhat sarcastic remark in February 1987 - 'Good Christians don't get AIDS'. I was both amused and amazed at the diverse reactions, which again showed how strong many people's feelings were, just below the disciplined surface.*

> *I had in my mind the strong words of the US Surgeon General, Dr C. Everett Koop, a born-again Christian, who, despite his own highly moral views, felt that the public health demanded a realistic approach to those not amenable to the Christian ethical code. The 'Surgeon General's Report on AIDS' in October 1986, written at the request of President Reagan, was a call to arms against the epidemic, complete with marching orders. He told the members of the Moral Majority, a pressure group trying to improve moral standards, that they were not his first concern. If they lived according to the religious tenets which they so powerfully advocated for other people, then, barring accidents (such as tainted blood transfusion), they would not be at risk. His public duty, analogous to that of British ministers of health, was to reach out to those who did not live according to Christian religious faith, nor indeed to any other code which advocated chastity and fidelity to one partner for life. That meant saying 'Use a Condom', and it meant saying it to people who were not married to each other or who slept around. If he and we were to protect the health of the rest of the population, we had no choice but to say things that were unpalatable to us personally and to people whose personal behaviour we deplored.*
>
> *What I actually said, in response to a question from a reporter, was: 'Good Christian people who wouldn't dream of misbehaving will not catch AIDS.' I see no reason to resile from it. Of course, good Christians do get AIDS, and of course other religious groups, such as Moslems and Jews, are equally protected if they observe their own moral codes. I did not need the huge post-bag that followed to tell me that! Nor did I mean, or intend, to set myself up as the voice of the moral majority in this country, despite the many letters I received thanking me for my willingness to stand up and be counted; rather the reverse in fact. In the end I got fed up trying to explain, and let the remark lie on the table. I could live with it in all its forms and interpretations, and was content that it should provoke discussion from time to time on what was safe behaviour and what wasn't."*

3.15. I have been referred to a letter from Mr O'Brien of the AIDS Unit at the DHSS, to Mrs M Grindley, dated 23 March 1987 [**WITN2336002**]. The response from Mr O'Brien was in the following terms:

> *"I am sorry that you do not agree with what she said. We are very concerned about the dangers of AIDS. There is no cure or vaccine and no prospect that either will be developed for some years.*
>
> *The Government is supporting research and funding a wide ranging public education campaign to bring home the threat that AIDS poses to us all. It is essential that the message is put across clearly, at every opportunity, that the only way to stop AIDS spreading is for all our people to behave responsibly.*

> *I understand that you take particular exception to Mrs Currie's reminder about good Christian people not catching the disease. She had in mind merely that, for most people, a responsible and caring way of life should protect them and their loved ones from the threat of AIDS in future."*

3.16. I have seen that Mrs Grindley gave evidence to this Inquiry, and that she said that she was very angry at the time about my comments, and still is angry about them now.

3.17. I am asked if the press reports are accurate. I do not have a transcript of precisely what I said to the reporter(s) so I cannot give a full account of exactly the language I used in answer to their question or the context of other comments I made at the same time. Plainly, however, I did say something along the lines, "*Good Christian people who wouldn't dream of misbehaving will not catch AIDS*", however the context in which this was said is important.

3.18. I am asked to explain my comments and the reasons for making them. The Inquiry also asks if I was concerned at the time, or afterwards, about the effect that my words might have had on people infected with AIDS through blood transfusions or blood products, and their families/friends. As can be seen, I made all of these comments, warning men of the risks involved in having sexual relations on holiday flings, as it was a vital message to get across to avoid unnecessary personal tragedies. The context in which I made the comments was in relation to the danger of the spread of HIV through sexual activity. The same message applied equally to women and people of any religious persuasion who were thinking they could have unprotected sex without risk, but this would have drawn less attention. The comment the Inquiry focuses on, and the other comments I made at the conference, were designed to drive the safe sex message forward at a time when the public needed to be informed and protected. My comments were not scripted – they appear to have been in response to a reporter's question. I did not intend to cause any person or group offence.

3.19. As I set out in "Life Lines", my use of the comment about Good Christians not getting AIDS was intended to be somewhat sarcastic **[RLIT0001130 page 97-98]**. In the context, what I was trying to convey was that our target audience for the sexual health education message was not "Good Christians" who were monogamous, because their sexual activity would not put them at risk – we were seeking to get the message across to the travelling businessmen, and to young people going to holiday destinations, who were the higher risk groups for the heterosexual sexual transmission of HIV abroad. As I also tried to explain in "Life Lines", by reference to Dr Everett Koop's message to the "Moral Majority" group, those who chose chastity and fidelity to one partner for life would not be at risk, but this was *"... barring accidents (such as tainted blood transfusion)....*", **[RLIT0001130 page 98]**. In other words, the 'target audience' for necessary health education audiences in terms of the risks of sexual transmission of the disease was not those whose beliefs meant that they already avoided the risk of transmission through the sexual route.

3.20. The health messages concerning sexual transmission were bound to attract the fiercest debate. Not since wartime when Ministers were concerned about sexually transmitted infections amongst serving troops had a government sought to offer advice on safe sexual behaviour. Health Ministers understood this and were prepared to take the risk in order to offer sound information which might reduce the risks through the sexual transmission path. We recognised that that would upset those who felt our messages condoned certain sexual behaviours, and that risk was one we were prepared to take. But I absolutely did not intend to offend those infected through no act of their own through blood transfusions or blood products. I am therefore deeply sorry that my remark upset Mrs

Grindley, whose correspondence did not reach me, and I am sorry that she is still upset. If the opportunity arises to share these thoughts with her I would welcome that. I do not recall receiving correspondence or comments from my own constituents expressing that view, nor does the Haemophilia Society seem to have raised the question, even when we met face-to-face.

3.21. Reflecting on matters now, I would note that it can be very difficult, when giving unscripted answers to live questions in a particular context (here the risk of sexual transmission), to choose phrases that get the point across in a lively way such that they get traction and get the health message across, but at the same time avoid unintended offence to others infected in very different ways. I should have made it explicitly clear that I was confining myself to the sexual route of transmission.

3.22. The chapter in my book "Life Lines", "The Innocents and the Cesspit" set out my views in 1989 **[RLIT0001130]**. I was concerned at the negative effect the appalling words of people like James Anderton were having on everyone concerned, including anyone who was infected by HIV, and was trying to show them some support. The mode of transmission under discussion was that of sexual Intercourse, but Mr Anderton's remarks sought to stigmatise AIDS patients, and he made no distinction between those whose risky sexual behaviour might lead to infection, and those who were infected by blood transfusions or contaminated Factor VIII. Thus anyone diagnosed with HIV could face increased stigmatisation. I was keen to make clear that in the UK, we did not distinguish between patients by reference to how they came to be infected with a virus or disease. And in countering arguments that the Government was spending too much time or money on HIV/AIDS when it was predominantly afflicting gays, I had to make that point forcefully, as well as reminding my audience that haemophiliacs and babies were also infected.

3.23. The Inquiry asks if I have any further observations about what I said in the press conference on 12 February 1987. As I have indicated, the health messages concerning sexual transmission were bound to attract the fiercest debate as it involved discussion around personal and sensitive matters. As we know from the tragedy surrounding the use of blood products which caused haemophiliacs and others to become infected with the disease, sexual transmission was not the only way AIDS was spread. However, the campaign to raise awareness was designed to reduce the sexual transmission path and save lives in the context of a lethal disease which the DOH knew was transmissible via sexual contact and for which there was no cure. As I have indicated, I am deeply sorry that my remark about Christians upset people. I understand why it has done so, but I hope the Inquiry and those I inadvertently offended understand that it was said to generate awareness of, and stop the spread of AIDS through, sexual transmission. It was not intended to imply that all those who had been infected with HIV had been infected through risky behaviour, still less that haemophiliacs and their families were in any way at fault. As I said in my book, the comment was *"somewhat sarcastic"* and it was designed to draw attention to the growing public health concern at the time in relation to the sexual route of transmission "Life Lines" **[RLIT0001130]**.

Section 4: . Decision-making structures

Structure and organisation of the Department of Health and Social Security 1986 -1988

4.1 I had a broad range of responsibilities which changed slightly from time to time. Unfortunately, I do not have a complete list of these to provide to the Inquiry. I would attend meetings of Ministers either as part of the regular team in DHSS or DOH and take part in discussions.

4.2 In "Life Lines" I said at page 75, in respect of the fight against AIDS:

> *"Clearly, however, the English Department of Health would have to play a major role in some parts of the work. In our department there was some discussion as to which minister should handle the issues. Jean Trumpington, perhaps, as her list of responsibilities included the Blood Transfusion Service? Me, as mine included prevention? I was adamant; this was deadly and serious, it needed someone with top-notch experience of government and should be dealt with at the highest level. This was no place for a brand new junior minister, not if we meant business"* **[RLIT0001130]**.

4.3 At 'First Order Questions' for our Department in the Commons, as the most junior Minister I would sometimes be allocated a question to answer or be asked to read out an answer and possibly take supplementaries, outside my own portfolio. This is normal when some duties are held by Ministers who are in the Lords or who may be absent. My responses would be taken from the briefs provided by officials. All such occasions are listed in Hansard. As example is that on 20 July 1988, I responded to a written question tabled by Sir John Farr: "To ask the Secretary of State for Social Services what steps he is taking to improve the supply of National Health Service Factor VIII needed for the treatment of haemophiliacs". I said:

> *"Factor VIII for the treatment of haemophilia patients in England and Wales is made for the National Health Service by the blood products laboratory (BPL) at Elstree. A new BPL costing £60 million was planned in April 1987. After an extensive commissioning programme BPL is*

> *issuing factor VIII at record levels, and production is planned to rise steadily to meet the needs of haemophiliacs."* **[HSOC0022241]**

4.4 I undertook a wide range of visits to facilities for which the Department was responsible. I represented the Department at various conferences and seminars in the UK. I received a large number of such invitations and other Ministers would pass theirs on to me.

4.5 For example, in September 1987 I led a small group of officials to observe heart disease prevention and cervical cancer screening programmes in Finland, and to Sweden to see breast cancer screening programmes. This helped inform our plans to implement similar schemes.

4.6 The Inquiry asks me if I had a role in the following areas: blood, blood products, the risks associated with blood products, and the licensing and regulation of pharmaceutical companies and products.

4.7 For the large majority of the time when I was a junior health minister, blood, blood products and blood transfusion was within the portfolio of the minister in the Lords, first Baroness (Jean) Trumpington then, from June 1987 under John Moore, Lord (Roger) Skelmersdale. However, after the split into the DOH and DSS in July 1988, I held that responsibility at junior ministerial level until my resignation in December 1988. I have been helpfully referred to two letters regarding blood products which demonstrate the timing of the change in responsibilities.

4.8 Lord Skelmersdale wrote to the Central Blood Laboratories Authority ("CBLA") on 25 July 1988 referring to the CBLA annual accountability review which Lord Skelmersdale had recently held with Mr Smart, the CBLA Chairman **[CBLA0007051].** Clearly at this stage, blood products as an area of responsibility was still with Lord Skelmersdale. But this was sent just as the DHSS was being split into two departments; it is the date Ken Clarke became

Secretary of State in the DOH, and Lord Skelmersdale went on to become a Minister in the DSS.

4.9 The reply from the CBLA dated 6 October 1988 was addressed to me. Mr Smart, wrote:

> *"There has been some doubt as to whom a reply to Lord Skelmersdale's letter of 25 July, which is acknowledged with thanks, should be addressed. However, I am advised by Malcolm Harris that you have assumed responsibility for blood products and I am accordingly submitting this commentary to you."* **[CBLA0002732]**.

4.10 I do not in fact recall seeing this letter of 6 October which may be explained by the fact that it would have arrived when my main preoccupation (from July onwards) was a nursing pay dispute with the threat of strike action which necessitated my return from holidays and the growing public health crisis caused by salmonella in eggs.

4.11 I have seen an extract from Hansard dated 28 October 1986 when I was Parliamentary Under Secretary of State for Health under Lord Fowler:

> *"Mrs. Currie [pursuant to her reply; 24 October 1986) : We expect the new blood products laboratory to be completed during the early part of 1987. Given the "design and build" method used for this development the completion date was impossible to forecast accurately at the outset when we had expected that completion would be a year or so earlier. There is no single identifiable reason for the building taking longer than originally expected other than the complexity of the design being greater than anticipated.*
>
> *Regional health authorities will need to continue to purchase blood products commercially until the new blood products laboratory · is operating fully. The cost of. purchasing commercially is currently estimated at around £15 million per annum."* **[HSOC0018971]**

Answering questions of this kind was routine in the Commons where the Minister with the relevant portfolio was in the Lords.

4.12 I do not recall having the main responsibility in relation to pharmaceutical products. However, I served on the Health & Medicines Bill Standing Committee in the Commons in 1988, the lead Minister being the Minister of State Tony Newton.

4.13 I am asked to identify the other Ministers within DHSS/DOH who had responsibility for matters relating to blood and blood products during my time as PS(H). To the best of my recollection this was:

(1) Lady Trumpington when I joined the Department in September 1986 until the June 1987 election;

(2) Lord Skelmersdale from the June 1987 election until the DHSS split in July 1988; and

(3) myself from late July 1988 until I left the Department in December 1988.

Whichever junior minister held the portfolio, we would have raised some matters up to Minister of State and / or Secretary of State level depending on their importance and sensitivity.

4.14 When I served as Parliamentary Under Secretary of State for Health, I worked under three different Secretaries of State. The team was as follows (I have omitted those ministers during the DHSS period who were on the social security side):

Norman Fowler Secretary of State for Health (14 September 1981 - 13 June 1987)

- Minister of State for Health (MS(H)) (10 September 1986 – 25 July 1988): Tony Newton.
- Parliamentary Under Secretary of State (Lords) (30 March 1985 – 13 June 1987): Baroness Trumpington.

John Moore - Secretary of State for Health (13 June 1987 - 25 July 1988)

- Minister of State for Health (MS(H)) (10 September 1986 – 25 July 1988): Tony Newton.
- Parliamentary Under Secretary of State (Lords) (13 June 1987 – 25 July 1988): Lord Skelmersdale.

Kenneth Clarke QC - Secretary of State for Health (25 July 1988 – 2 November 1990)

- Minister of State for Health (MS(H))(25 July 1988 – 27 October 1989): David Mellor.
- Parliamentary Under Secretary of State (Lords) (25 July 1988 – 26 July 1989). From my own recollection, I do not recall who the Minister in the Lords was at this time, and I understand that the records suggest that until Lord Trafford's appointment in July 1989, several conservative peers and ministers spoke on health matters in the Lords.

4.15 I am asked how as PS(H) information and issues would be brought to my attention. A junior Minister would be kept informed by civil servants in a slightly arbitrary fashion. The "red box" (black for a junior) of evening reading would be filled with what they and more senior Ministers felt we needed to know, to comment on, to inform us, as well as letters which required a signature.

4.16 I am asked what criteria determined whether a matter was of sufficient importance to be brought to my attention. I am also asked who would make the decisions upon what to bring to my attention. Officials would know, by checking my portfolio, which items to bring to my attention. It was also their responsibility to ensure that all ministers were kept informed of items to be discussed at weekly Prayer meetings (attended by Ministers, PPSs, Special Advisers and sometimes the whips for our Department), or when a debate was scheduled or

First Order Questions in the House, where even junior Ministers could be expected to take part. In practice this was often done by the Private Secretaries forwarding material which had been received to others they felt should receive it. Our Private Offices were in constant contact – they were grouped close to each other, so communication between them was constant. Ministers could also express an interest in a topic, or a preference for how information was to be shared: for example, if an article had appeared in the professional press it might be put in our boxes, but I asked that the whole magazine should be included, so that I could read more widely, in an effort to avoid the office being a filter. That said, the system was not perfect and there would be occasional omissions or errors; it depended on the vigilance of our private secretaries.

4.17 I felt the process was reasonably effective in ensuring that I knew of the key issues with which the DOH was concerned during my tenure. I say that because I had no reason to doubt the civil servants of the time, although their offices were very busy and they worked long hours (such that I was given an additional member of staff soon after my appointment). However, although a Parliamentary Under Secretary was often invited to attend meetings, that was not always the case; some meetings were cancelled or rescheduled. Sometimes it was not possible to attend meetings, for example if I was due to speak at an event which would have caused a problem had I cancelled. Then I was entirely dependent on the briefing material being in my evening or weekend box in a timely manner.

4.18 I am also asked how I decided whether to escalate a matter to the Minister or Secretary of State. I appreciated the close working relationship I had with Tony Newton as my immediate boss and appreciated him inviting me to join in meetings (for example on the proposed Compensation Scheme in 1987). Whilst I did not ever have the final decision in respect of financial or legislative matters, my opinion would be considered. The draft of all speeches or articles I would author on Departmental matters would be sent to the Secretary of State's office for clearance, as were my own queries about policy or anything which might commit the government to action. In 1986 as a new Minister I was expected to be part of a team. As I became more experienced, I could have more influence, but as a Junior Minister my powers to decide anything independently were severely limited. I would discuss my ideas with officials and ask them to work up proposals; or I would respond to papers which were being circulated to Ministers.

4.19 I am asked to identify (by name and by position) the senior civil servants within the DHSS/DOH with whom I principally dealt, or from whom I received advice, in relation to the following issues: blood, blood products, the risks associated with blood products, and the licensing and regulation of pharmaceutical companies and products. However, I have not kept any material from those days. At the age of 75, 35 years on, it would be unwise to trust my memory. No doubt lists of senior civil servants with their responsibilities from those days are available to the Inquiry.

4.20 During my time as Parliamentary Under Secretary of State, the Permanent Secretary was Sir Christopher France. The Chief Medical Officer, who I knew well from my Birmingham days, was Sir Donald Acheson. The Deputy Chief Medical Officers I recall were Dr Mike Abrams, Dr Oliver and Dr Harris. From the NHS Management Board I had a lot to do with Len Peach particularly on the practicalities of the breast cancer screening programme. Geoffrey Podger was Private Secretary to the Secretary of State, and therefore in charge of all the private offices. The Deputy Chairman of the NHS Board from 1986, adviser to the Government on the NHS was Sir Roy Griffiths; he was charged with bringing modern management methods to the Department(s) and was often in attendance. The Look after your Heart! campaign required augmentation with other civil servants and I particularly remember Neville Teller who is still a friend.

4.21 I can say that I admired and respected everyone I worked with in the Civil Service, and dedicated my first book "Life Lines – Politics and Health 1986 – 1988" ("Life Lines") in the preface to them **[RLIT0001130]**. *"This book is for those ….and for the civil servants who did all the work."*

4.22 My Private Office comprised (at different times):

(1) Private Secretaries included: Mrs Mary Grafton; Mrs Yvonne Baxter, Mrs Meg Kirk.

(2) Assistant Private Secretaries included: Miss Brittain, Mrs Nolan, Jane McKessack, Mark Fisher, Mrs Gillian Batt.

4.23 The CMO was responsible for medical advice, to Ministers and the government, to the public and where required (for example through a Select Committee) to Parliament. As I have indicated, I knew Dr Acheson from my time in Birmingham and held him in the highest regard. Various Deputy CMOs had particular expertise for example in heart disease or cancer or epidemiology; as a junior Minister I would consult with them in framing speeches and statements on public health and expect them to contribute timely quotes, references and data, and where necessary on the answers to parliamentary questions and debates.

4.24 I am asked if I think it was part of the role of the Chief Medical Officer to issue guidance, advice or instruction to clinicians and health bodies as to the risks of infection from blood or blood products (and in particular the risks associated with AIDS and hepatitis) and the information to be provided to patients regarding such risks. I think it was his duty to advise on issues of public health generally, not to give advice to individual clinicians or groups of clinicians. But he was not alone in this; the Royal Colleges, the Universities, special interest groups, researchers and others had a duty to inform Ministers on this health issue as on all others. For example, on the food safety issue referred to above, the alarm was raised as I recall by the Public Health Laboratory Service.

4.25 It would have been virtually impossible for the CMO to issue instructions to a clinician, not least because the CMO is an epidemiologist whereas a senior consultant who might also be a professor in a teaching hospital would regard himself (they were nearly all men) and be regarded by his colleagues, as knowing more about his subject than the CMO. No-one can tell a properly qualified and experienced doctor what to do; they have taken the Hippocratic oath and are trusted to do the best for their patients. I understand this is known as clinical freedom and has been a recognised practice and principle for a very long time. Any attempt to counteract it would have drawn protests from clinicians and probably from their union the British Medical Association.

5 The redevelopment of the Blood Products Laboratory at Elstree and the management of the blood transfusion service

5.1 The Inquiry notes that in July 1988, I made an announcement in Parliament concerning new management arrangements for the National Blood Transfusion Service. In this regard the Inquiry has referred me to a number of documents to which I refer below.

5.2 Firstly, the Hansard record for 28 July 1988 **[RLIT0000794]**. In answer to a written PQ from Ian Taylor MP, I announced that:

> *"We have decided that new management arrangements are needed for the supraregional and national dimension of the national blood transfusion service. We therefore intend that operational responsibility at the national level for the NBTS and the Central Blood Laboratories Authority (CBLA) will be exercised on behalf of the Health Ministers for England and Wales by the NHS management board and undertaken by its director of operations, in consultation in respect of Wales with the director, NHS Wales. Day-to-day implementation of the national strategy will be delegated to a new national director of the NBTS and a small supporting staff. The key objectives will be:*
>
> - *(a) to implement a cost-effective strategy for ensuring an adequate supply of blood throughout England and Wales;*
>
> - *(b) to implement a cost effective strategy for the supply of plasma to the blood products laboratory of the CBLA;*
>
> - *(c) to coordinate the activities of the NBTS and the CBLA;*
>
> - *(d) to promote the efficiency of the NBTS.*
>
> *In implementing the objectives in (a) and (b) a priority task will be to remove financial disincentives by having a national system of processing and handling charges both between transfusion centres and between them and CBLA. No charges will be made, of course, for freely donated blood.*

> *The national director will be Dr. Harold Gunson, who is at present the regional transfusion director for north western region.*
>
> *I have arranged for copies of the report to be placed in the Library."*

5.3 Second, the Inquiry refers me to a press release of the same date which records that information and provided further detail **[DHSC0002445_097]**.

5.4 Third, the Inquiry refers me to my letter of 27 July 1988 to Ian Grist MP, then Parliamentary Under-Secretary of State for Wales **[DHSC0002445_188]**. I wrote:

> *"We have decided, at least for the time being, that the blood transfusion service in England should remain a Regionally managed service, but that management arrangements should be introduced for the supra-regional/national dimension to the service.*
>
> *Our proposals are described in the attached paper. In essence the NHS Management Board, through its Director of operations, will provide the national focus. The day to day implementation of the agreed strategy will be undertaken by a National Director and a small supporting staff. To gain the acceptance of the medical directors of the transfusion centres, we propose that the first National Director should be recruited from their ranks. We propose Dr Harold Gunson, director of the North Western (Manchester) transfusion centre. He runs an efficient centre himself and because he is the CMO's Consultant Advisor, he is aware of Departmental and Ministerial requirements.*
>
> *As you know the South Wales centre participates fully as part of the NBTS and is served by the CBLA whilst North Wales is in fact supplied by the Mersey Regional Transfusion Centre. I hope that you will be willing for the South Wales Centre to form part of the new national arrangements, including the cross charging proposals. For this purpose I would suggest that we announce that the NHS Management Board is acting on behalf of both Welsh and English Health Ministers. We will, in addition, ensure that the Welsh Office is represented on the proposed co-ordinating committee which the Director of Operations will convene."*

5.5 Fourth, Mr Grist's reply of the same date in which he said that it was the Welsh Office's view, *"at least for the time being, that the Welsh Blood Transfusion Service should form part of the new national arrangement to which it will no doubt make a valuable contribution.... I am pleased to note from the proposed written answer that the Director, NHS Wales will be involved."* **[DHSC0002445_157]**

5.6 As far as I recall I had no role in formulating the policy, as it was not part of my portfolio until then. The announcement and other public statements would have been drawn up by the officials concerned in consultation with others. I cannot recall my views at the time as it was so long ago. The timing of this – on 28 July 1988 – only days after I had assumed responsibility for this area, shows that this would have been a substantial organisational change that had been worked on and agreed in the previous months, but had not quite been announced by the time I took over from Lord Skelmersdale. Accordingly, I am fairly certain that I was not involved at all in the formulation of this reform.

5.7 The Inquiry asks about my general experience as a Parliamentary Under-Secretary of State in relation to how much influence I and the Department more generally had or could have on how Regional Health Authorities and Regional Transfusion Centres allocated their resources, and how this influence was exercised.

5.8 Regional Health Authority chairmen who were all appointed by the Secretary of State met regularly (I think quarterly) with the Secretary of State and other ministers and officials when issues of interest would be discussed. Relationships were cordial and I believe it was an effective system, keeping all parties informed. At this distance in time I do not recall how their budgets were allocated or where the Regional Transfusion Centres fitted into the system.

5.9 The Inquiry reminds me that the new Blood Products Laboratory at Elstree ("BPL") was formally opened in April 1987 but that it was not fully operational until sometime later.

5.10 I am referred to Parliamentary Questions about the redevelopment of BPL. First, on 28 October 1986 when I said:

> *"We expect the new blood products laboratory to be completed during the early part of 1987. Given the "design and build" method used for this development the completion date was impossible to forecast accurately at the outset when we had expected that completion would be a year or so earlier. There is no single identifiable reason for the building taking longer than originally expected other than the complexity of the design being greater than anticipated.*
>
> *Regional health authorities will need to continue to purchase blood products commercially until the new blood products laboratory· is operating fully. The cost of. purchasing commercially is currently estimated at around £15 million per annum."* **[HSOC0018971]**

5.11 The Inquiry also refers me to a Parliamentary question approximately one year nine months later, on 20 July 1988 where I was asked what steps the Secretary of State for Social Services was taking to improve the supply of Factor VIII needed for the treatment of haemophiliacs **[HSOC0022241]**. I answered that BPL had opened in April 1987 at a cost of £60million and that BPL was issuing Factor VIII at "*record levels*" and that "*production was planned to rise steadily to meet the needs of haemophiliacs*".

5.12 It would have been normal for me to cover questions such as these in the Commons because the Ministers responsible (Lady Trumpington and then Lord Skelmersdale) were in the Lords. For this and other reasons, it was for a junior Minister to answer some questions outside one's portfolio. In order to do so I would have been briefed upon the topic by civil servants and my private office, especially if it was an oral question which would attract supplementaries.

5.13 I am asked what the decision-making structure and/or process was within the Department regarding the development of BPL. Unfortunately, I cannot assist with this as it fell outside my portfolio and as much time has passed, I cannot now recall. Baroness Trumpington was the responsible Minister for this topic as she was Parliamentary Under Secretary of State (Lords). This transferred to Lord Skelmersdale. Much of the redevelopment of BPL pre-dated my appointment to the Department.

5.14 I had no role in the decisions on funding for BPL, nor did I have responsibility for the project, so I am afraid I cannot comment upon what the Inquiry asks about the causes of delays and escalating costs during the redevelopment phase. Nor can I give a meaningful response to the question about what should have been done differently. This question is better directed to other Ministers who were in post before me, who may be able to assist more than I.

5.15 In the brief months when the responsibility for blood products had been allocated to me before I resigned in December 1988, I latterly became aware of a number of problems with BPL regarding the yield of plasma stock. The gross weight (including packaging) had been recorded and used as the basis for some calculations rather than the net weight and there had also been confusion about calculations for the yield of blood products fractionated from plasma (due to a failure in some instances to take into consideration a 7% plasma loss when opening the packets). From the documents I have seen this was not drawn to my attention until October 1988, and even then, the information provided was initially rather vague.

5.16 I have been referred to a number of documents which I summarise in the following paragraphs and it is necessary to set out some of the background to explain that (to my knowledge) Ministers were not aware of these problems when earlier announcements were being made about the positive progress of the BPL.

5.17 As I mentioned, I took over responsibility for blood products for a relatively short period in 1988 before my resignation. As can be seen by reference to letters exchanged in July and October between DHSS and CBLA, I picked up correspondence that was initiated by others **[CBLA0007051] [CBLA0002732]**.

5.18 As I have already referred to, before I took over responsibility, a letter dated 25 July 1988 from Lord Skelmersdale was sent to Mr Smart, entitled "Annual Accountability Review: July 1988" **[CBLA0007051].** I have already referred to this letter at paragraph 3.8 above. This letter provided a summary of the performance of the CBLA over the previous year and confirmed the agreed targets for the year ahead. Lord Skelmersdale mentioned that the failure to reach production targets for 1987/88 was due to the delayed completion of the factory and emphasised the need to meet or exceed the targets set for the following year. With regard to plasma processing, there was no mention at that stage of the particular problems the Inquiry has identified, which became apparent later. Lord Skelmersdale wrote that they had agreed at a meeting that the "top priority" for the year ahead would be the improvement of product yields. In relation to the revenue requirement, Lord Skelmersdale advised that (subject to detailed scrutiny) £15 million looked acceptable. This letter appears to be a summary of the status quo, as far as the Minister and senior advisers were aware, on that date following on from a meeting held in the summer of 1988. The correspondence did not involve me at the time, and I do not recall seeing that letter. It is possible this was drawn to my attention in October 1988 when the letter was referred to in correspondence directed to me, as I have referred to in paragraph 3.8 (above). Unfortunately, with the passage of time I do not recall seeing either letter. Nonetheless, whether I saw this letter or not, it would not have made me aware of the particular problems with BPL.

5.19 I wrote to David G Watters of the Haemophilia Society on 16 August 1988 in reply to his letter of 11 June to Tony Newton **[DHSC0002390_039]**. It was over two months since Mr Watters had written, so a response was an urgent matter and had to come from a Minister, whether or not the responsibility for blood issues had been reallocated to me by that stage. The text of the letter would have been drawn up by the specialist officials concerned with the subject. I believe the assurances given represented the 'state of play' as known to Ministers and Officials at the time. The problems were apparently not identified until later. The letter stated as follows:

> *"As you clearly appreciate the new Blood Products Laboratory (BPL) is being commissioned as rapidly as possible. Production levels of Factor VIII Y are currently at record levels and are set to increase steadily throughout the year. BPL's present plans hope to achieve production outputs consistent with need in England and Wales during the late autumn. Issues at this level to the NHS will then follow at the end of the year.'*
>
> *You refer to the international supply situation and I would agree that it is unfortunate that constraints should come at this particular time when we are on the verge of meeting our own needs.*
>
> *I do not share your concern that the plasma supply is likely to restrict the full commissioning of BPL. Plasma presently stored at Elstree is sufficient to ensure planned production levels can be reached and maintained for a few years. In the meantime we are planning to ensure a timely build-up of plasma collection by the Transfusion Service.*
>
> *I am unaware of any spare plasma fractionation capacity outside the UK which could readily be utilised to boost supply in the short term. As I have said, I am confident we can look forward to a steady increase in output from our own BPL.*
>
> *You may be interested to learn that we have recently appointed a National Director for England and Wales to co-ordinate the activities of the Regional Transfusion Centres and Central Blood Laboratories Authority. It will be part of his role to ensure that plasma targets are met and that blood products meet NHS needs. It is intended that an internal cross-charging system will be introduced to provide a more rational basis for distributing BPL's products than the present pro-rata way.*

> *I hope that I have been able to reassure you that we have given considerable thought to the problems which you have mentioned and have planned the way ahead to meet the needs of people with haemophilia."*

5.20 The minute from Dr Moore to Mr Hart and Mr Harris dated 29 September 1988 appears to be the first documented minute about the problems with the yield and plasma supply **[DHSC0003992_050]**. This appears to follow on from a meeting held on 21 September when certain new information was drawn to the attention of the Working Group by Dr Lane, Director of BPL, who had been responsible for figures upon which the CBLA had "*...of necessity relied for planning the plasma build-up and his estimates of yield and Factor VIII production*" (paragraph 6). My Private Office was not copied into this minute. Though it is possible I saw this sometime later, I do not now recall seeing it prior to being referred to it by the Inquiry.

5.21 Dr Moore's minute explained that the gross weight rather than net weight of plasma had been recorded and used in calculations; that some loss in storage had been overlooked which affected the net figures; and that there had been confusion as to calculations and forecasts of yield. The revised outcome was explained as follows: "*Whilst this is about three times the output of the old building, it is only 72% of current Factor VIII usage*" (paragraph 5). It is apparent from the Minute that new information provided by Dr Lane to the Working Group, undermined the preponderance of previous thinking regarding the timescales to achieving self-sufficiency in Factor VIII. The minute records that further information came to light between the meeting and his letter which "*...further worsens the position*", (paragraph 1) to which I have referred.

5.22 The minute was scathing in its assessment of Dr Lane's "*incompetence*" (paragraph 7) and calls it a "*debacle*" (paragraph 9) which shows that Dr Moore was deeply concerned by the revelations. The minute stated: "*It is particularly unfortunate that the [Haemophilia] Society received a positive and reassuring letter from PS(H) only two weeks ago. Once CBLA have given an account of* *themselves we will be in a position to brief Ministers*." (paragraph 12). Thus, it is clear that when I had written to the Haemophilia Society on 16 August, I was unaware of the problems.

5.23 I am referred to a letter from Mr Smart to me dated 6 October 1988, responding to Lord Skelmersdale's letter of 25 July 1988, **[CBLA0002732]**. This letter does not refer to the specific issues identified at the meeting on 21 September as recorded in Dr Moore's minute of 29 September, to which I have just referred.

5.24 A minute from Mr Harris to my Private Secretary dated 11 October 1988 said as follows:

> *"PS(H) is advised, for the time being, to avoid public references to the attainment of self-sufficiency for England and Wales.*
>
> *2. Disturbing facts have emerged from CBLA which put a big question mark over attainment of self-sufficiency in the short term.*
>
> *3. However more work needs to be done to ensure a firm factual base on which to base a reliable assessment. This is being pursued with CBLA.*
>
> *4. However it would be prudent to avoid any further bullish statements at this time, since subsequent backing off might be required.*
>
> *5. A further detailed report will be prepared as soon as possible."* **[DHSC0002042]**.

5.25 This was the first warning to me that something was wrong, and I was advised that a "*further detailed report*" was being prepared. Looking at it now, I regard it as extraordinary that it took from 21 September (Dr Moore's meeting with Dr Lane) to 11 October to bring these issues to Ministers' attention. The minute of 11 October was not detailed and was somewhat oblique. The copy of the minute is not initialled by me but was seen by me soon after. As I detail below, I sought further clarification of what the problem was as it was not made sufficiently clear by this minute.

5.26 On 13 October 1988, a letter from B J Crowley (Chief Executive to the CBLA) was sent to Mr Smart **[DHSC0002043]**. It is stamped as received on 20 October. I presume this is a DOH stamp, as the letter has been sent on to Dr Pickles for information. This is a highly technical communication from the CBLA's CEO to its chairman presumably answering some of Mr Smart's (and Mr Hart's) questions. It clarifies that the amount of plasma relevant for Factor VIII production was not the 500 tonnes/pa reported by Dr Richard Lane on 28 April, but only 380 tonnes. Mr Crowley refers to the "*magnitude of the failure in planning for the appropriate level of plasma for the new factory*". I do not believe I have seen this letter before. Had I seen this letter, I would have endeavoured to understand the technicalities. It appears at this stage, within a month of the discovery, the experts were: (a) finding out what was incorrect and (b) establishing what could be done to rectify the problems.

5.27 On 14 October 1988, my Private Secretary responded to Mr Harris's minute of 11 October and pressed for more information on my behalf **[DHSC0002045]**. My Private Secretary explained that I had asked to see the report mentioned in paragraph 5 of Mr Harris' minute as soon as possible and that I would then like to have a meeting to discuss this. I expressed my bewilderment at what was going on at CBLA. I also ensured that the matter was drawn to the attention of more senior Ministers.

5.28 On 19 October 1988, Flora Goldhill (Ken Clarke's Private Secretary) minuted my Private Secretary Ms Kirk noting, "*The Secretary of State has seen your minute of 14 October and agrees with PS(H). He has asked to see copies of papers put to PS(H) on this matter before any action is taken or statement made*". **[DHSC0002046]**

5.29 On 19 October 1988, Mr Harris minuted Mr Hart amongst others with a draft response to my request for further information **[DHSC0002047]**. In his covering minute, Mr Harris noted, "*My basic concern is to talk down PS(H) from* *unnecessary alarm and possible over-reaction*." I did not of course see this comment at the time. It is clear from the papers I have been shown that my reaction was entirely in keeping with the shock over the "*debacle*" uncovered in the previous weeks. The draft response as it stood at this time was attached to the covering minute **[DHSC0002048]**. I have been referred to what appears to be a further version but is still a draft and is heavily annotated, I don't know who by **[WITN5287002]**. I would not have seen these draft versions of the submission; I refer to the as-sent submission of 26 October 1988 below.

5.30 In an undated draft minute from Dr H Pickles to Mr Harris from this period there was discussion about Dr Lane's tenure at CBLA **[DHSC0002055]**. I have not seen this draft minute before. It refers to a draft of the submission being prepared for me dated 21 October so this is likely to have been written at some stage between 21 October and 26 October when the submission was finalised and sent. It appears to be part of the to-and-fro between officials as they worked towards finalising the submission to me with the further information I had requested. Dr Hilary Pickles was clearly appalled at what she was told about the problems with BPL. It focussed most on what to do about Dr Lane. Dr Pickles said that she has found Dr Lane "*devious and difficult*" and was not so impressed with his scientific knowledge; she found him to a degree untrustworthy. However, she disagreed with my reported comment that I "*...would not be satisfied unless he was sacked*". That appears to refer to an earlier meeting of some kind when the matter had been discussed. It is possible that there was an initial meeting following the request set out in my Private Secretary's minute of 14 October. Dr Pickles pointed out, not without reason, that a sacking might be difficult to defend if challenged, not least as others carried some accountability.

5.31 On 20 October 1988, Mr Smart wrote to Mr Hart expressing regret at the situation and discussed Dr Lane's position including the option for him to be summarily dismissed **[DHSC0002049]**. The letter referred to a future meeting of the CBLA. Mr Smart wrote: "*...all the steps outlined by the Chief Executive in* *his letter are being implemented. I have asked that particular attention be paid to improving yields since this is the one recommendation which, although not easily or quickly achievable, can actually increase the supplies of Factor VIII available to Haemophilia Centres*". This is the first time that I have seen this letter though I cannot exclude that it may have been included in a larger dossier given to me. Although Mr Smart said, "*....apologies of all concerned are due, or have been expressed, to all external bodies affected by the errors*", as far as I am aware, no apologies were expressed directly to Ministers. Mr Smart wished to place the blame squarely on Dr Lane. I do not recall what the legal or corporate lines of responsibility between the CBLA and the BPL were at this time, but it appears to me that had CBLA officials displayed more curiosity and oversight over how the expensive new facility was progressing, the problems might have been revealed and dealt with a lot sooner.

5.32 As I explain further below, the ultimate decision by the CBLA was against sacking Dr Lane. However, Mr Smart's letter suggests that the CBLA themselves gave this serious consideration. Mr Smart's letter included the following:

> *"While I am satisfied that the errors did not arise from any deliberate attempt to mislead it is nevertheless the responsibility of those conducting the operations of a major manufacturing unit controlled by the Authority to verify and stand by any figures which they issue both internally and to any other part of the National Health Service. With this in mind there is no escaping the conclusion that a burden of responsibility rests on Dr Richard Lane, the Director of the Blood Products Laboratory, since the misleading figures, albeit provided by members of his staff, have been issued with his imprimatur.*
>
> *I shall therefore ask the Members of the Authority to consider at the November meeting, what action is appropriate to the situation . In my view there are only two alternatives:*
>
> *1) That Dr Lane be summarily discharged.*
>
> *or 2) That Dr Lane be reprimanded with appropriate severity and formally put on notice that any future lapse of comparable gravity will be taken as grounds for immediate dismissal.*
>
> *I must admit that I believe the former course to be attended by potential difficulties, both legal and administrative. Dr Lane is possessed of considerable hubris, which endears him little to his peers. Notwithstanding this, there can be no doubt that he combines a very*

> *deep knowledge of clinical and laboratory haematology with a fundamental comprehension and experience of the technology and practice of blood fractionation which are together almost certainly unique in this country today. His removal from the Blood Products Laboratory would assuredly handicap the Authority's agreed objective of achieving self-sufficiency in blood products for the NHS at the earliest possible date. I believe that the Members of the Authority would unanimously subscribe to the view that Dr Lane is totally dedicated to the furtherance of the interests of the National Blood Transfusion Service and that without his vision and enthusiasm the new factory at Elstree would never have come into existence in its present form."*

I do not know what Mr Smart meant by "*Dr Lane is possessed of considerable hubris*," but it suggests that personal relations were not good. Clearly, however, Mr Smart was keen to stress other, more positive, aspects of Dr Lane's approach, experience and contribution.

5.33 On 26 October 1988, Mr Harris sent the finalised submission to my private secretary, Ms Kirk in response to my request of 14 October **[DHSC0002390_019].** The submission set out in detail the range of problems and how they were being tackled. I do not know whose handwriting is on this submission. The minute recorded at paragraph 7, "*Two factors have emerged. Firstly, and most important, the yields being achieved in the new factory are substantially lower than expected. Secondly their useable stockpile of plasma is less than they thought*." Mr Harris gave a fuller account of the problems with BPL but referred to its "*undoubted success*" citing "*good news*" and "*bad news*". He said the confusion over the figures was *"hard to justify*". In the 1980s it was rare for civil servants to have to face public questioning, that difficult task normally fell to their Ministers, who had to rely on officials for the information to be put into the public domain. With regard to "*handling*", he said: "*The Haemophilia Society have only recently assured their members that there will be sufficient 'home grown' factor VIII by the end of 1988. They are unlikely to keep their disappointment to themselves and MPs are particularly sympathetic to their cause*." Mr Harris also wrote:

> *"19. BPL is in the throes of changing from a 'cottage industry' which grew out of a research laboratory to a multi million pound business. The new management systems being installed by the Chief Executive and the Finance Director will make a recurrence unlikely. Indeed it was the*

> *new systems which brought the errors to light. The action proposed against Dr Lane will bring home to CBLA as a whole that they are now in a new era where management professionalism as well as medical/scientific excellence is a requirement of the job.*
>
> *20. PS(H) is due to reply to CBLA's response to the post Accountability Review letter from PS(H). This will give her the opportunity both to demand new and cast iron figures from CBLA to replace those used for the Review, and to rub in the lessons about management matching scientific excellence.*
>
> *21. If PS(H) wants to underline her concern even more then this episode could justify an extra mini review. However this might be a little heavy handed."*

5.34 This minute (copied at high levels) is a refined statement, pulling together previous inputs from officials. The pattern of blame appears to have intensified. Paragraph 18 explained that Mr Hart had written to and interviewed Mr Smart who had sought reports from the Chief Executive and the Director of BPL. It was said that Mr Smart, "*readily accepted the slapdash approach to planning [by BPL] was inexcusable*" and that "*prime responsibility must rest with Dr Lane.*" Paragraph 19 rightly pointed out that BPL was "*in the throes of changing from a cottage industry into a multi million pound business*" and that the new management systems (which uncovered the problems) "*will make a recurrence unlikely.*" Paragraph 20 noted that I was due to write further to the CBLA following the Accountability Review meeting held with Lord Skelmersdale. It was suggested that this would give me an opportunity to "*demand new and cast iron figures from CBLA*" and "*rub in the lessons about management matching scientific excellence.*"

5.35 Paragraph 18 of the submission also addressed the question of what action might be taken in respect of Dr Lane. Mr Harris said:

> *"Mr Hart pressed Mr Smart to consider dismissing Mr Lane. Mr Smart has seriously considered the possibility but argues in his letter - and the decision is the CBLA's not ours - that the appropriate action is a severe reprimand and warning. This seems an appropriate response."* **[DHSC0002390_019]**

5.36 My private secretary, Ms Kirk, minuted Mrs Goldhill and Miss Harper on 27 October 1988 **[DHSC0002390_020]**. She provided my response to Mr Harris's submission:

> *"PS(H) has seen Mr Harris' submission of 26 October and has commented:*
>
> *" I. I'm content with the line but need more information on imports.*
>
> *2. Do Secretary of State and MS(H) differ from this view?*
>
> *3. Would a statement be better than a PQ (might draw the sting perhaps?) When?"*
>
> *Would Mr Harris provide advice on 1 and 3 above as soon as possible, please."*

5.37 Here I was checking that the Secretary of State and Minister of State were content with my instinct in accepting the line and seeking further information on imports. In handwritten notes I asked whether to make a press release and meet first with the Haemophilia Society. I was obviously very concerned that they should be fully informed of developments in our understanding of the productivity of BPL.

5.38 The Inquiry asks if I took any steps to ensure that Dr Lane was dismissed. I think that is to misread the sequence of events in the documents summarised above. My initial view (as apparently expressed in a meeting with Dr Pickles) was that I would not be satisfied unless Dr Lane was dismissed. However, the submission of 26 October, as set out above, made the point that this was a decision for the CBLA. Dr Lane was not my employee and I had no powers to sack him. It was a matter for the CBLA to determine whether he should continue in post or be either dismissed or persuaded to resign and that was outside my control. Mr Harris advised that a reprimand and warning was a proportionate response. This appeared to be the right outcome and I agreed it, so I took no further action.

5.39 On 1 November 1988 the Minister of State, David Mellor, indicated that he wanted to discuss Mr Harris's minute of 26 October with me, Graham Hart and other officials [**DHSC0003987_016**]

5.40 I am referred to a minute and appendices from Dr Moore to Mr Harris and my Private Office dated 2 November 1988 **[DHSC0002390_015, DHSC0002390_016, DHSC0002390_017]**, **[DHSC0003987_016]** – Appendix 1, **[DHSC0002390_017]** Appendix 2. Dr Moore provided the information on imports I had asked for, and recommended a meeting with the Haemophilia Society. The covering minute read as follows:

> *"1 This minute provides at Appendix 1 – the additional information on imported blood products requested by PS(H) in her minute of 27 October.*
>
> *2 PS(H) asks whether a statement might be preferred to an inspired PQ. In our view this issue whilst it will no doubt attract criticism is not of wide enough public interest to merit a statement. A written answer would provide a suitable low key vehicle which could play up the good news of 'record production levels' as well as delivering the bad news. A draft is attached at Appendix 2.*
>
> *3 It is suggested that PS(H) should invite the Haemophilia Society to meet her on the same day as the PQ is answered. They are the main pressure group who will be concerned by the news and a personal Ministerial explanation would go a long way to quiet their fears of their members interests being neglected.*
>
> *4. No doubt this can be discussed at the meeting with MS(H)."*

5.41 While Dr Moore advised against a statement saying it "*was not of wide enough public interest to merit a statement*", I felt it was worthy of a statement as well as an answer to a PQ. In this context a "statement" means a Ministerial statement to the House of Commons, with the taking of questions from Members on all sides. Ultimately, a press release was in fact issued alongside the Parliamentary Question which gave sufficient further information to inform the public that there was a problem which had been identified with the yield, which I felt was important at the time.

5.42 On 7 November 1988, Ms Kirk gave my views on Dr Moore's minute to the Minister of State, David Mellor **[DHSC0002469_012]**. Ms Kirk referred to the previous minute of 2 November and indicated that I was content to meet with the Haemophilia Society.

5.43 On 2 December 1988, I answered a PQ to make clear the revised expectations:

> *"Mr. Thurnham: To ask the Secretary of State for Health what progress is being made at the blood products laboratory at Elstree towards meeting the needs of haemophiliacs in England and Wales for factor VIII.*
>
> *Mrs. Currie: The £60 million blood products laboratory is now producing factor VIII at record levels, but it is not yet possible to predict when we shall no longer need to import factor VIII. Yields so far are lower than expected though higher than the commercial producers', and a reappraisal of the buffer stock of plasma has shown it to be less than previously thought. Action is being taken by the central blood laboratories authority to increase yields and by the blood transfusion service to increase the collection of plasma which will lead to higher output over the next three years."* **[HSOC0019188]**.

5.44 As I have indicated, I was in favour of a Commons statement rather than a PQ answer. The press release from the DOH issued on the same day, 2 December 1988, cited my PQ answer and expanded further. It records:

> *"Mrs. Currie later said:*
>
> *"The Government's aim is to meet the needs of haemophiliacs in England and Wales from home-produced Factor VIII. To this end the Government have invested nearly £60 million in a new plasma fractionation plant at Elstree. This new Blood Products Laboratory (BPL) is now producing Factor VIII at record levels.*
>
> *"Over the year 1989/90 as a whole BPL expect to make a record 65 million international units of Factor VIII. This represents around 70% of our present requirement. The balance will be imported as now, under*

> *very stringent quality controls. It is necessary to stress that all imported products are licensed under the Medicines Act and that the need to use imported products does not put haemophiliacs at any greater risk.*
>
> *"We will, contrary to earlier expectations, still need to import factor VIII for the time being. We are disappointed that our previous hopes for self-sufficiency will not be realised. The new BPL represents a massive exercise in scaling up from production in the old plant. Yields at this stage are lower than those previously achieved, and on which earlier forecasts of production were based. Because yields are lower we need to process more plasma to achieve the same level of output.*
>
> *"Plasma collection is already at record levels. However, the newly created National Directorate for the Blood Transfusion Service are making achievement of even higher levels of plasma collection a priority task, and are discussing with Regional Transfusion Directors how this can be achieved.*
>
> *"By taking concerted action on 'both production yields and plasma supply we expect significantly to increase production of Factor VIII over the next three years, and in the meantime haemophiliacs can be reassured that the supply of Factor VIII to them will be maintained"* **[NHBT0103463_009]**.

5.45 By the Parliamentary Question answer and the accompanying longer press release; the slower than expected delivery progress on self-sufficiency; our disappointment with it, and the reasons for it were put into the public domain. What was not aired in public was the sense of culpability for the unduly optimistic earlier figures or the reprimand / warning issued to Dr Lane. I expect the reason for this was that it was not conventional to publicise action taken against public servants (save perhaps in cases that had led to dismissal) as those were ultimately internal disciplinary matters for CBLA.

5.46 Finally, I have been referred to the Haemophilia Society circular entitled "Attached Press Notice from Dept of Health", dated 7 December 1988 **[HSOC0013041_003]**. This referred to the meeting I held with the Society on 2 December 1988. It stated as follows:

> *"On Friday 2 December the Chairman and the General Secretary were invited to attend a meeting with Mrs Edwina Currie, the Junior Health Minister, to discuss UK self-sufficiency in factor VIII."*

5.47 The memo records the topics of discussion included:

> *"1. The current record levels of production of factor VIII at BPL*
>
> *2. The fact that importation of commercial factor VIII would have to continue for some time into the future*
>
> *3. Steps to improve the procurement of plasma through the newly reorganised National Blood Transfusion Service*
>
> *4. The assurance that imported blood products would be of the highest quality and that cost* ***would not be a limiting factor*** *in obtaining the best and safest products available.*
>
> *We were naturally disappointed and voiced the disappointment that self-sufficiency has not been achieved and that it will not now be possible within the time-scale previously envisaged. Nonetheless we were encouraged to know that active steps are being taken to stimulate the NBTS at Regional levels to increase the amount of plasma made available to BPL - an area which has been of real concern to the Society for many years.*
>
> *We were also re-assured that the Minister was able to give us a clear assurance that only the best commercial products would be imported and that cost would not be a limiting factor in that respect. Mrs Currie was anxious to know of places where factor VIII was in short supply or where factor VIII was being 'rationed' unreasonably.* ***If cost is not a restraining factor in terms of providing concentrates then there should be no local shortages. It is important to let us know if YOU are experiencing such problems.***
>
> *However, we remain delighted that BPL now produces 70% of the UK requirement for factor VIII - compared with something like 20% one year ago. This is a major achievement, the value of which should not be minimised. We look forward to an increase in this level of production as soon as possible. A contributory factor to the lower level of production is a loss of yield: this is brought about by losses incurred through heat-treatment. It is a sad fact that the purer the product, the lower the yield of factor VIII.*
>
> *I will gladly provide further information as it is required. It is important to let us know of local shortfalls in the availability of factor VIII since Mrs Currie wants us to inform her directly of such instances."*

5.48 I was embroiled at the time in the escalating national row over contaminated eggs, trying to puncture the denials of the Ministry of Agriculture, Fishing and Food, which led to my resignation that month, so further resolution fell to my successor. I do note, however, that against the background of slow realisation of self-sufficiency, I was being pro-active with the Haemophilia Society, encouraging them to report any cases of short supply or apparent rationing, and giving assurance that cost would not be an inhibiting factor where commercial products did continue to have to be used.

5.49 Reflecting on these events, the paper trail clearly shows that until 21 September 1988, nobody in the Department was aware that the estimates for production would be wrong. That information appears to have emerged at a meeting between Dr Moore and the BPL itself (Dr Lane). I was not copied into and did not see the minute which refers to that meeting at that time. When Mr Smart, chairman of the CBLA which was charged with oversight of the BPL, wrote to me on 6 October he made no mention of the problem. Perhaps like me he was in the dark about it then, but I have no information which can shed light on that. My alarm bells rang when I saw the 11 October minute from Dr Harris to my Private Secretary – telling me in effect not to be alarmed. It was clear from his final point (number 5) that a fuller report was being prepared which I asked to see as soon as possible. I also ensured that this matter was escalated up at once to senior Ministers, as Ken Clarke's response shows.

5.50 With hindsight I believe that had the BPL and Dr Lane been more cautious in both estimates and time scale, there would have been less disappointment all round. What BPL was doing, scaling up laboratory processes to mega-production in safety and at scale, was technically ferociously difficult; Richard Smart as former Managing Director of Glaxo would have been aware of that. His industrial experience, way beyond what any Minister could offer, would have been a significant factor in his appointment and subsequent reappointment. I have no doubt that in the meeting with the Haemophilia Society on 3 December I shared everything I knew or understood about how the problem had arisen, how disappointed we were at that time, and the way forward. Their internal circular demonstrates that they understood the gains which had been made, and that Ministers were determined to protect the healthcare needs of haemophiliacs.

6 Compensation and financial assistance

The introduction of financial support for haemophiliacs infected with HIV

6.1 The Inquiry seeks a chronological account of my involvement in decisions and actions taken by the DHSS in relation to compensation or other financial support for individuals infected with HIV through the use of blood products and a description of my involvement in those decisions and actions. The Inquiry has specifically referred me to the documents which I address below, and these are supplemented by other documents provided to me from the DHSS records.

6.2 On 15 July 1987 Miss Harper (PS to Tony Newton, Minister of State) minuted Mr Harris regarding a meeting that Tony and I had held earlier that day **[DHSC0004541_183]**. The note confirmed the agreed actions for Mr Harris from this meeting. First, for a minute to be drafted to go to the Secretary of State in relation to compensation for haemophiliacs seeking approval for officials to carry out further investigations on the possible options for compensation. It highlighted the favoured route for Tony, which I too supported, which was to give a sum of money to the Haemophilia Society and for them to distribute as they thought best. The note also prepared three draft replies for the Prime Minister to send to Frank Dobson on this subject depending on the option taken namely:

1) provide the same line as before (in context this was against any kind of payments);
2) a readiness to look at the issue again; or
3) to announce a change of policy in this area.

6.3 Secondly, Mr Harris was requested to draft a paper to look at a general compensation scheme covering cases of fault and no fault. At this time, the compensation issue for haemophiliacs would have been something Tony was leading on but was within Lord Skelmersdale's portfolio at junior ministerial level.

6.4 As to why I was at this meeting in those circumstances, I cannot now precisely recall. I might have been involved because of the wider no-fault compensation issue, or Lord Skelmersdale may simply have been away, or it may be that Tony just wanted someone else to bounce the ideas off, which would have been very much like him. The later submission from Tony to John Moore on 26 August 1987 to which I return below attached a submission on the issue. From the papers available to me that submission seems likely to be that dated 7 July 1987 from Dr Moore to Mr Harris and Tony Newton **[WITN0771206].** Lord Skelmersdale and the Secretary of State were copied into that submission whereas I was not, which is consistent with this being Lord Skelmersdale's area at junior ministerial level, but perhaps with Lord Skelmersdale being away or there was some other reason why I became temporarily involved. For completeness, I note that on 15 July 1987, John Moore's Private Secretary gave his initial response to the submission which was against any public indication that officials were re-examining the issue **[DHSC0002375_024].** He said: "*This is very difficult. But my initial reaction is it would be most unwise to do, (ie make the 'further look' at the haemophiliacs case public).*"

6.5 On 7 August 1987, Strachan Heppell minuted Dr Moore and requested that Finance be given an opportunity for comment on the draft submission to the Secretary of State before it was put forward to Tony Newton [**DHSC0004541_175**]. As Mr Heppell set out, Tony would need to be able to tell the Secretary of State where the money was to come from to substantiate the option that he and I both favoured. While this minute was not copied to our Private Offices it clearly confirms that I favoured a compensation scheme, alongside Tony: *"MS(H) needs to be able to explain where the money is coming from to pay for the approach he and PS(H) favour."* The Finance Section of DHSS was being brought in because the funds would have to be found and whether they came from existing budgets or new Treasury funding, Treasury approval would be required.

6.6 On 26 August 1987, Tony Newton sent the finalised submission to John Moore headed, 'Compensation for Haemophiliacs with HIV infection'. The Inquiry has referred me to what looks like an undated draft of this submission before the financial input had been provided **[DHSC0038582_056]**. The final version appears to be that of 26 August 1987 **[DHSC0004541_079]**. Tony's submission started off by recounting that when he and John Moore had discussed the issue earlier, the Secretary of State had been in favour of maintaining the line against compensation (see his Private Office's response of 15 July 1987 to which I have already referred and which is consistent with this). Tony then set out that after discussions with me and the other team members on the earlier annexed submission (whilst the original stance of keeping to the original line was to be maintained) it needed to be noted that there would be both public and parliamentary pressure to do something for the infected haemophiliacs after recess. Tony warned that the campaign for something to be done could be expected "... *to attract considerable support on all sides of the House*".

6.7 Paragraph 3 of the submission accepted the logical difficulty of distinguishing the claim of the haemophiliacs. The submission argued that the infected haemophiliacs could be classed as a distinct group who could be awarded a *"one-off solution"* and defend such action as a *"special case"*. Tony sought the agreement from the Secretary of State on officials doing more work in identifying the best course of action and highlighted two options resulting from our discussions that would not set a precedent if taken forward:

(1) a lump sum payment to all with total expenditure of £10 million to provide the 1,200 haemophiliacs affected with £8,300 each; or

(2) a lump sum of £3 million to be given to the Haemophilia Society to distribute as they see fit along the same lines of the Family Fund (which gave one-off grants to families with disabled children).

6.8 Tony preferred the second option as he felt that this option would minimise government intervention and remained consistent with views of helping people outside the framework of social security and did not accept direct responsibility for damage caused *"in this way"* (in context, by non-negligent harm arising from NHS treatment). Tony stressed that finance would be *"acutely difficult*". He also pointed out that timing was also of the essence. There was the need to meet with the Society and the need to update the Prime Minister on the replies to a letter from Frank Dobson. A draft response to Frank Dobson was attached. Tony concluded in these terms:

> *"In summary my view is this. We can hardly refuse to meet the Haemophilia Society who are pressing to see us. It would be foolish to adopt a totally rigid position in advance of such a meeting and I doubt if in any case the Prime Minister would wish to do so. Even if we are in the event unable to come with a scheme, we should be in a stronger position in argument if we have done further work to try to do so. I therefore hope you will agree to that work, and to the suggested line for the Prime Minister's letter to Dobson."*

6.9 On the distribution of Ministerial responsibilities, it may be of some significance that Tony's submission to John Moore, while referring to his discussions with me at paragraph 2 appears only to have been copied to Lord Skelmersdale and the key officials (it is annotated cc PS(L) Mr Heppell, Mr Harris). Again, I think this reflects that at junior ministerial level this remained at this time Lord Skelmersdale's area but I had attended and contributed – for whatever serendipitous reason – at the meeting of 15 July.

6.10 Reflecting on this submission now, I think Tony (with my support) was warning the Secretary of State, who was inexperienced at that time, that he would face pressure to which he would have to answer. There was also pressure from Downing Street and we were flagging up that an approach would need to be made to the Treasury that would probably fall to the Secretary of State to do. The submission was an excellent summary of the arguments and counter-arguments being put at the time. It was recognised that a payments scheme risked setting a precedent and might be logically difficult to distinguish from other cases, but the argument was being made that it could be defended as a special case. The Secretary of State was warned against a "totally rigid position" given that we had to meet the Haemophilia Society who would wish to discuss the issue.

6.11 On 4 September 1987, John Moore's Private Office responded to Tony's submission of 26 August. Lord Skelmersdale's Private Office was copied in, while mine was not **[WITN5287003]**. Mr Moore's Assistant Private Secretary stated:

> *"The Secretary of State has seen Mr Newton's submission of 26 August and whilst he has expressed sympathy with the haemophiliacs who have been infected, he feels that the present line against compensation should be maintained. He would like to discuss the matter with the Prime Minister and has asked for a note to send to her explaining this position."*

6.12 Tony's submission to John Moore of 26 August 1987 and his response resonate with my broader recollections of this time. John Moore was new to the Department and to Cabinet, and both Tony and I were worried that his views were coloured by having worked in the USA where state funded health care is a rarity and patterns of public support were different. I later wrote in my diaries "*We should like to boast that we fund the NHS better than everyone else: yet the Secretary of State wants to be macho by not pleading for more money.*" (page 21, Diaries 29 November 1987) **[WITN5287004].** I knew then that if Tony and I wanted a compensation scheme, then we would have to persuade him of the case for this.

6.13 On 23 September 1987, Dr Moore minuted Mr Harris and John Moore's Private Office that the Haemophilia Society were seeking a meeting with the

Secretary of State to discuss a compensation scheme for the haemophiliacs infected with HIV **[DHSC0004541_145]**. Officials were in favour of the meeting and that it should take place before the next session of Parliament began. The minute alerted the Secretary of State to the media and Parliamentary sympathy to the campaign. This minute was applying more pressure on the Secretary of State. This was a month after he was advised of the joint view of Tony Newton and myself that a scheme was necessary; that it would require new money, and that the matter was urgent.

6.14 The following day, on 24 September 1987, Andrew Turner minuted Mr Moore's Private Secretary, copying in all the other DHSS Ministers' offices **[DHSC00004541_144]**. Though he was later to become an MP, Andrew was at this stage a Special Adviser to John Moore. Andrew was alerting John Moore to the particular difficulty that haemophiliacs had in obtaining life insurance, meaning that their bereaved spouses lived in reduced circumstances, and urging that this should be addressed. The minute reflects that active discussion was under way, with many of us sympathetic to haemophiliacs.

6.15 On the same day, 24 September 1987, John Moore minuted the Prime Minister to advise her on how he intended to handle the issue of compensation for haemophiliacs infected with HIV and the associated media campaign from the Haemophilia Society **[SCGV0000007_050]**. Mr Moore recognised the pressure which would be brought to bear by the campaign and from parliamentary and public sympathy. He however stuck to the earlier decision (communicated by Norman Fowler and Tony Newton to the Social Services Committee) not to make compensation payments as this would single out one group and set a precedent:

> *"The question of Government compensation for this group was raised specifically when Norman Fowler and Tony Newton gave evidence earlier this year to the Social Services Select Committee. Whilst Norman and Tony made it quite clear how much they sympathised, the Government's position was that there has never*

> *been a general State scheme to compensate those who suffer adverse effects from medical treatment. Compensation can only be awarded by the courts if negligence is proved. The full range of social security benefits are of course available to those haemophiliacs who qualify.*
>
> *I have looked at the case for compensation again carefully in the light of the impending campaign but have concluded that the line taken with the Social Services Committee was right. Any special arrangements for compensation could cost a minimum of £3 million and could only be funded at the expense of other priorities. Moreover, it is logically difficult to distinguish the claim by haemophiliacs from the claim of many others damaged in the course of their medical treatment. And there is no doubt that compensating haemophiliacs would lead to pressure from many other groups for similar treatment.*
>
> *While all of us must have every sympathy for haemophiliacs who have been infected with the HIV virus, I do not feel that it would be wise to set a general precedent by accepting that the Government should provide a special compensation scheme.*
>
> *I shall be taking steps to ensure that the case for not giving compensation is well understood by the media and by our own supporters."*

6.16 While Tony had originally come out against compensation payments, he was by now in favour, and I had supported that change. In this minute to the Prime Minister, John Moore goes directly against the advice he had received from Tony, and through Tony, from me, as we were edging in favour of change. John Moore repeated the argument about "logicality" which I did not agree with as I was persuaded that each group seeking help should be considered on its merits and needs. I am certain that I would have said the same in the discussions at that time. As the final paragraph of the minute makes clear, John Moore circulated his note widely, to the Lord President, the Secretaries of State of the Territorial Departments, to the Chief Secretary of the Treasury and the Head of the Civil Service. My own interpretation of such a wide copy list would be that John Moore was trying to shut down discussion on this topic.

6.17 On 28 September 1987 the Prime Minister's Private Office minuted John Moore's Principal Private Secretary **[DHSC0004541_141]**. This indicated that Mrs Thatcher had seen, without commenting upon it, John Moore's minute of 24 September 1987. The Prime Minister's response was circulated within DHSS to all our Private Offices. The letter showed that the Prime Minister was taking an interest but refrained from comment. She explicitly did not give the Secretary of State any support in his views. Whilst she may have realised, as an experienced Commons performer, that John Moore might change his mind once he came under Parliamentary pressure, I am of the opinion that the Prime Minister was sympathetic and that the ground was being cleared for a funded national scheme, though at this stage it was still not clear what form it would take.

6.18 On 21 October 1987, Dr Alison Smithies minuted Dr Lewis (PS to the CMO) to provide her with background information on John Moore's decision to continue the line of not providing compensation **[DHSC0004541_111]**. Dr Smithies explained that any compensation scheme would need to take into account:

a) The claims by those infected by infected blood or organ donation;

b) The implications faced by those haemophiliacs infected with non A and non B hepatitis;

c) The more general issue of compensating individuals who suffered as a result of their medical treatment.

The meeting which I had attended with Tony Newton and his submission of 26 August were referred to in paragraph 3 of this minute. The minute recorded that detailed analysis was taking place to tackle the "logicality" question and was to consider who else might be included in the scheme. In my view this shows that officials, probably starting with the CMO himself since the note came from his Private Secretary, were doing detailed work on a possible scheme, drilling down into identifying other groups beyond haemophiliacs infected with HIV who needed to be considered. That was a responsible approach. It may tend to indicate a degree of unhappiness on the part of the CMO with the Secretary of State's line.

6.19 On 27 October 1987 I received a letter from Allan Prosser, editor of the Northern Echo **[DHSC0002375_045]**. It describes how the Northern Echo had been providing coverage of the growth of AIDS amongst haemophiliacs through infected Factor VIII treatment. It attached a special supplement with an interview with Tony Newton setting out the Government's stance and also included interviews with infected haemophiliacs. There is a handwritten comment at the top of the letter initialled "*EC, 9/11*". This reads, "*When a decision is taken may I pl[ease] write to them direct*". I think this is my handwriting . I feel that the Northern Echo's letter is an excellent summary of the case for some form of compensation to be paid. I agreed wholeheartedly with Mr Prosser's final comment in that "*this is a matter not for the courts, but for Westminster.*" As I have indicated, I was supportive of a form of payments being made and had argued for this. I had had various dealings with the author, Alan Prosser and held him in high regard. That is why I had scribbled a comment: "*When a decision is taken may I pl write to them direct*". I observe now that by then I must have been pretty sure that John Moore's position would be overturned, as I write "when" and not "if."

6.20 On the same day, 27 October 1987 Patrick Cormack asked the Prime Minister at PMQs about infected haemophiliacs **[DHSC0004541_082]**. He asked if Mrs Thatcher would:

> *"… try to find time today to discuss the desperate plight of the haemophiliac AIDS victims who are suffering through no fault of their own and who many hon. Members believe deserve very special consideration"*

The Prime Minister said that she would discuss the haemophiliacs with AIDS cases "*… with my hon. Friend the Minister for Health*". That was Tony Newton rather than John Moore. I believe this may have been a signal that Mrs Thatcher favoured Tony's viewpoint over John Moore's.

6.21 The First Order Questions to DHSS that same day, 27 October 1987 was probably the first time the Secretary of State could be publicly pressurised on the topic **[DHSC0004541_081].** This was the occasion when Robin Cook asked the question referencing my comment suggesting anyone who denies that AIDS can be transmitted by blood products needed their head examined. I have addressed that in Section 2 of this statement. However, Robin Cook went on to raise the compensation issue and John Moore replied that:

> *"I can confirm the figures that the hon.Gentleman gave with regard to the 1,200 haemophiliacs. I have received letters from my hon. Friends on this issue. Some of their constituents have suffered from this, and I share their deep sympathy. But the House will be aware that there has never been a general state scheme to compensate those who suffer the unavoidable adverse effects that arise from medical procedures. The Government have tried to provide all NHS facilities to those who suffer illness as a result of the infection . So far, we have provided £104,000 to each of the six haemophilia reference centres in England so that they can provide a counselling service. In addition, the DHSS is working closely with the Haemophilia Society. Beyond that, I can say that I will meet representatives of the Haemophilia Society next week."*

6.22 John Moore's continued reliance (at this stage) on the absence of any state scheme to compensate those who suffer the unavoidable adverse effects that arise from medical procedures was, in my view, the "totally rigid position" which Tony Newton has warned him in the minute of 26 August 1987 [**DHSC0004541_079**].

6.23 On 29 October 1987 Mr M Harris minuted Tony Newton about the compensation issue and copied in the Secretary of State's Private Office, my Private office and that of Lord Skelmersdale **[DHSC0004541_080]**. In effect, Mr Harris was asking if the stance of the sympathetic "no" to a payment scheme needed to be amended in light of Prime Minister's indication that she would discuss the issue with Tony. Mr Harris noted how many PQs were coming up plus the Haemophilia Society meeting with Secretary of State on 3 November 1987. He warned, however, that reverting to a holding reply such as the "*matter is being considered*" would arouse expectations that a concession was being contemplated.

6.24 Again, I sense from this internal minute copied to all Ministers' Private Offices that the Prime Minister intended Tony, not John Moore, to take this topic forward. Mr Harris' minute set out several dates when thorough briefing would be required and if change was to be announced, it needed to be agreed and some detail cleared very quickly. There were "60 Private Office cases" needing replies, that is to say letters that required a Ministerial signature, typically cases where MPs had written on behalf of their constituents.

6.25 On 30 October 1987 I received a letter from Julian Brazier MP about one of his constituents whose son was a haemophiliac infected with HIV **[DHSC0021453].** Lord Skelmersdale responded **[WITN5287005]**. Whilst this was Lord Skelmersdale's area of work, I was involved. This proved to be a common occurrence with MPs writ2ing to me and Lord Skelmersdale responding as the junior Minister who held the brief on this area; but there was a good deal of correspondence concerned with those infected by HIV through infected blood and the need for compensation.

6.26 I can now see that on or about 30 October 1987, there was a key change in approach. In an undated minute (but one which is recorded as having been received by No. 10 on 30 October), Tony Newton wrote to the Prime Minister in the following terms:

> *"PRIME MINISTER*
>
> *COMPENSATION FOR HAEMOPHILIACS*
>
> *John Moore and I have a long standing engagement to meet a delegation from the Haemophilia Society on Tuesday 3 November. The Society will put their case for compensation for haemophiliacs who have been infected with the HIV virus by the blood product Factor VIII. Two days later the Society are arranging a lobby of MPs.*

> *In his minute to you of 24 September, John explained the reasons why the Government have so far taken the view that, however sympathetic we were to the plight of those concerned, there was not a good case for compensation, particularly bearing in mind the precedent it would set. The same line was taken during Questions on Tuesday (27 October).*
>
> *Whilst John and I still consider those arguments to be intellectually valid, there is a powerful practical case for recognising the particular circumstances of the infected haemophiliacs. This is reinforced by the Society's argument that those affected are a clearly defined group whose numbers are already determined. There is also very strong support for the Society, particularly from our own supporters inside and outside the House.*
>
> *In view of this we have concluded that the line we have been taking is unlikely to prove politically sustainable.*
>
> *Against this background, we believe it would be counter-productive to hold to our present line when we see the Haemophilia Society on Tuesday. We therefore propose to respond more positively by saying that the Government understood and sympathised with the case that the Society were making. We were therefore considering how best we might respond and would talk to them again when we had reached a decision.*
>
> *If you are content with this approach, John and I will discuss the options with colleagues before a further meeting with the Society. Our aim will be to identify an acceptable response which runs the least risk of setting a precedent and keeps direct Government involvement to a minimum. We will also have to consider how the cost, which is likely to be of the order of £5 million to £10 million, should be met.*
>
> *I am copying this minute to members of H(A).* **[WITN0771209]**

6.27 A manuscript amendment shows the internal distribution which, unsurprisingly, includes all the other DHSS Ministers' Private Offices. It is clear that there had been a U-turn in policy between First Order Questions and the Prime Minister's response at PMQs on Tuesday 27 October, and the time, three days later (Friday 30 October), when Tony wrote in detail to the Prime Minister. This shows that Tony Newton was indeed the Minister in the driving seat, and that the Prime Minister wanted him there. That can only be because she favoured a scheme of some kind. Tony must also somehow have secured the acquiescence of John Moore to a scheme. I do not recall at this distance in time whether I was in attendance at any meetings in this important week, but I am sure Tony would have wanted my active support, which he got. Mrs Thatcher's response on the Monday morning (2 November) is saying colleagues must discuss this collectively – she meant, this must go to Cabinet. Next day John and Tony met the Haemophilia Society and then John took over again and presented the paper on a scheme to the Cabinet sub-committee charged with looking at it.

6.28 I have seen two Cabinet level responses to Tony Newton's minute to the Prime Minister, both dated 2 November 1987:

6.28.1.1 John Major (then Chief Secretary to the Treasury) replied to Tony Newton **[DHSC0003961_011]** stating:

> *"I have seen your minute to the Prime Minister concerning your engagement with John Moore to meet a delegation from the Haemophilia Society tomorrow.*
>
> *I have to say that, although in terms of equity there might seem to be some gains to be made from a positive response, it would seem to have very real dangers. How could such a precedent be ring-fenced? It could lead to an open-ended commitment of huge dimensions. Might it not give rise to court action against the Government because of the implication of negligence? Have the law officers given a view on the possible consequences of a sympathetic response? I do not feel that we can afford to offer such a response until the pros and cons have been thoroughly considered.*
>
> *I therefore suggest that you and John Moore should listen only at this stage, and that the most you should say is that you will consider the points made by the Society, with no implication that the Government will take action."*

6.28.1.2 Mrs Thatcher's Private Office replied to Tony Newton that:

> *"The Minister for Health's undated minute on compensation for haemophiliacs arrived on the evening of Friday 30 October, and was seen by the Prime Minister over the weekend.*

> *She appreciates the points that he makes, and is content that the issue be reconsidered. I know that she will also be interested to see the views of colleagues in due course.*
>
> *We discussed briefly this morning the question of the meeting with the Haemophiliac Society tomorrow. My view is that it is important to maintain a strictly neutral position until colleagues have had a chance to consider the issue collectively."* **[DHSC0004541_108]**

Handwritten annotations show that both these responses were circulated amongst all the DHSS Ministers' Private Offices including mine.

6.29 On 4 November 1987, John Moore signed off a memorandum for the Cabinet Home and Social Affairs Committee's Sub Committee on Aids, which was the paper numbered H(A)87 26. **[JEVA0000021]**. The background was set out in paragraphs 1-2. The present line against payments was referenced in paragraph 5. The case for "Special Treatment" was set out in paragraph 6. From paragraph 7 onwards, John Moore now made the case for a payments scheme to be made. He referenced that fact that he had met the Haemophilia Society the previous day, 3 November, with Tony Newton and this had confirmed what he described as "our view" that special financial help should be provided.

6.30 On 6 November 1987 Mr Harris provided Mr Moore's Private Secretary with speaking notes for the H(A) Paper for when it was discussed at the meeting of H(A) **[DHSC0002375_039]**. On its face, this appears to have been copied to Tony Newton and Lord Skelmersdale, but not to my Private Office (Mrs Grafton my PS was not on the copy list, but Ms Dempster Lord Skelmersdale's PS was on the list – I return to this below). The speaking notes provided points which the Treasury Officials and officials from the Lord President's Office had said would be raised **[DHSC0003849_178]**. The notes were said to reflect points which Treasury officials and officials from the Lord President's Office had said would be raised. The notes provided background history to the situation and a breakdown as to how haemophiliacs could be distinguished as a separate group to receive compensation and how this would not create a precedent for other groups:

> *"1.Whilst there is considerable sympathy and support for the haemophiliacs' case, we do need to avoid the danger that special assistance to them could leave us exposed to claims for similar treatment from others.*
>
> *2. However we can present haemophiliacs with HIV infection as meeting four criteria which taken together distinguish them from all other groups who might seek to use any concession as a precedent. No other group we can identify satisfy all four. The four are -*
>
> *(i) Haemophiliacs have a pre-existing disability which limited their ability to make provision for themselves and their dependents. Characteristically they have low earnings and either no life insurance or low amounts due to loaded premiums.*
>
> *(ii) They have acquired HIV infection as a direct result of their medical treatment. A treatment which was intended to give them a near normal life and life expectancy.*
>
> *(iii) They have to bear the full and devastating medical and social consequences of AIDS, a disease which has no cure and is socially isolating*
>
> *(iv) In many instances more than one member of an extended family - typically brothers, uncles, cousins and grandparents - are infected so putting care beyond the capacity of the family to provide."*

6.31 The speaking notes indicated that the previous hostile arguments had now been set to one side. This was a significant shift. I suspect that officials will have been working on the detailed planning even before John Moore's change of mind was communicated by Tony Newton on 30 October. I believe that the failure to copy me in was a simple mistake, perhaps caused by confusion over which Mary was my private secretary.

6.32 On 10 November 1987, H(A) met with Mr Moore attending for DHSS, as well as the CMO. The financial assistance scheme was item 2 on the agenda **[CABO0100016_011]** and considered the earlier paper H (87) 26. Mr Moore is recorded as indicating that:

> *"He had continued the policy of his predecessor in resisting special financial assistance for haemophiliacs infected by HIV on the ground that there had never been a general state scheme to compensate those who had suffered adverse affects from medical treatment. However, he was now very clearly of the view that the situation was not sustainable unless concessions were made."*
>
> ...
>
> *He believed that the Government should accept that haemophiliacs suffered from a unique combination of problems and that special financial assistance should accordingly be made available to them."*

6.33 The minutes summarised contributions from the Solicitor General (Sir Nicholas Lyell QC) who was satisfied the courts in a subsequent claim would not be influenced so long as the payments were made ex gratia and with an express disclaimer of liability; and the Chief Secretary to the Treasury (John Major) (supportive but expressing the view that it was vital that the proposed scheme should be ring-fenced). I comment below on what Ministers meant by ring-fencing. Points included in the discussion that followed included that there was a very strong case for the whole of the proposed grant being met from the Contingency Reserve. I note also that blood transfusion cases were discussed. The Lord President's summing up starts at page 8 of the minutes.

6.34 Also on 10 November 1987, Mr Harris minuted Mr Heppell and Mr Moore's Private Secretary with a draft statement assuming a favourable outcome for financial support [**DHSC0003961_032**]. This minute provided reflection on the advice of the Law Officers in making sure that the financial payment scheme was seen to be made on an ex gratia basis. Agreement had not yet been reached with the Treasury but the draft statement was prepared in the hope (as indeed ended up being the case), that the £10 million would be paid from the Treasury reserve, not the existing DHSS budgets.

6.35 This minute of 10 November 1987 was copied to "Ms Harper Pr Off" which was undoubtedly Tony Newton's Private Secretary. It was also copied to "Ms Dempster Pr Off". In a few minutes around this time (mid November) Ms Dempster is described as being my Private Secretary. However at this time

Ms (Mary) Grafton was the Private Secretary to whom minutes directed towards me were sent. Ms Dempster was the Private Secretary to Lord Skelmersdale including in documents where Ms Grafton is copied in as my Private Secretary. As mentioned, I think it likely therefore that the occasional attribution to Ms Dempster as being my PS in mid November 1987 is an error and these minutes were copied to Lord Skelmersdale and not to my Private Office. I cannot however rule out the possibility that Ms Dempster was for a short period my Private Secretary or covering in the Private Office.

6.36 On 11 November 1987, Strachan Heppell sent a minute to Mr Moore's Private Secretary providing the Secretary of State with a short note for the Cabinet meeting the next day which was to address the financial payments scheme **[DHSC0002375_007]; [DHSC0002375_008]**. In the covering minute, Mr Heppell and the CMO had met the Chairman and the Secretary of the Haemophilia Society. Once they had cleared their lines with other key members, it was expected that there would be a formal meeting with the Secretary of State and the Society at which the Society would welcome

> *"...both the proposal to establish a £10 million fund to help haemophiliacs which they will administer*
>
> ** and the offer to help them with the administration of the fund through experienced retired members of staff."*

The attached paper was in effect short speaking notes for Mr Moore to use at the full Cabinet meeting the next day **[DHSC0002375_008]**. This set out that the H(A) Cabinet Committee had already agreed that the special circumstances of haemophiliacs should be recognised with a payments scheme. It set out the thinking behind an ex-gratia payment, namely that it must not be regarded as an indication that the government was not at fault, or as a precedent for future claims for compensation for non-negligent harm following medical treatment.

6.37 My own view, though I did not express it, was and remains that this desire to avoid creating a precedent was something of a forlorn hope, as it was clear that any scheme would claim this one as a precedent in future. But there was no harm in that, in my view, because I was in favour of the needs of individual groups being assessed on merit. When the information changes, Ministers' views must change too, as we have learned through the Covid pandemic. And as medical science makes more treatments possible, it was more likely than not, that similar calls for other groups would arise and it would be for future governments to decide on the scope and suitability of future schemes, as indeed they did. There is a rule that Parliaments cannot bind their successors and broadly speaking the same is true of Ministers. That, indeed, was why the U-turn was possible. However, we had to get the scheme through Treasury, who rightly asked detailed questions. In any responsible government, mindful that the money comes from hard-working taxpayers, some tough questions have to be asked, and answered. Had I or anyone spoken as I have just written, with the hint of a more open-ended commitment the Treasury might have dug in their heels with a "No." We did not want to risk that.

6.38 The Minutes and attachments from Strachan Heppell on 11 November were copied to Tony Newton's Private Office and to "Ms Dempster (PS/PS(H))" but not to Ms Grafton. As above, Ms Dempster was elsewhere routinely described as Lord Skelmersdale's PS. So it is possible that Mr Heppell had made an error in referring to Ms Dempster as my PS.

6.39 In either event, by this stage, decisions about policy, implementation and announcements were being taken above my level, though I was delighted to see that the needs of haemophiliacs were at last being recognised.

6.40 The full Cabinet meeting on 12 November 1987 attended by John Moore shows agreement to the payments scheme in accordance with the earlier decision of the H(A) sub-committee **[CABO0000185]**. The scheme was to be announced the following Monday, and it would be made clear – in accordance with the Law Officer's advice – that the scheme was ex gratia and that the Government disclaimed liability.

6.41 On the same day, 12 November 1987, Strachan Heppell minuted Mr Moore's Private Secretary providing an updated version of the statement announcing the scheme **[DHSC0003511_052]**, **[DHSC0002375_031]**. Mr Moore was to meet the Haemophilia Society that evening. The attachment showed it was still expected at that date that the BPL would make us self-sufficient. I have addressed the subsequent discovery of shortcomings in BPL's calculations in Section 4, above. A Supplementary Estimates motion also needed to be put before the House, indicating that Ministers had been successful in getting new money for the scheme. Mr Heppell's note indicated that the announcement would require clearance with the Law Officers, No 10, and the Cabinet Office, but I would not have been involved in that. This minute of 12 November 1987 is another in the limited group where the circulation includes "*Ms Dempster PS/ PS(H)*". As above this was either a misattribution and the minute was going to Lord Skelmersdale or Ms Dempster might have been temporarily in my Private Office. Either way, this was being addressed at Secretary of State level at this stage but with input from Tony Newton.

6.42 On 13 November 1987, Strachan Heppell again minuted the Secretary of State about the statement announcing the scheme. **[DHSC0003511_045]**, **[DHSC0003511_047]**. This was following Mr Moore's meeting with the Haemophilia Society the previous evening, and further input from Tony Newton. This minute is another in the series copied to "Ms Dempster PS/PS(H)" and my comments above apply. The minute shows that the draft had gone to the Treasury, Cabinet Office and the Territorial Departments for information and the Secretary of State was being asked to agree the revised statement, and clear it with H(A) members, the Law Officers, No 10 and the Cabinet Officers. Also the Haemophilia Society would need to clear the parts referring to them. Paragraph 4 looked ahead to how matters would be handled with the Haemophilia Society:

> *"4. After Monday's Statement, we shall follow through with the Haemophilia Society how to handle the next stages of the setting up of the fund and the details of our advice and assistance. We shall want to make progress as quickly as possible but make sure first that the Society are able to cope before we hand over the baton to them. We shall take account of the Society's administrative needs when considering S.64 grant priorities."*

6.43 The latest draft Statement being circulated by Mr Heppell was written with greater warmth [**DHSC0003511_047**]. It is possible that it is Tony's handwriting saying the words "*too abrupt*" at paragraph 2. It was also typical of Tony to want to end with:

> *"I know the whole House wishes to express their sympathy to the individuals and families who have been affected in this tragic way. I hope the whole House will welcome this action to express that sympathy through practical help."*

I concurred heartily with that, and still do, and was I believe on the front bench with him when Tony Newton made the announcement.

6.44 **GRO-C**

6.45 On 16 November 1987 Tony made the statement to the House of Commons on the scheme:

> *"The Minister for Health (Mr. Tony Newton) With permission, Mr. Speaker, I wish to make a statement about haemophiliacs who have become infected with the AIDS virus as a result of treatment with infected blood products. I should explain that I am doing so in the unavoidable absence of my right hon. Friend the Secretary of State, who is* **GRO-C**
>
> *As the House knows, the position under successive Governments has been that, while compensation may be sought through the courts if*

> *there is a question of negligence, there is no state scheme of "no fault" compensation for those damaged by medical treatment.*
>
> *The Haemophilia Society has, however, put to us a powerful case that the position of haemophiliacs is wholly exceptional and should be treated as such. Their employment prospects and insurance status were already affected by the haemophilia itself. The treatment that led to their infection was designed to help them to live as near a normal life as possible. The hereditary nature of haemophilia can, and in some cases does, mean that more than one member of the same family may be affected.*
>
> *The Government, having considered all the circumstances, have concluded that it would be right to recognise the unique position of haemophiliacs infected with this virus. We therefore propose to make an ex-gratia grant of £10 million to the Haemophilia Society to enable it to establish a special trust fund. It will be able to make payments to the affected individuals and families throughout the United Kingdom, and to do so with greater flexibility than could readily be achieved in any other way.*
>
> *The House will wish to know that we have put this proposal to the society, which has welcomed it warmly. The society has asked for advice and assistance in administering the fund, which we have gladly agreed to arrange.*
>
> *The grant of £10 million is being made from the reserve. When the full details of the grant and trust fund have been settled there will be an exchange of letters with the society. I will arrange for copies to be put in the Library.*
>
> *I know that the whole House wishes to express its sympathy to the individuals and families who have been affected in this tragic way. I hope that the whole House will welcome this action to translate that sympathy into practical help." (HC Deb 16 November 1987 vol 122)* ***[LDOW0000241]***

6.46 What strikes me now, reading the answers Tony gave to numerous questions is that he too was aware that this might not be the last word on a scheme to help infected haemophiliacs or the amount involved. In answer to a question from Norman Godman he says: "*I have made it clear, and will say it again, that we have looked at the case that has been presented to us. We believe that this is a proper sum, but of course we will not be closed to representations that might be made at a later stage.*"

6.47 After this announcement, Tony Newton wrote to Mr Prosser at the Northern Echo in response to his letter to me of 27 October 1987 **[DHSC0004541_007].** The letter enclosed a copy of the statement made by Tony to the House of Commons. Tony also congratulated the paper on their responsible contribution.

6.48 The Inquiry refers me to the fact that on 10 March 1988, R Provan minuted Tony Newton and Nicholas Scott (Minister of State on the Social Security side of the Department), addressing the announcement of the Macfarlane Trust **[DHSC0003961_005]**. This was not copied to my Private Office. The minute addressed the announcement of the setting up of the Macfarlane Trust as a Trust Fund and consequential Social Security Regulations.

Issues raised by the Inquiry on the chronology

6.49 The Inquiry has asked me to describe my own involvement in the decisions and actions in the events pertaining to the establishment of the financial scheme. In describing the chronology above, I have sought to set out where I was personally involved.

6.50 The documents amply demonstrate that Tony Newton, the Minister of State at this stage was the lead and the key minister on these issues. I did not have these matters as part of my portfolio. At junior ministerial level it was Lord Skelmersdale who was mainly being copied in, consistent with this being his area. But it was really being dealt with at Minister of State level.

6.51 However, reviewing the documents, I note that I did play an active part in the meeting on 15 July 1987 in supporting Tony Newton's move towards changing the policy (see **[DHSC0004541_183]** and Tony's subsequent submission of 26 August [**DHSC0004541_079**]). As I have set out above, John Moore was initially resistant to all this. While I am sure that Tony was the key player in persuading John Moore to change his mind, it is clear that he had my full support in doing so and was able to say to John Moore that both Tony and I were in favour of support. That is perhaps because we tended to be of like mind on many issues and I respected him hugely; perhaps he valued my input, as I had run a Health Authority. It was possibly also because we both grasped the necessity for financial assistance to haemophiliacs infected with HIV. In July 1987 we were exploring as a matter of urgency what form(s) these might take.

6.52 It is also clear from all these papers that every effort was being made to involve the Haemophilia Society. Paragraph 4 of Mr Heppell's minute of 13 November **[DHSC0003511_045]** states:

"We shall take account of the Society's administrative need when considering S.64 grant priorities,".

I take this to mean that as soon as we knew what the Society's additional costs would be, we would make a grant to cover them. This was part and parcel of Ministers' desire to ensure the £10 million was not frittered away on administration costs but would all go to those in need. Other issues were expected to be raised then and in the future by the Haemophilia Society (see Mr Heppell's minute of 12 November 1987 in this regard **[DHSC0003511_052]**). There was a sense of endorsing the Haemophilia Society, accepting that it had conducted a necessary and effective campaign, that the government accepted the arguments and was keen to help patients and their families.

6.53 Reflecting now on the basic concept of the scheme with the benefit of hindsight, I can see that though it was being developed from worthy motives, it was likely to hit problems of speed and fairness. If applicants were to be paid according to their financial needs, then that would require means-testing, would be slow and bureaucratic and expensive to administer. It would mean that those in greatest need might have to wait; it would make adjustment to changing needs much harder. If instead the scheme gave everyone a lump sum, that could be done quickly, but then inequity was inevitable: some would need it more, others less so. The same issues plagued the Chancellor during the recent COVID pandemic. In 1987 however we had little experience of administering such a scheme, there were no computers, and it seemed best to entrust the Haemophilia Society, who were likely to be most sympathetic, with the administration of the scheme with the funds being provided by us. Tony made it clear that Ministers, "*would not be closed to representations at a later stage*" (HC Deb 16 November 1987 vol 122) **[LDOW0000241].** I understand that lump sums were subsequently paid in 1989 and then again in settlement of the later litigation.

6.54 Could the scheme have been set up more quickly? Possibly, had there been no 1987 general election which ceased most decision-making activity by Ministers for weeks, followed by a reshuffle introducing a new Secretary of State who was initially uncomfortable with the whole idea, and had to be talked down from a rigid position. But the quality of the work in September and October shows that other Ministers including Tony and myself and officials in DHSS and elsewhere were working away the whole time and had simply decided that the Secretary of State was wrong and would eventually be persuaded or overruled.

6.55 I am asked if I had a view on the arguments surrounding ring-fencing of compensation, and the difficulty of extending compensation to haemophiliacs without creating a general no fault compensation system. If I have understood it correctly the Inquiry is using the term ring-fencing in this context as meaning the risk of setting a precedent and securing a ring-fence around the HIV-haemophiliacs and not extending similar support to other groups in arguably similar situations. I think I saw this as a somewhat forlorn hope that support would be strictly limited to this one group. We can never know the future, but we can be reasonably sure that it won't be the same as the present. I felt it would be for future Ministers, and future governments, to take such decisions, if required, long after our responsibilities ceased. As the Lord President had already pointed out, the Vaccine Compensation Scheme of 1979 (agreed just before the General Election of that year) was itself a precedent. The desire to avoid setting a precedent was understandable, in order to allay Treasury fears, to protect health spending in other areas and priorities, and to enable presentation of the scheme as a unique and special event. But I think I was less concerned about precedent than some of my colleagues. As I am not a lawyer I won't venture into any discussions of "no fault".

6.56 The scheme details at that stage were necessarily broad-brush, but I believe it was our intention that receipt of such money should not prevent people from receiving other assistance as necessary including social security. The possibility of future court cases was not ruled out. We were aware that the HIV problem would get worse, not better, for some years to come. Aspects of these issues were raised and dealt with in the questions following Tony Newton's 16 November 1987 announcement to the House of Commons. A new income support scheme was to be introduced in April 1988. He said, "*This is a matter on which we shall seek to give the best possible advice* [to those administering the fund]." (HC Deb 16 November 1987 vol 122) **[LDOW0000241]**.

Life Insurance issues

6.57 The Inquiry asks what consideration I gave to requests that life insurance and related products be made more readily available to haemophiliacs. The Inquiry has referred me in this regard to the following documents:

6.58 I have already referred above to the fact that on 24 September 1987 Andrew Turner minuted Mrs Goldhill (PS/John Moore) copying in all the other Ministerial Private Offices **[DHSC0004541_144].** Andrew raised the difficulty of haemophiliacs obtaining life insurance and the effect this had on the bereaved spouses of those who had died from HIV infection, leaving them in reduced circumstances. I think at this stage, in September 1987, this would have been one of the factors bolstering Tony Newton's arguments, with my support, to try to get John Moore to change the approach.

6.59 On 5 November 1987 I received a letter from John Wilkinson MP on behalf of a constituent **[DHSC0024549]**. His constituent considered the present state benefits totally inadequate in light of the extra expenditure for those infected with HIV and put forward suggestions as to how the Government could support the Haemophilia Society.

6.60 This included the suggestion of a fund to cover life assurance for dependents and mortgage protection for all haemophiliacs infected with HIV:

> *"... by providing a fund to cover life assurance for dependants and mortgage protection for the homes of all people with haemophilia who are HIV antibody positive also a weekly non-means tested benefit to cover the cost of living for those with AIDS related problems."* **[WITN5287006].**

6.61 It was Lord Skelmersdale who dealt with this issue (it was in his portfolio at this time) and he replied to John Wilkinson in January 1988 (the precise date is hard to work out from the letter on file) **[WITN7287007]**:

> *"Thank you for your letter of 5 November to Edwina Currie enclosing one from [constituent name and address given] about people with haemophilia infected with HIV through the use of blood products such as Factor VIII. I am very sorry for the delay in replying.*
>
> *The Government has the greatest sympathy for all people who have become infected with HIV. We have now considered all representations and the powerful case put by the Haemophilia Society at their meeting with John Moore and Tony Newton on 3 November. We have concluded that it would be right to recognise the unique position of people with haemophilia infected with the virus, and that their circumstances are wholly exceptional. As announced on 16 November we have decided*

> *that an ex-gratia grant of £10 million will be made to the Haemophilia Society, to enable them to establish a special trust fund.*
>
> *The Society have welcomed our proposal and have asked for advice and assistance in administering the fund. We have gladly agreed to arrange this so that they are able to make payments to affected individuals and families throughout the United Kingdom as soon as possible.*
>
> *The Society will keep those concerned advised of arrangements either directly through their bulletins, or through the appropriate NHS Haemophilia Centre.*
>
> *Alternatively, they may of course contact the General Secretary of the Haemophilia Society directly."*

I note now that there was no separate reference to the insurance point here and that the Department was relying on the financial support scheme announced.

6.62 On 1 March 1988 Colin Moynihan MP wrote to Tony Newton about a constituent who had visited him **[DHSC0022642_001]**. He said that his constituent had been turned down for a life assurance endowment due to his HIV status. Also, his constituent was also concerned that there may be no funding for his treatment at St Thomas's the next financial year. The prophylaxis treatment his constituent had been receiving had helped to reduce the time off work he had to take in the past.

6.63 On 19 April 1988, I responded to Colin Moynihan's letter of 1 March [**DHSC0028666**]. Ordinarily (as with much of the other correspondence) I think this would normally have been for Lord Skelmersdale but we would sometimes sign off Private Office cases for each other. As normal, the draft would have been based on information provided by officials . On the insurance point, my reply set out that:

> *"Decisions as to the risks underwritten by insurance companies are a matter for the commercial judgement of individual insurance companies. The Government does not intervene in these decisions and recognises that insurance companies must take account of the commercial implications AIDS and HIV infection present. However the Government is in touch with the Association of British Insurers to ensure that each*

> *new application for cover is judged solely on the individual circumstances of the proposer."*

On the treatment issues, my reply indicated that it was for individual health authorities to make decisions on treatment funding so I provided Colin with contact details for the Chairman of the West Lambeth District Health Authority. The question of a life insurance endowment policy probably refers to mortgage finance as this was a common way to help pay for mortgages at that time.

6.64 The insurance issue for those infected with HIV (including haemophiliacs) was not within my own policy areas at this time. From my letter of 19 April 1988, the Department response at this time appears to have been to put pressure on the ABI to ensure that insurers were not rejecting insurance en-bloc where HIV risks were in play, but judging each situation on its merits.

Management of the Macfarlane Trust

6.65 I am further asked what, if any, involvement I had in the ongoing management of the Macfarlane Trust after it had received the initial payment of £10m from the Government.

6.66 Towards the end of my time in the Department, an issue arose concerning the speed with which the funds were being paid out. To the best of my recollection and from the available papers, this was not an issue that had been raised with me between July and September 1988. I have seen that the Sunday Times published a critical article on 9 October 1988, stating that only £132,000 had been paid out from the Macfarlane Trust Funds since Tony Newton's announcement in November 1997 [**HSOC0013432**]. I do not believe that I was involved in the response to this issue.

6.67 From the available papers, both David Mellor as Minister of State and Ken Clarke as Secretary of State asked for briefing on it. While my office was copied into some of the materials sent in response, this was being handled at Minister of State and, to an extent, at Secretary of State level.

6.68 The two documents to which the Inquiry refers me on this issue are:

6.68.1.1 A minute from Flora Goldhill (PS/Mr Clarke) to Mr Harris dated 9 November 1988 **[WITN0758025]**. The Secretary of State asked a number of questions as a follow up to earlier briefing from Mr Arthur on 27 October 1988 **[DHSC0003295_003]**. My Private Office had not been copied into that earlier briefing.

6.68.1.2 The response from Dr Moore to the Secretary of State on the queries raised **[DHSC0020286]**. Dr Moore explained that as the trust was only set up in March 1988 it had to establish contact with all beneficiaries and whilst the initial pay-outs were slow, this was now rising rapidly. The Trust recognised the need to support dependents of those who died and were investigating ways of assisting with mortgage payments and life insurance. They were increasing the number of those receiving weekly maintenance payments and those receiving lump sums to cover costs of holidays and items such as domestic appliances.

6.69 However as noted above, my office was being copied into these for information purposes because the more senior Ministers were dealing with it directly. I note, in particular, that on 2 December 1988, Mr Mellor's office asked that the Minister of State be given two monthly reports on the position **[DHSC0003311_014].** I would have left the Department by the time the first of these update reports was sent.

Media coverage in November 1989

6.70 The Inquiry has also referred me to media coverage in 1989 after I left the Department. This was at the time that the Department announced further funding to the Macfarlane Trust of £20,000 per person.

6.71 The first set of materials are articles from The Times dated 24 November 1989, including an editorial entitled "Help for Haemophiliacs" **[HSOC0022189]**. The articles read as a whole reflect a cautious welcome to the further funding of £19 million but with questions as to whether it was generous enough and why it had not been paid sooner. One of the articles referenced Ken Clarke as saying that, "*Most people could think of few worse situations than that people suffering from a tragic disease should then be infected with a sexually transmitted lethal disease as a result of the treatment they received.*" However, the same article cited opposition criticisms that the £19 million would be insufficient to cover the £24 million cost of £20,000 per head with the remainder having to come from existing Macfarlane Trust funds.

6.72 The Times editorial of the same day criticised the decision on further funding, asserting that it was coming too late and was still too little. It referred to the infected having to resort to litigation commenting:

> *"Few could remain unmoved by this sad story. These people, already suffering acute discomfort, have been put at grave risk through no fault of their own. As many as 350 MPs from all parties have been supporting the Haemophilia Society's campaign to procure suitable compensation for them without the need for complex litigation."*

The editorial argued against the affected having to go through the courts and urged the case to go further towards the £100 - £150 million that the Haemophilia Society had been campaigning for, so as to provide c.£100,000 for each Claimant, arguing that the Government may not admit negligence but there was a moral obligation to provide funding.

6.73 Secondly, the Inquiry refers me to the letter I wrote to The Times, published on 30 November 1989, referring back to the leader of 24 November [**HSOC0007137**]. I wrote:

> *"Your leader of November 24 suggested a payment of "at least £100,000" to all haemophiliacs infected with the AIDS virus irrespective of their financial status. It is a pity you were unable to welcome the substantial sums now £29 million, already made over by the Government to assist these unfortunate people. Calls for more, may lose them both sympathy and understanding.*
>
> *We appear to be on the verge of claiming that people should get very large ex-gratia sums from the State just because they are sick. So what about asthmatics, who also can't get insurance, or epileptics who can't get a job involving driving? Why not a £50,000 payment to every blind person, or £75,000 to those with multiple sclerosis, sickle-cell anaemia, and Guillaume-Barré syndrome?*
>
> *Where does it stop? The answer, of course, is that is why we have a social security system. It currently pays out over £1 billion per week and is the most generous in the world. That is the system we should turn to, not set up alternatives which are necessarily arbitrary and often unfair to others.*
>
> *Am I alone in having uneasy feelings about these emotional campaigns? I feel for the war widows. I feel for the war disabled, who have not been mentioned, and for those not in uniform who were also killed and injured during the war – my constituents working in the war factories and mines, for example. Campaigns for one group, however worthy, are like spectacles with only one lens – they are bound to give a distorted view and create further anomalies.*
>
> *Maybe we should simply try to look after all widows, particularly the very old, a lot better. Now there is a campaign I could support."*

6.74 The third media piece provided by the Inquiry is a video clip from ITV's Central News East dated 30 November 1989 **[MACE0000001]**. The item:

6.74.1.1 Referred to my letter to the Times published that day;

6.74.1.2 Stated that I had angered hundreds of sufferers and health experts;

6.74.1.3 Suggested that I had criticised the haemophiliacs' campaign in my letter and that haemophiliacs were outraged by my statements and that their plight could not be compared with other illnesses because theirs could have been prevented.

6.74.1.4 Said that if I was unsympathetic to haemophiliacs infected by the AIDS virus, then it was an "about turn" from comments in my biography, "Life Lines". It cited the reference in that book to my early meeting with an infected haemophiliac (to which I have referred in section 2 of my statement above).

6.74.1.5 Reported that I was 'unrepentant' and then ran an interview piece in which I said:

> *"I am always very concerned about the under-dog, the person for whom there isn't a campaign, the person who is not hitting the headlines. The person perhaps who it is our job to look after and sometimes their need is just as great as the emotional campaign and, occasionally, it's much greater."*

6.75 I am asked why I decided to write to The Times in response to their leader of 24 November. My support for a payments scheme for haemophiliacs in that July 1987 meeting with Tony Newton, and my first encounter with a constituent haemophiliac both speak to my genuine sympathy for those infected. I find it difficult to read the letter I wrote to the Times now. I find the harsh tone shocking and I can only think I wrote it too quickly and got the information and tone wrong. There is no reference to it in my Diaries and (as the TV interviewer pointed out correctly) its tone was unpleasant, and much harsher than in my book, "Life Lines," which had just been published. It was factually incorrect, accusing the paper of ignoring the £29 million which the government had allocated to the Macfarlane Trust when in fact The Times leader article refers to both the original £10 million and the additional £19 million in some detail. So, the basis of my criticism was plain wrong. I was genuinely troubled by the plight of those who fell below the radar because they did not have organised campaign groups effective in raising their situation, but of course I was extremely concerned for those who had been infected with AIDS through contaminated blood products and I was not in any way seeking to discourage further support for them, though that may seem implied. I was and am always understanding and supportive of campaign groups advocating against human suffering (how can one not be) and I felt the scheme for haemophiliacs who had been infected or affected through blood products was absolutely appropriate.

My disdainful language about "emotional campaigns" was wrong and hurtful and I am sorry for that. The campaigns of the Haemophilia Society were based on a steady presentation of facts and illustrative case histories; the positive reaction thus generated was understandable and, as shown above, had my support.

6.76 The Inquiry asks if by the terms of my letter to the Times, I was rejecting the argument that haemophiliacs were doubly disadvantaged by their HIV infection and haemophilia status. The answer to this is clearly no, for the reasons I have explained, I did not consider carefully enough how those sentences would be understood by those haemophiliacs who were doubly disadvantaged and their families.

6.77 The Inquiry notes that Central News East described me as being "unrepentant" and said that I was insisting that there were "far more deserving cases for compensation than haemophiliacs suffering from the AIDS virus." I am asked if that was an accurate description of my position? Such a comparison was odious. As I have explained above, I was trying to draw attention to the needs of others as well as, not instead of, the needs of infected haemophiliacs, and their families. I should have made that clear in both my letter and in the interview, and I am deeply sorry that that did not happen.

6.78 By reference to the same interview the Inquiry raises my expression of concern for "the underdog" for whom there was no "emotional campaign" and whose need may be as great as or greater than those who did have such campaigns. I am asked if I considered the campaign for compensation or financial support for people with HIV and haemophilia to be an "emotional campaign"; whether I considered that there were more deserving causes, and if so if I had specific causes in mind? The Inquiry asks if I stand by these comments today and invites me to give my reasons and to provide any further comment.

6.79 I have no idea what possessed me to write such a letter; I was not a Minister, I was not expecting to be one again, and while I had many deep concerns about others in need, the better way forward would have been for me to campaign for them – as indeed I did some while later when I became Patron of the Human BSE Foundation campaign and of the charity MRSA Action (UK), and a trustee of Marie Curie Cancer Care (as it was then) and I did my best for them. It has always been my view that as new needs arise, it is for Ministers and voters of the time to decide how they should be met. If one campaign leads to highlighting the needs of another, so be it, and so much the better. The advances of science and medicine are never risk-free, as we have been reminded again recently. One of the roles of government includes trying to improve matters whether by monetary or other means for those who, like infected haemophiliacs, have been put at a tragic disadvantage.

The Government's approach to compensation

6.80 The Inquiry invites me to reflect on the way in which the Government approached the issue of compensation for people with haemophilia who were infected with HIV. I am asked if I think that appropriate decisions were taken; whether an alternative approach should have been taken; and, if so, whether my view is reached with hindsight, or was one I held at the time.

6.81 The main problem in 1987 was to overcome the objections of those who did not want a government funded scheme to be set up. Their arguments were many and various, as the minutes from John Moore the Secretary of State and from John Major, Chief Secretary to the Treasury show. Most of the discussion was about how to get a scheme, not what such a scheme would do. Since I was not the Minister responsible at the time, I was not involved in the detail of how the £10 million would be administered; the setting up of the Trust; or liaising with the Haemophilia Society in relation to this.

6.82 With hindsight, I can see that the system was bound to be both cumbersome and slow and leave claimants unhappy. Twelve Trustees, all very busy and distinguished people, had to be found, and then they had to meet together, before the days of video-conferencing, to wrestle with complex issues, of which the most fundamental was whether they helped those in most financial need (which would be slow but "fair"), or whether they should hand out a lump sum to everybody (which would be quick but possibly inequitable). Perhaps Ministers should have ruled on this, but that might have justified comments that we were interfering too much and it would certainly have slowed the process of setting the fund up in the first place which was designed to give the greatest flexibility.

7 Aspects of the Evidence of Dr Pickles

7.1 The Inquiry has referred me to a passage in the evidence of Dr Pickles when she gave oral evidence to the Inquiry on 12 May 2022 **[INQY1000205]**. The passage to which I have been referred is as follows at page 516-517:

> *"Q….You were asked by the Inquiry to identify the ministers with whom you had dealings and you referred to dealings with Mr Fowler, Mr Newton, Lord Skelmersdale in relation to AIDS. And then you identified who you had dealings with when you were in the Med ISD3, as you put*

> *there. I just wanted to ask you what you said about Mrs Currie. You said: "... Mrs Currie was also involved in relation to the consequences of infection in haemophiliacs." Do you recall what that was referring to?*
>
> *A. Yes, I do. It was quite a memorable meeting, actually. Because I was not a terribly disciplined civil servant so I'm afraid I ended up -- you're not supposed to argue with ministers, and I had a meeting, when I was in the AIDS Unit, a meeting with Mrs Currie -- and I can remember what it was about. It was about infected haemophiliacs. And she was saying they mustn't have sex with their wives. And I said, "You can't tell men they can't have sex. You need to explain there are ways of sexual expression that they can have that don't put their partners at risk". And it was quite a ding dong discussion. Mr Heppell, the Deputy Secretary, was present at the time and was really a bit gobsmacked that we were arguing this way. So that's what it was about. I remember it because of the context. Having said that, she said nice things about me in the BSE Inquiry, so I can't have been too argumentative."*

7.2 I have no recollection of the meeting at this distance in time. I do not recall the discussion. There does not appear to be a Minute of this discussion, which would have been expected, especially had there been a fundamental disagreement about an issue. Although Dr Pickles said, "*You're not supposed to argue with Ministers*" that is absolutely not my experience. It is normal practice for senior advisers and Ministers to debate often with some vigour. Testing ideas and each other's knowledge and boundaries creates good policy making. Perhaps to me what was a vibrant (though unmemorable) discussion felt like an argument to Dr Pickles. I cannot speculate. I don't dispute having met her as she states but I simply don't recall our meeting. The suggestion that I was advocating for celibacy for haemophiliacs as seems to be the impression she holds must simply be wrong. I am sure this is a misunderstanding and misremembering on her part.

7.3 I would not have seriously suggested that men with haemophilia who were infected with AIDS should not have sex with their wives or partners. To advocate for celibacy for haemophiliacs who were or might be infected with HIV or hepatitis would have been cruel and harsh in the extreme. I never did so. In any case, celibacy was not necessary, as safe sex using condoms was known to be effective in preventing transmission. Indeed senior ministers had insisted on a change in the rules so that the word "condom" could be used in broadcasts about safe practices and its use described. Safe sex as opposed to abstinence was the government's output message at the time. I can only think that Dr Pickles was mistaken when she said that I said haemophiliacs shouldn't have sex with their wives. The view she allots to me (advocating for celibacy for the infected) is not one I have ever held, ever suggested, nor do I hold it now. The fulfilment of a successful relationship through sex is the height of human joy. Its loss through illness and old age is a source of great sadness. When one partner is infected, the continuation of sexual relations with appropriate protection ensures the wellbeing of both partners. She is wrong to attribute any other opinion to me.

8 Wellcome Meeting

8.1 I am referred to my book "Life Lines" where I refer to a meeting that I and other MPs had with Wellcome in the summer of 1985 at page 72 **[RLIT0001130]**. I was not a Minister at that time. I am asked to provide any further details of that meeting.

8.2 I attended the event in the summer of 1985 with other interested back benchers when they told us of the test they had developed which would reveal antibodies to HIV in the blood tested. The various scientists had been working hard to achieve a reliable test for many months beforehand. Although the test was known not to be 100% accurate, this was recognised as a hugely positive advance in limiting the spread of the disease so in October 1985 the UK began testing all blood donations.

8.3 I understood the purpose of the meeting was for Wellcome to communicate to interested MPs the success of the global search for an HIV test. It was not unusual for pharmaceutical companies to hold such meetings with MPs. At that time research into AIDS was a top global priority. Wellcome were saying they had a reliable test. That was very good news and I wanted to hear about it.

8.4 I do not know who organised the event but I believe it was organised by Wellcome rather than the DOH. I believe the meeting was paid for by Wellcome, although I cannot be sure. I do not recall anything other than a meal and refreshments being provided to attendees. I attended because I knew there was significant and important medical research that had been done to develop an effective test for HIV and I hoped Wellcome would have something significant to tell us about the research. That turned out to be the case.

8.5 I am asked whether I considered the company's conduct in respect of the meeting was appropriate. Wellcome is a very large and highly responsible organisation which also runs a superb medical history museum and facilities in the centre of London near Euston station. They were not lobbying, as far as I was concerned. They were updating us on HIV testing at the time and proud of what had been achieved. I did not consider Wellcome's conduct to be inappropriate. Had I have done I would not have attended the event. Nothing I have seen or heard about it since leads me to conclude otherwise.

8.6 I did not lobby on Wellcome's behalf, nor was I asked to. If they spoke directly to Ministers I knew nothing of it and took no part. I received nothing of value from Wellcome (nor have I from any other pharmaceutical company) then or since. I have always refused any payments from any companies involved in healthcare and have turned down requests to become a director or apologist or ambassador of any kind.

9 General / Other Issues

9.1 A table of my relevant speeches / interventions during my time as Parliamentary Under-Secretary of State is included at the end of this statement.

9.2 The Inquiry invites me to provide any other comment on matters that I believe may be of relevance to the Infected Blood Inquiry.

9.3 I wish to say the government's AIDS campaign was one of the most successful public health campaigns ever, widely understood and accepted by the public, resulting in substantial changes in behaviour which saved many lives. It challenged prejudice, such that moves towards equal rights for homosexuals could be achieved in the next decade. It brought about better care for all people infected with HIV, with large-scale research into causes, treatments and prevention. It reinforced public acceptance that all patients with HIV should be cared for as well as possible irrespective of how their need for care arose. I believe that the needs of haemophiliacs and their families were constantly present in Ministers' minds, and in mine in particular as my writing at the time amply demonstrates. I can only add, that in my experience all Ministers and public servants charged with responsibilities for these topics strove, during a time of extraordinary difficulty and fear, to do their utmost to protect the health of the public and the health and well-being of haemophiliacs and others directly and indirectly affected. For any failings on my part, for any failure to choose appropriate language or explain the nuances of complex issues, for any offence caused – never deliberately – I offer a profound apology. I wish the Inquiry well in its endeavours to establish what happened, and whether it could have been avoided, and thereby to learn some lessons for the future.

Statement of Truth

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

Signed……………………………………………………

Dated…

GRO-C

……09/08/2022…………………………

EDWINA CURRIE			
Date	**Reference**	**Event – please note whether the entry is Commons or Lords, and whether it is e.g. Written Answer, Oral Answer, Debate**	**Relevance**
Pre – 1986			
14 November 1983	HC Deb 14 November 1983 vol 48 cc327-8W Blood Products (Imports) (Hansard, 14 November 1983) (parliament.uk)	Written Answers (Commons)	Blood Products (Imports)
16 November 1983	HC Deb 16 November 1983 vol 48 c490W Blood Donors (Hansard, 16 November 1983) (parliament.uk)	Written Answers (Commons)	Blood Donors
Parliamentary Under Secretary of State for Health 10 September 1986 to 16 December 1988			
24 October 1986	HC Deb 24 October 1986 vol 102 c1032W National Blood Products Laboratory, Elstree (Hansard, 24 October 1986) (parliament.uk)	Written Answers (Commons)	National Blood Products Laboratory, Elstree
28 October 1986	HC Deb 28 October 1986 vol 103 c125W National Blood Products Laboratory (Hansard, 28 October 1986) (parliament.uk)	Written Answers (Commons)	National Blood Products Laboratory

27 November 1986	HC Deb 27 November 1986 vol 106 cc351-2W AIDS (Hansard, 27 November 1986) (parliament.uk)	Written Answers (Commons)	AIDS
28 November 1986	HC Deb 28 November 1986 vol 106 c405W AIDS (Hansard, 28 November 1986) (parliament.uk)	Written Answers (Commons)	AIDS
12 January 1987	HC Deb 12 January 1987 vol 108 c124W AIDS (Hansard, 12 January 1987) (parliament.uk)	Written Answers (Commons)	AIDS
09 February 1987	HC Deb 09 February 1987 vol 110 c129W Hepatitis (Hansard, 9 February 1987) (parliament.uk)	Written Answers (Commons)	Hepatitis
11 February 1987	HC Deb 11 February 1987 vol 110 c269W Blood Donors (Hansard, 11 February 1987) (parliament.uk)	Written Answers (Commons)	Blood Donors
20 February 1987	HC Deb 20 February 1987 vol 110 c867W Hepatitis Vaccine (Hansard, 20 February	Written Answers (Commons)	Hepatitis Vaccine

	1987) (parliament.uk)		
23 February 1987	HC Deb 23 February 1987 vol 111 c119W Hepatitis (Hansard, 23 February 1987) (parliament.uk)	Written Answers (Commons)	Hepatitis
16 March 1987	HC Deb 16 March 1987 vol 112 c410W AIDS (Hansard, 16 March 1987) (parliament.uk)	Written Answers (Commons)	AIDS
09 November 1987	HC Deb 09 November 1987 vol 122 c100W Blood (Hansard, 9 November 1987) (parliament.uk)	Written Answers (Commons)	Blood
13 November 1987	HC Deb 13 November 1987 vol 122 cc365-6W Hepatitis B Vaccine (Hansard, 13 November 1987) (parliament.uk)	Written Answers (Commons)	Hepatitis B Vaccine
30 November 1987	HC Deb 30 November 1987 vol 123 cc441-2W AIDS (Hansard, 30 November 1987) (parliament.uk)	Written Answers (Commons)	AIDS
18 December 1987	HC Deb 18 December 1987 vol 124 cc932-3W	Written Answers (Commons)	Hepatitis B

	Hepatitis B (Hansard, 18 December 1987) (parliament.uk)		
11 January 1988	HC Deb 11 January 1988 vol 125 c167W Hepatitis B (Hansard, 11 January 1988) (parliament.uk)	Written Answers (Commons)	Hepatitis B
25 February 1988	HC Deb 25 February 1988 vol 128 c300W Blood Transfusion Service (Hansard, 25 February 1988) (parliament.uk)	Written Answers (Commons)	Blood Transfusion Service
11 March 1988	HC Deb 11 March 1988 vol 129 cc402-3W Blood (Hansard, 11 March 1988) (parliament.uk)	Written Answers (Commons)	Blood
28 March 1988	HC Deb 28 March 1988 vol 130 cc341-2W Blood Transfusion Service (Hansard, 28 March 1988) (parliament.uk)	Written Answers (Commons)	Blood Transfusion Service
31 March 1988	HC Deb 31 March 1988 vol 130 c656W Hepatitis B (Hansard, 31 March 1988) (parliament.uk)	Written Answers (Commons)	Hepatitis B

12 April 1988	HC Deb 12 April 1988 vol 131 c121W Blood Donors (North Staffordshire) (Hansard, 12 April 1988) (parliament.uk)	Written Answers (Commons)	Blood Donors (North Staffordshire)
26 May 1988	HC Deb 26 May 1988 vol 134 cc264-5W AIDS (Hansard, 26 May 1988) (parliament.uk)	Written Answers (Commons)	AIDS
12 July 1988	HC Deb 12 July 1988 vol 137 c168W Hepatitis Vaccine (Hansard, 12 July 1988) (parliament.uk)	Written Answers (Commons)	Hepatitis Vaccine
20 July 1988	HC Deb 20 July 1988 vol 137 c656W AIDS (Hansard, 20 July 1988) (parliament.uk)	Written Answers (Commons)	AIDS
27 July 1988	HC Deb 27 July 1988 vol 138 c355W AIDS (Needle Exchange) (Hansard, 27 July 1988) (parliament.uk)	Written Answers (Commons)	AIDS (Needle Exchange)
28 July 1988	HC Deb 28 July 1988 vol 138 c539W National Blood Transfusion Service (Hansard, 28 July 1988) (parliament.uk)	Written Answers (Commons)	National Blood Transfusion Service

29 July 1988	HC Deb 29 July 1988 vol 138 cc786-90W AIDS (Hansard, 29 July 1988) (parliament.uk)	Written Answers (Commons)	AIDS
02 December 1988	HC Deb 02 December 1988 vol 142 c440W Haemophiliacs (Hansard, 2 December 1988) (parliament.uk)	Written Answers (Commons)	Haemophiliacs