Witness Name: Dr James McKenna
Statement No.: WITN6983001
Exhibits: N/A
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR JAMES MCKENNA

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 25 April 2022.

I, Dr James McKenna will say as follows: -

Section 1: Introduction

1. **Please set out your name, address, date of birth and any relevant professional qualifications relevant to the Inquiry's Terms of Reference. Please include details of your medical training and areas of specialism and interest.**

1.1 Dr John (James Francis) McKenna. GRO-C
D.O.B. GRO-C

1.2 I qualified in medicine from Queen's University Belfast in 1960 and was awarded a Diploma in Public Health in 1966. In 1972 I became a member of the Faculty of Community Medicine of the Royal College of Physicians London of which I became a Fellow some years later. I was a Foundation Fellow of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland. In 1974 or 1975 I have Fellowships of the Royal College of Physicians of London, Edinburgh and Ireland.

2. **Please briefly describe your employment history including the various roles and responsibilities that you have held throughout your career, as well as the dates, with particular reference to those related to matters relevant to the Inquiry's Terms**

of Reference.

2.1 I started work in 1960. My first posts for 2 and a half years were in hospital medicine in Belfast City Hospital. Following this, I spent 2 and a half years in general practice in North Belfast. I have practised in the broad field of public health since 1966. My first post was in the Northern Ireland Hospitals Authority and in 1973 I was appointed Chief Administrative Medical Officer ("CAMO") of the Northern Health and Social Services Board in Northern Ireland. I moved as CAMO to the Eastern Health and Social Services Board in 1981 and to the Department of Health as Chief Medical Officer ("CMO") in 1988. I was asked by the then Minister, Baroness Denton, to chair the Acute Hospitals Reorganisation Project in Belfast. I completed that job and retired in 1997.

3. **Please set out your membership (past or present) of, or your involvement (past or present) with any committees, associations, parties, societies, groups or organisations relevant to the Inquiry's Terms of Reference, including the dates of your membership.**

3.1 My memberships and fellowships set out my involvement with groups relevant to the Inquiry's Terms of Reference. There is nothing specific to blood and blood products in among them.

4. **Please provide details of any business or private interests you have or have had which are relevant to the Inquiry's Terms of Reference.**

4.1 I have no end business or private interests relevant to the Inquiry's Terms of Reference.

5. **Please confirm whether you have provided written or oral evidence to, or have 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. Please provide details of your involvement and copies of any statements that you provided.**

5.1 I have not provided written or oral evidence on the subjects mentioned in paragraph 5.

Section 2: Decision-making and administrative structures

Your Roles

6. **Please describe your role and responsibilities as Chief Administrative Medical Officer of the Eastern Health and Social Services Board ("CAMO"). Please provide the dates of your tenure in that role.**

6.1 I occupied the post of CAMO to the Eastern Health and Social Services Board from 1981 to 1988. I can summarise my role in under the following headings –

- I was Leader in Public Health to the Eastern Health and Social Services Board and led the Public Health Team.
- I was a member of the Top Management Group (the Area Executive Team) to which reported the 5 District Executive Teams. They had general responsibility for all services including so called regional services.
- I was the main link between the Board and the Medial Faculty of Queen's University Belfast.
- I specifically advised the Board on medical and administrative matters including the budgeting and the use of resources.
- I was identified as the Lead in service planning for the Board. I represented the Board together with colleagues in meetings with the Department and other outside bodies. The Board were the direct employers of Consultants and Senior Registrars and Registrars.
- I was the disciplinary authority in respect of medical staff. I advised the Distinction Awards Committee.
- I acted as Titular Head of the professions supplement intervention.

7. **Please describe your role and responsibilities as Chief Medical Officer ("CMO") for Northern Ireland and provide the dates of your tenure in that role. In particular, please comment on the following areas:**

a. **The extent to which you were responsible for informing ministers about risks to public health.**

b. **The extent to which you were responsible for shaping policy and informing ministers of policy options.**

c. **The extent to which you were responsible for issuing guidance, advice or instruction to clinicians and health bodies as to the risks of infection from blood or blood products.**

d. **The extent to which you were responsible for issuing guidance or advice to patients, and in particular patients reliant on blood transfusions or**

blood products.

7.1 As CMO I was a leading voice in Public Health in Northern Ireland. I was Leader of the Medical Team in the Department. I was a member of the Top of the Office Group which was responsible for policy and reallocation of resources generally. I had access to all Northern Ireland Ministers but of course most of my contact was with the Departmental Minister whom I was responsible for advising on all aspects of public health risk. I supported the Minister in contacts with outside bodies. I was occasionally called upon to advise the Secretary of State when he was dealing with health matters.

7.2 I liaised with other Health Departments within the UK and the Republic of Ireland. I was the Department's main link to medical professional bodies and the local profession generally. I was responsible for advising the public on matters of public health and I informed the public about the state of the public health in an Annual Report which I instituted on that topic. I advised Ministers on all health issues and provided the basis for health policy decisions. I cannot recall issuing guidance or advice to particular groups of patients but I was frequently in the position of providing health advice to the public at large.

8. **Please explain what role you played, in your capacity as CMO for Northern Ireland, in policy-making and decisions in relation to people infected with human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") in consequence of blood or blood products, their treatment and arrangements for financial support.**

8.1 I do not recall my role in policy making and decisions in relation to people infected with human immunodeficiency virus, hepatitis B virus, hepatitis C virus or being in any way involved in the treatment and management and arrangements for financial support.

9. **To the best of your knowledge and recollection, how significant was your role in forming policies on blood, blood products and any other matters relevant to the Inquiry's Terms of Reference?**

9.1 I do not recollect how significant was my role in forming policies on blood products and any other matters relevant to the Inquiry's Terms of Reference.

Relationship with officials in Department for Health and Social Security ("DHSS") (NI) and other

relevant bodies

10. To the best of your knowledge, please identify by name senior colleagues in DHSS (NI) who were involved during your time as CAMO of the Eastern Health and Social Services Board or CMO in decisions about blood and blood products, the assessment of the risks of infection arising from blood and blood products, the response to such risks, and in providing advice to ministers in relation to such risks.

10.1 During my time as CAMO of the Eastern Health and Social Services Board the Senior Colleagues in the DHSS dealing with blood and blood products would have been CMO Dr J Baird, Dr R J Weir and Dr Hilary Flett. Dr Flett remained working on the blood transfusion, etc, after I was appointed CMO. She reported in the first instance to my deputy Dr W D Thornton.

11. Please describe:

a. The relationship between the office of the CMO and the wider DHSS (NI).
b. The way in which your role as CMO was supported by civil servants within the DHSS (NI).
c. The contact that you had with ministers (in the DHSS and the Northern Ireland Office) and how, and when such contact would be arranged.
d. The contact you had with senior DHSS (NI) and/or Northern Ireland Office officials.
e. How officials brought information and issues to your attention as CMO. In particular, please explain how effective the process was, in your experience, in ensuring that you were suitably informed of the key issues with which your office was, or should have been, concerned?

11.1 As CMO the wider DHSS would have regarded me as its senior voice in public health, I regularly met the 4 CAMO's. As a member of the Top of the Office Group of the Department, we met the Executive Teams of the 4 boards regularly. On the wider professional front there were Advisory Committees in most specialties composed of mostly fairly senior consultants. These committees met perhaps 4 times a year under the chairmanship of the CAMO.

11.2 The Medical Team in the Department had a number of Personal Secretaries. The Doctors related to the various Departments and Sub-Departments of the Administration by regular formal and informal meetings and there was no trouble for me or my staff in meeting Assistant Secretaries who headed up the Sub-Departments to discuss any issue. I interacted daily with the Permanent Secretary.

11.3 I had infrequent contract with Ministers in the Northern Ireland Office ("NIO"), usually to brief the Secretary of State when he was interacting with some aspect of the Health Service or with not infrequent deputations concerning the Health Service. I had frequent contact with Ministers in the DHSS. The Minister's Office was just along the corridor from mine and I and others accompanied the Minister when he was interacting with the wider DHSS. There were briefings of Ministers as often as that was considered necessary and there was no difficulty of access to a current Minister as far as the CMO was concerned.

11.4 I had frequent and informal contact with Senior DHSS officials. I was a member of what was called the Top of the Office Group which met regularly. I had virtually no contact with NIO.

11.5 Information and issues were brought to my attention formally in writing or informally in personal contact. There was never a barrier to officers of the Department gaining access to me simply by turning up and asking my Secretary. It would have been routine for any issues that came to the Department to be drawn to my attention on paper. I believe the process was very effective, I had only one occasion to complain of an Assistant Secretary acting on his own initiative to deal with General Practitioners without me knowing what he was doing. That problem did not recur.

12. Please describe the working relationship that you had as CAMO of the Eastern Health and Social Services Board or CMO with the Northern Ireland Blood Transfusion Service ("NIBTS"). In particular, please address the following:

a. The lines of communication between your office and NIBTS, including how information was shared between the relevant organisations;

b. The principles and policy objectives which underpinned the various relationships; and

c. Any areas of overlapping responsibility, and how these were navigated.

12.1 The Northern Ireland Blood Transfusion Service ("NIBTS") was a separately managed element of the Eastern Board. On the management side they would have received any circulars or general directions about management.

12.2 The professional work of the service was led by the Medical Director. He related to one of the Assistant CAMOs. In my time I believe it was Dr Paul Darragh. He would

have been aware of what was happening in NIBTS and would have alerted me if anything unusual was occurring. I don't recall interacting with the NIBTS as CMO but the Director Dr McClelland was a member of the Pathology Advisory Committee and could have used that as a mechanism for raising issues. Equally he knew that he would have my attention if he simply made a phone call to my office.

12.3. I am not sure that anybody formulated in any formal way the principles or the objectives underpinning various relationships. They didn't change during my term of office and I think they were all based on previous understandings.

12.4 There would not have been areas of overlapping because the systems were designed to avoid that.

13. Please describe your working relationship as CAMO of the Eastern Health and Social Services Board or CMO with those responsible for providing haemophilia care in Northern Ireland, including and in particular Dr Elizabeth Mayne, the Director of the Northern Ireland Haemophilia Reference Centre at the Royal Victoria Hospital, Belfast. In particular, please address the following:

a. The lines of communication between, including how information was shared between, the relevant organisations;
b. The principles and policy objectives which underpinned the various relationships;
c. Any areas of overlapping responsibility, and how these were navigated;
d. How ministers were kept up to date with relevant developments.

13.1 I had little personal working relationship with Dr Mayne or her colleagues because in the Eastern Board Dr Darragh dealt with that policy area. In the Department. Dr Hilary Flett would have been the person of first reference. You have quoted an instance of my being involved in dealing with Dr Mayne which I will expand upon later.

13.2 I don't recall Ministers being briefed on blood or blood products.

14. Please consider the letter dated 13 December 1988 enclosed at [NIBS0001770] and please explain your recollection of the circumstances in which this letter was written. Why did you consider that Dr Mayne "did not have the authority" to issue the instruction in her letter dated 1 December to the Scottish National

Blood Transfusion Service? What, if any, steps were taken in response to this communication? You may be assisted by the following documents:

- **Mr Macniven's 4 October 1988 letter to Dr McQuiston [SCGV0000105_021].**
- **Mr Macniven's 28 November 1988 letter to Dr McQuiston [SCGV0000105_020].**
- **14 December 1988 letter to Mr Macniven from J Scott [SCGV0000105_019].**
- **Mr Macniven's 15 December 1988 letter to Mr Scott [SCGV0000105_018].**

14.1 I refer to the letter NIBS0001770. I explained to Dr Mayne how she didn't have authority to arrange for services as between Scotland and Northern Ireland in the last sentence of the first paragraph of my letter to her. Dr McQuiston's and Mr Scott's letters and that of Mr Macniven were the necessary form of conduct of the business between Northern Ireland and Scotland.

Interactions with English, Scottish and Welsh officials

15. **Please describe your interactions as CMO, if any, with the CMO for England, the CMO for Wales and the CMO for Scotland, and their respective offices. If there was any contact, please explain how, when and why it would be arranged. Please address in particular such interactions in relation to decision-making about: blood, blood products, the licensing and regulation of pharmaceutical companies and products, self-sufficiency in blood products, risks of infection from blood or blood products, the response to such risks, hepatitis and HTLV-III/HIV/AIDS.**

15.1 The 4 CMOs met regularly and at those meetings ranged widely over several current topics. I have no recollection of any discussions in that forum about blood products, the licensing and regulation of pharmaceutical products, companies and products, self-sufficiency in blood products or the risk of infection from blood or blood products.

16. **Please describe your interactions as CMO, if any, with the administrations of Scotland, England and Wales in relation to health. Please also identify by name and position the ministers and civil servants with whom you liaised in each government. Please address in particular such interactions in relation to decision-making about: blood, blood products, the licensing and regulation of pharmaceutical companies and products, self-sufficiency in blood products, risks of infection from blood or blood products, the response to such risks,**

hepatitis and HTLV-III/HIV/AIDS.

16.1 As CMO I did not interact with the administrations of Scotland, England and Wales except through their Medical Departments.

17. What, if any, relationship did you have as CMO or as CAMO of the Eastern Health and Social Services Board with the Scottish National Blood Transfusion Service ("SNBTS") and the Protein Fractionation Centre in Scotland? Please describe, insofar as you are able to do so:

a. Your role in that relationship;

b. The structures in place to manage that relationship;

c. How information from the PFC was distributed, where relevant, to a minister;

d. The general nature of that relationship, including any tensions or difficulties.

17.1 I do not recollect relating to the Scottish National Blood Transfusion Service but from the information you have supplied me it looks as if Dr Darragh of the Eastern Board did.

18. Please consider the document enclosed at [NIBS0001721], a letter dated from Dr Darragh to Dr Mayne dated 25 May 1984, which includes your name in the top left-hand corner, which notes *"we have recently been monitoring the success of the Blood Fractionation arrangements with the Scottish Health Services. We have received advice that there is now a sufficiency of the NHS product to cover all current demand for Factor VIII."* Information was sought as to whether there were patients for whom NHS product would not be suitable and who would require commercial product, which would be useful *"to have as much information to hand when seeking financial allocations particularly when there is an apparent conflict with National Policy."* Please explain:

a. Whether you were aware of this letter at the time that it was written.

b. Whether you played any role in the monitoring of the "Blood Fractionation arrangements" and to what you understand this term to have referred.

c. Your knowledge of the outcome of these discussions with Dr Mayne.

18.1 The fact that my name is on headed notepaper from the Department certainly does not mean that I read every letter that was issued. I have no recollection of the subject matter of Dr Darragh's letter.

Section 3: Relationship between England, Wales, Scotland and Northern Ireland

19. **Please provide, in outline, your understanding of the following points, as they applied in the period when you were CAMO of the Eastern Health and Social Services Board and CMO:**

    a. **The powers and responsibilities for health policy that were devolved to Northern Ireland?**

    b. **The role of the DHSS (NI) in formulating, managing, funding and implementing health policy in Northern Ireland, and in particular policy in respect of blood, blood products, the licensing and regulation of pharmaceutical companies and products, self- sufficiency in blood products, risks of infection from blood or blood products, the response to such risks, hepatitis and HTLV-III/HIV/AIDS.**

    c. **The role of the regional health boards in formulating, managing, funding and implementing health policy in those areas.**

    d. **The oversight, if any, the Department of Health and Social Security ('DHSS') retained over health policy decisions affecting Northern Ireland?**

    e. **The role of the Northern Ireland Office in these matters.**

19.1 I have always understood that the powers and responsibilities for health policy were completely devolved to Northern Ireland.

19.2 It was the role of the DHSS NI to formulate, manage, fund and implement health policy in Northern Ireland subject to the allocation of funds from the Department of Finance. I cannot recall any detail in respect of blood or blood products, the licensing and regulation of pharmaceutical companies and products. I recollect discussion of self-sufficiency and blood products when I was CAMO and although I am sure there was discussion about the risks of infection from blood or blood products I have no memory of any detail of those discussions.

19.3 In theory anyway the Regional Health Board did not formulate Health Policy but they would have contributed to the formulation of policy by the Department. [I have stuck with the Inquiry's nomenclature but strictly Northern Ireland did not have regions. The Department acted as the equivalent of an English Regional Board and the Health Services below that were organised by Area Boards.]

19.4 The DHSS regularly reviewed policy decisions as they rotated to the fore.

19.5 I can't recall the Northern Ireland Office fulfilling any role in this area.

20. Please describe any interactions you had, in your capacity as CMO for Northern Ireland, with other health-related public bodies in England, Wales and Scotland, in particular in relation to blood, blood products, the licensing and regulation of pharmaceutical companies and products, self-sufficiency in blood products, risks of infection from blood or blood products, the response to such risks, hepatitis and HTLV-III/HIV/AIDS.

20.1 The only interactions I had as CMO with other health related public bodies in England, Wales and Scotland would have been through the respective CMOs or their Departments.

Section 4: Institutional and Funding Arrangements

21. Please outline your understanding of the process by which (i) the DHSS (NI) budget for health was decided upon and approved; (ii) the regional health boards in Northern Ireland were funded.

21.1. The DHSS budget for health was negotiated between the DHSS and the Department for Finance. During my time in office the main discussion was about how much extra funding would be awarded each year. The Department for Finance sought justification for every bid made by DHSS for extra money. Within DHSS the Assistant Secretaries made bids for funding for their particular interest. The medical branch had a considerable input to the programmes. The bid package was discussed by the top of the office group before negotiators went to meet the Department for Finance.

21.2 The Regional Health Boards similarly made bids to the Department for additional funds each year. Their bids would have been part of the consideration given by the top of the office group in how funds should be allocated. This was a formal annual event but throughout the year there would have been discussions between officers of the Eastern Board and the Department in the different professions and the respective administrations so that bids from the Boards for funds rarely caused surprise.

21.3 An important part of the decision making and of the dissemination of information were joint committees (of the 4 UK administrations). One of these dealt with blood and blood products. Like similar committees it was made up of

representatives of the Medical Departments of the 4 administrations and experts chosen for their knowledge base. I believe the Directors of the Blood Transfusion Services were also members. I believe that this joint committee was where most decisions about blood and blood product would come to. As noted, there were representatives from all 4 administrations but the driving force in the joint committees always was the Department of Health in London. They serviced the committee, they developed papers for the committee and they promulgated the advice from the committee.

21.4 In DHSS(NI) there was a Medical Advisory Committee Structure, it was headed by a Central Medical Advisory Committee and had several speciality advisory committees. These were made up of Consultants of the relevant speciality and medical representatives from the board. The Committees were a very effective mechanism for receiving information about each service and for giving out information. These were informed forums where problems could be discussed. The Director of the Blood Transfusion Service would have been a member of the Pathology Advisory Sub-Committee.

21.5 During my time DHSS(NI) the member of staff who attended the blood and blood product committee in London was Dr Hilary Flett. Attendance at this committee and others like it were important sources of information to the Medical Department in Belfast. I did not have an automatic formal debriefing of the Medical Officer who attended these committees. Each of them knew that he or she could come to me to let me know if anything had transpired that I needed to know about. There were further opportunities for sharing information at weekly staff meetings where every member of staff was given an opportunity to ventilate issues that had arisen within their field of interest.

21.6 Whilst it is certain that I would have been aware of issues within the field of blood and blood products I cannot now recall any matters being discussed. I would not have recalled the two issues that you have drawn to my attention if you had not given me written information to stimulate my memory.

Role as CAMO of the Eastern Health and Social Services Board

22. Please explain your role as CAMO of the Eastern Health and Social Services Board in influencing or managing control of the budget of the Health Board in so far as it relates to the issues relevant to the Inquiry. You may wish to consider the document enclosed at [RHSC0000244], which contains minutes of a meeting of

the Administrative Services/Policy and Resources Committee of 9 February 1984. These minutes document that you explained that whereas the budget allocated for Factor VIII treatment was £150,000, the actual expenditure involved was close to £600,000. Please explain:

a. Why, to the best of your knowledge, this discrepancy had arisen;
b. How the "actual expenditure" had been funded;
c. Why this was described in the minutes as an example of North and West Belfast being underfunded.

22.1 I was a member of the Senior Management Team (the Area Executive Team) of the Eastern Health and Social Services Board. The Area Executive Team had a very strong influence on how the board allocated its budget. I can remember no occasion on which the advice of the Area Executive Team was rejected in favour of advice from another source.

22.2 I have no recollection of the budget problems of factor 8. It would appear from the papers that the discrepancy in the expenditure had arisen because of an increased demand for factor 8. In a situation in which the budget was £150,000 and the expenditure was £600,000 it was quite plain that the service was under funded.

22.3 It might be worthwhile pointing out that there were constant queries about the funding of what would be described as regional services, ie, services that were provided from one board to patients from other boards. It was the Eastern Board that made most of this provision and if there was a surge in demand in a particular field it was they who bore the budget burden. It was always the intention that the Department would fund the Eastern Board adequately to allow it to provide the Regional Services not at the expense of the local services to the Eastern Board population.

23. You were copied in a letter from Mr Hunter to Mr Kinder dated 27 September 1985 regarding the funding arrangements for diagnostic testing for AIDS [RHSC0000042_054]. Please explain your recollection of the steps taken to ensure that there was appropriate funding and organisational structures in place to support diagnostic testing and, to the extent applicable, your role in the same.

23.1 I have no recollection of the arrangements for Diagnostic Testing for AIDS

24. A memorandum dated 10 April 1986 was sent to you and to Miss Hanna setting out a proposal from Dr McClelland to develop approaches to increase plasma

supply in Northern Ireland to ensure that the Blood Transfusion Service of Northern Ireland was self-sufficient in plasma [RHSC0000065_001] (minute); [RHSC0000065_002] (accompanying paper). The paper was discussed, and the proposal agreed, at meetings of the Eastern Health and Social Services Board's Area Executive Team on 18 April 1986 [RHSC0000225], and the Policy and Planning Committee on 24 April 1986 [RHSC0000200].

a. **To the best of your knowledge, what was your role in considering and deciding upon the proposal referred to in the memorandum of 10 April 1986?**

b. **What were your views on the matters referred to within it?**

c. **To the best of your knowledge did the Board successfully obtain the funding that they sought from the DHSS to implement the proposal?**

d. **To the best of your knowledge was the proposal implemented and did it have any impact on the supply of plasma obtained from donors in Northern Ireland, or the supply of blood products to Northern Ireland?**

e. **What was your knowledge, at the time, of the arguments concerning the plasma supply in Northern Ireland and achieving self-sufficiency in blood products? How did you develop that knowledge? What were your views on this matter?**

f. **Were you aware of any formal or informal policy on self-sufficiency in blood products in your region, or in Northern Ireland more generally? Please give what evidence you can of that policy, and of how it changed over time.**

g. **What was your involvement in discussions relating to self-sufficiency and in particular your recollection of the proposal referred to above?**

24.1 I don't recollect the matter of plasma supply in Northern Ireland. From the papers which I have been given, I think that the process followed was quite typical of how matters were dealt with. The need would initially have been perceived by the Director of the Blood Transfusion Service. He would have been invited to discuss the matter with my assistant CAMO Dr Darragh or with me or with both. He would have been asked to produce the paper that has been enclosed. It might have gone to the Pathology Advisory Sub-Committee for the reaction of his professional colleagues.

24.2 Obviously I considered that there was a reasonable case made. I would have decided that the paperwork go to the Area Executive Team.

24.3 The Area Executive Team approved it and passed it to the Policy Planning Committee thence to the Board as a whole.

24.4 I can't help with the questions on the passage of the business because I don't recollect it, but it looks to me a good example of how business was done.

24.5 For the same reason, I can't help with the questions on self-sufficiency.

Role as CMO

25. **What role did you play as CMO on discussions of the DHSS(NI) budget, and how it should be spent and distributed? In particular, what role did you play in discussions on how money should be allocated to (i) blood products, (ii) resources to obtain blood and blood plasma from donations, (iii) efforts to attain self-sufficiency in blood and blood products.**

25.1 As CMO I was a member of the Top of the Office Group which considered proposals concerning the budgets. The top of the office group considered the case that was going to the Department of Finance and would give consideration to how the budget would be spent if the Department of Finance were unable to allocate the full request for money by the DHSS NI.

25.2 I do not recollect details of any of those processes including the allocation of money for blood and blood products.

Section 5: Participation in Committees on AIDS

26. **The Inquiry understands that you were the Chairman of the Eastern Health and Social Services Board HIV Advisory Group, which was established in 1986 (please see the document enclosed at [RHSC0000040_050]). Please explain:**

a. When and for what purpose this sub-committee was established?

b. Who determined its membership?

c. When and by what process you held the position of Chair?

d. The relationship of the sub-committee with governmental organisations, including DHSS (NI)

e. How those responsible for government contributed to the sub-committee?

26.1 I cannot recall the genesis or the relationships of the Eastern Health and Social Services Board HIV Advisory Group.

27. **In the above minutes it is noted that you stated that "*the Board does not get any direct information about AIDS as it goes straight to the DHSS.*" It is also noted that you would "*be grateful to receive any information relevant to the Eastern Board. Dr Mayne refused to supply any information as she felt it was not necessary and was in breach of confidentiality.*"**

a. **Please expand, if you are able to do so, on the context of this section of the minutes.**

b. **How, if at all, did this lack of direct information affect the work of the group and its response to the AIDS crisis?**

c. **Were any arrangements put in place in order to obtain further information in the future?**

27.1 I do recall just that Dr Mayne tended to be somewhat precious about information. In administrative circles we didn't need to breach patient confidentiality because we were normally involved in group or even bulk data. I cannot recall any details surrounding this particular issue.

28. **The Inquiry understands that you were the Chairman of the HIV Sub-Committee of the Regional Communicable Diseases Liaison Group ("RCDLG") in around 1991 (please see, for example, the document enclosed at [NIBS0000183], including minutes of the Third Meeting of the sub-committee held on 5 November 1991). Please explain:**

a. **When and for what purpose this sub-committee was established?**

b. **Who determined its membership?**

c. **When and by what process you held the position of Chair.**

d. **The relationship of the sub-committee with governmental organisations, including DHSS (NI).**

e. **How those responsible for government contributed to the sub-committee?**

28.1 I cannot recall the establishment or the allocation of members to the HIV Sub-Committee of the Regional Communicable Diseases Liaison Group.

29. **The document enclosed at [NIBS0000183] refers to the "*strategy for dealing with***

HIV and AIDS in Northern Ireland", **which was tabled at the meeting and which is enclosed at page 9 of that document. To the best of your recollection, what was the role of the sub-committee as compared to governmental departments in formulating or implementing a strategy for dealing with HIV and AIDS in Northern Ireland?**

29.1 I cannot recall the balance of contributions to the document requested.

30. **By what date was the strategy document for Northern Ireland published? You may be assisted by the document enclosed at [NIBS0000190], containing minutes of the Fourth Meeting of the sub-committee held on 10 June 1992.**

30.1 I have no recollection of the date of publication of the strategy document in Northern Ireland.

Section 6: Knowledge of Risk and Response to Risk

31. **When you took up your post as CMO for Northern Ireland, what was your knowledge and understanding:**
    a. **Of the risks of infection associated with blood and blood products?**
    b. **Of the relative risks of infection from the use of commercially supplied blood products and the use of domestically sourced blood and blood products?**

31.1 I cannot recall my knowledge and understanding of the risks of infection associated with blood and blood products when I took up my post as CMO in Northern Ireland. I expect I would have been as aware as any non-expert of what the situation was.

31.1. I'm sorry that I have no way of knowing how to measure my knowledge and understanding of the risks of infection. I would say I was as informed as any non-expert was.

32. **What role did you play, as CMO, in the following matters:**

    a. **Discussions concerning the introduction of surrogate testing for blood donors for Non-A Non-B hepatitis, either in Northern Ireland or the UK;**

b. Discussions concerning the introduction of hepatitis C screening tests for blood donors, either in Northern Ireland or the UK.

32.1 I have no recollection of playing a role in either of the subjects mentioned.

33. If you were involved in such discussion, please provide an account of your role and your views on whether, when and how such testing should be introduced. Please comment in particular on whether Northern Ireland was able to adopt an independent policy on these matters, or whether decisions were taken on a UK-wide basis.

33.1. See 32 above.

Section 7: Litigation and Financial Support

34. What role did you play, as CMO, in the following matters:

a. Discussions concerning the settlement of litigation brought by people with haemophilia who were infected with HIV through the use of blood products.

b. Discussions concerning the settlement of any other litigation connected to infections caused by blood or blood products.

c. Discussions concerning financial support for those infected with HIV or hepatitis through the use of blood or blood products.

34.1 I have no memory of being involved in any of the discussions listed.

Section 8: Other Issues

35. Other than as set out previously in your answers, are there other aspects of the DHSS (NI) policies relating to infections through blood and blood products that you consider could or should have been handled differently during your time as CMO? If so, please explain what these were, how you think the matters could or should have been handled, and why they were not so handled.

35.1 I have no reason to consider that policies should or could have been handled differently.

36. **Please provide any further comment that you may wish to provide on matters that you believe may be of relevance to the Infected Blood Inquiry.**

Statement of Truth

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

Signed GRO-C

Dated 14 June 2022