

FIRST WRITTEN STATEMENT OF YVETTE COOPER
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INFECTED BLOOD INQUIRY

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I, Yvette Cooper, will say as follows: -

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Section 1: Introduction

- 1.1. My name is Yvette Cooper. My professional address is House of Commons, London SW1A 0AA. I was born on GRO-C 1969.
- 1.2. I am providing this statement in response to a request from the Infected Blood Inquiry dated 28 June 2022, under Rule 9 of the Inquiry Rules 2006.

Opening Comments

- 1.3. I would like to begin my witness statement by making a few brief opening comments. I am extremely grateful to have the opportunity to contribute to this Inquiry. Thousands of people and their families have suffered and have had their lives affected as a result of receiving infected blood as part of their treatment by the NHS. There has been a collective failure under successive Governments to ensure that families who have been affected get truth and justice. Peoples' suffering has been compounded by the sense of having to fight so hard for so many years to get answers and support. There has also been a collective failure over many decades to recognise that the nature of what happened has meant that only an independent inquiry would be trusted to get to the truth, or provide a fair assessment of the support or compensation that was required.
- 1.4. In 2015, the then Prime Minister David Cameron rightly apologised on behalf of successive Governments, supported by the then leader of the Opposition, Ed Miliband. I join them in that apology and deeply regret the suffering so many families have experienced. I welcome the proposal from the Inquiry for the Government to pay interim compensation to those who have been affected and hope that the Government will be able deliver this swiftly. I also hope that the Inquiry can get the truth of what happened in the 1970s and 1980s, as well as why it has taken so long to get this far. I hope my information and reflections on the two brief periods in which I was involved in considering these issues will be helpful to the Inquiry.
- 1.5. I would like to thank and pay tribute to those who have campaigned so tirelessly for the Inquiry to take place, and to express my deep sympathy for the pain and suffering they have endured during their campaign for the truth.

Structure of statement

- 1.6. I have started this statement by addressing the general questions asked by the Inquiry (Section 1). In Section 2, I have then set out a chronological account which aims to summarise, as best as I can remember it, my involvement in the issues raised by the Inquiry's questions to me, during two periods in 2001 and 2002. I have then turned back to the specific questions asked by the Inquiry with that background in mind.
- 1.7. In writing this statement, I have referred to documents provided by the Inquiry, supplemented by a number of documents held by the Department of Health ("DH", or "the Department"), which have been given to me. I am heavily reliant on the documents to help me remember events which took place 20 years ago. But at the same time, I do not think that the documents provide a complete record of events. In particular, I have highlighted in my statement the times when I believe that meetings were held to discuss issues, or further instructions or requests were sent by me, but where no records (of the meetings or instructions) have now been found. I have done my best in their absence.
- 1.8. For clarity, I have referred to ministers or others by the titles that they were known by at the time the issues in this statement were discussed.

Employment history

- 1.9. Before I became an MP in May 1997, I worked as an economic researcher and then a journalist.
- 1.10. Outlined below are details of my political career to date.

Table 1 – Employment, Government and Parliamentary Offices

Date	Role
Government posts	
1 May 1997	Elected as the Labour MP for Pontefract and Castleford (after 2010 it became the constituency of Normanton, Pontefract and Castleford)
11 October 1999 – 28 May 2002	Parliamentary Under Secretary of State for Public Health (PS(PH)), DH - including a period of maternity leave between July 2001 and January 2002

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29 May 2002 – 13 June 2003	Parliamentary Secretary, Lord Chancellor's Department
13 June 2003 – 10 May 2005	Parliamentary Under Secretary (Regeneration and Regional Development), Office of the Deputy Prime Minister – including GRO-C leave between July 2004 and January 2005
10 May 2005 – 5 May 2006	Minister of State (Housing and Planning), Office of the Deputy Prime Minister
5 May 2006 – 28 June 2007	Minister of State (Housing and Planning), Department for Communities and Local Government
28 June 2007 – 24 January 2008	Minister of State (Housing), Department of Communities and Local Government
24 January 2008 – 5 June 2009	Chief Secretary to the Treasury, HM Treasury
6 June 2009 – 6 May 2010	Secretary of State for Work and Pensions, Department for Work and Pensions
Opposition posts	
12 May 2010 – 8 October 2010	Shadow Secretary of State for Work and Pensions, Department for Work and Pensions
8 October 2010 – 20 January 2011	Shadow Foreign Secretary and Minister for Women and Equalities, HM Official Opposition
20 January 2011 – 7 October 2013	Shadow Minister (Women and Equalities), Government Equalities Office
20 January 2011 – 14 September 2015	Shadow Home Secretary, Home Office

1.11. I have held various positions in government, of which my role as Parliamentary Under Secretary of State for Public Health (PS(PH)) at DH was the first.

My role as Parliamentary Under Secretary of State for Public Health

- 1.12. I have been asked to describe, in broad terms, my role and responsibilities as the Parliamentary Under Secretary of State for Public Health (usually abbreviated as PS(PH)).
- 1.13. I have attached a copy of a list of Ministerial responsibilities supplied by Alan Milburn in his evidence to the Inquiry **[WITN6942003]**. The topic of the “blood-related” portfolio is addressed at paragraphs 1.15 to 1.19 below, but the Inquiry will see that this became part of my brief following the General Election of 7 June 2001.
- 1.14. My Ministerial colleagues at the time when I was PS(PH) were:
- (1) Secretary of State for Health: Alan Milburn MP (11 October 1999 – 13 June 2003);
 - (2) Minister of State: John Hutton MP (now Lord Hutton) who was the Parliamentary Under Secretary of State from 29 October 1998 - 11 October 1999, and then became Minister of State until 6 May 2005;
 - (3) Minister of State: John Denham MP (30 December 1998 – 7 June 2001); he was succeeded by;
 - (4) Jacqui Smith MP (11 June 2001 – 13 June 2003);
 - (5) Parliamentary Under Secretary of State (Lords): Lord Philip Hunt of Kings Heath (1 January 1998 – 17 March 2003);
 - (6) Parliamentary Under Secretary of State for Health: Gisela Stuart MP (now Baroness Stuart) (29 July 1999 – 7 June 2001); she was succeeded by
 - (7) Hazel Blears MP, Parliamentary Under Secretary of State for Health (11 June 2001 – 28 May 2002). When I left the Department on 28 May 2002, Ms Blears moved across to take over from me as PS(PH).

Ministers with responsibility for blood products

- 1.15. As the list at [WITN6942003] shows, the Minister with responsibility for blood products when I took office was Lord Hunt, the Parliamentary Under Secretary of State (Lords). He held that role until June 2001. At that time, I held the public health brief which included responsibility for communicable diseases, including AIDS.
- 1.16. There was a General Election on 7 June 2001. After this, I was asked to add the issues relating to blood, including those of possible compensation or financial support for haemophiliacs with Hepatitis C, to my portfolio. I cannot remember now why that change was made.
- 1.17. I then went on maternity leave from late July 2001 until early January 2002. I did not take Ministerial decisions during that period. Rather than appoint a new Minister to cover maternity leave (as would happen now), at that time, my departmental responsibilities were divided up between other Health Ministers. As best as I can now remember, the dates of my maternity leave were around 20 July 2001 (i.e., after Parliament went into summer recess) until about 7 January 2002 (when Parliament returned from Christmas recess).
- 1.18. I believe that John Hutton, in particular, dealt with policy issues on blood whilst I was away on maternity leave. However, the paper trail may be a little confusing, since we were trying to establish procedures for a Minister who was away on maternity leave for the first time. I recall that my Private Office staff worked with other Ministers who had taken over my responsibilities during my maternity absence, but they also continued to coordinate together in order to try to preserve the institutional knowledge and some continuity for the office PS(PH). That will have led to some papers being copied to the office of PS(PH) during my maternity leave without me having seen them.
- 1.19. As a result, my involvement in the issues which I have been asked about by the Inquiry was essentially limited to two relatively short periods:
- (1) From 7 June 2001 until 20 July 2001, when I went on maternity leave;
and

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(2) From 7 January 2002 to 28 May 2002, when I went to the Lord Chancellor's Department.

1.20. In addition, before June 2001 I also dealt with CJD/vCJD related matters. I have not been specifically asked about this by the Inquiry, but I have mentioned my experience of one issue related to vCJD at paragraphs 2.9 to 2.18 below, as it is relevant to my response to the issues concerning the commissioning of the Burgin review that the Inquiry has asked me about.

Civil servants

1.21. I do not specifically recall the civil servants that I received briefings from. From the documents shown to me, it is clear that I mainly received briefings from Charles Lister, as well as from Briony Enser. The names of other officials involved can be seen from the papers exhibited to this statement. As Public Health Minister in general I also worked closely with the Chief Medical Officer (CMO) who was at that time Sir Liam Donaldson.

Other information

1.22. I have been asked to set out my membership, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of my membership and the nature of my involvement. I am not and have not been a member of any such committees.

1.23. I have however made representations to Government Ministers over many years on behalf of constituents who were affected by contaminated blood. I also supported the work by Diana Johnson MP and the APPG on contaminated blood to secure a public inquiry and stood on a manifesto in the 2017 General Election that committed to a public inquiry. When the Inquiry was announced, I spoke in Parliament to urge that the sponsoring department for the Inquiry should be the Cabinet Office or the Ministry of Justice, rather than DH, saying that:

"I welcome the Government's decision to hold this inquiry in response to the campaign led by my hon. Friend the Member for Kingston upon Hull North (Diana Johnson). I know that the Health Minister is acting in good faith, but over many years Department of Health officials have advised there is no need for the inquiry and no problem at the heart of the issue."

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Will she recognise that because of that it would have much greater credibility for many of those who have campaigned on this issue if the sponsoring Department were another Department—be it the Ministry of Justice or the Cabinet Office—if all the staff did not come from the Health Department, and if one of the other Departments could be involved in the consultation, the establishment and the remit. This is no criticism of her—I know she takes this very seriously—but I advise her to hand this one over to another Department and let them run with it instead.”

[WITN7187002]

- 1.24. I have been asked whether I have given evidence to, or been involved in, any other inquiries or litigation relevant to the Inquiry’s work.
- 1.25. The answer to this is that I have not.

Section 2: Chronology of my involvement

Introduction to chronological account

- 2.1. Turning to my involvement in the matters which are the subject of this Inquiry, I have been referred by the Inquiry and my legal advisers to a series of documents which relate to the Inquiry's questions. I have set out a summary of my involvement, as it appears from these and as far as I can now remember, before turning back to the specific questions that I have been asked. I hope that my answers will be easier to answer and to follow, with that chronological history in mind.
- 2.2. In order to assist the Inquiry and readers to follow the chain of events, I have divided the chronology into three distinct periods. The first period is from when I assumed office as Parliamentary Under Secretary of State for Public Health (PS(PH), DH) on 11 October 1999 until the General Election on 7 June 2001, when I assumed responsibility for issues relating to blood. The second period is from 7 June 2001, until I went on maternity leave on or around 20 July 2001. The third and final period dates from my return from maternity leave on about 7 January 2002 until 28 May 2002, when I moved to the Lord Chancellor's Department.

First period: 11 October 1999 to 7 June 2001

- 2.3. I have already referred above to the limits of my responsibility for blood-related matters until after the General Election of June 2001. As a result, although I have referred briefly to the documents supplied by the Inquiry below, they were not matters in which I was involved at the time, so I have not commented further on their contents.
- 2.4. The Inquiry has referred me to **[HSOC0002041]**, which is a letter sent by the Prime Minister (who was then Tony Blair MP) to Lord Morris, dated 23 June 1999. It was then sent to Ms Karin Pappenheim (Chief Executive of the Haemophilia Society) on the following day.
- 2.5. **[HSOC0014517]** is a letter from Chris Hodgson, Chairman of the Haemophilia Society to Mr Blair dated 23 November 1999.

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2.6. The Inquiry has then referred me to an undated draft of a letter from Mr Blair to Mr Philip Dolan, Chairman of the Scottish Haemophilia Society [DHSC6548384].

2.7. I would not have seen any of these documents at the time.

Constituency correspondence

2.8. In 2001, I wrote to Lord Hunt in my capacity as an MP, i.e., on behalf of a constituent – see [WITN7187003]. I received a reply on 15 May 2001, which set out the then DH position and distinguished this from the position of those who had been infected with HIV from those with Hepatitis C. [DHSC0006562_065]. My constituent and her family members corresponded with me over many years, raising issues of compensation and a public inquiry. While I believe the constituent no longer lives in my constituency, I am grateful to her for all the tireless campaigning she and her family did to get these issues into the public domain. She and others have suffered significant and unnecessary pain and distress over many years. Anything the Inquiry can do to redress that is to be welcomed.

vCJD experience

2.9. I would like to note a situation which arose during my time in office, in respect of vCJD. It seems to me that this may provide some insight into my response when, in early 2002, issues and concerns about what had happened in the 1970s and 1980s, as well as allegations about the destruction of papers, were raised with me by the All Party Group and by Lord Owen. It also informs my reflections in answering the Inquiry's questions about the Department of Health's ability to respond to past problems involving infectious diseases and NHS treatment.

2.10. On 28 March 2000, I participated in an adjournment debate. Norman Baker MP raised a number of questions on the use of bovine material in vaccines [MHRA0034778_024], including on the timing of decisions to end the use of UK sourced bovine material in vaccine production in the 1980s and 1990s, and any subsequent risks that this might pose. At the briefing meeting in advance of the debate, it had become clear to me that the information provided by the Department and the Medicines Control Agency was inadequate and could not

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be relied upon to answer Norman Baker's questions. When I probed for detailed answers they were just not available.

- 2.11. I have not been provided with a full set of documents relating to this work on vaccines and I am largely reliant on my memory, but I recall that I commissioned urgent reviews of issues relating to the use of bovine material in medicines, with specific information on vaccines. It led to a series of requests, including one to the Committee on the Safety of Medicines (the CSM) to produce a comprehensive assessment of BSE-related issues in vaccines. This is evident from my subsequent statement to the House in October 2000 (see paragraph 2.14 below) and also from an email from Margaret Jackman following a discussion with Marsali Caig in my Private Office, which makes clear that officials were not able to answer my questions and states that; **[WITN7187004]**:

"There is an urgent need to prepare several documents in case this issue becomes a priority PQ (which is likely she says, and which will be answered by SofS). For this, we need a list of key dates addressing what we did on bovine material in medicines and when. This needs to flag up where – if it does – the new information differs from that already put in the public domain."

- 2.12. A further email on 31 March 2000 from Mr R Alder to Dr Frances Rotblat **[WITN7187004]** confirms that I had sought detailed follow up information on "a list of key dates showing what MCA did on bovine materials in medicines and when... for each vaccine, when UK sourced materials were withdrawn/switched and what shelf-life expiry dates were.... [and] and update on the seed lot issue. Precisely when we learned of it and how; latest intelligence on the FDA position and the likelihood of our being vulnerable if it emerges; and when CSM advice will be available to Ministers. Yvette Cooper made it plain that she wants full, accurate information on these issues. It needs to be in written form and I doubt if she would expect to wait longer than next Wednesday..."
- 2.13. It is evident that this led to a series of important and thorough reviews taking place involving the Chief Medical Officer, the Committee on the Safety of Medicines and the MCA which put new and comprehensive information in the

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public domain, led to an apology from Ministers to Parliament for incorrect information that had been given in the past, and a series of follow up recommendations by officials and decisions by Ministers to act on further safety issues including the immediate recall of a vaccine on a precautionary basis.

- 2.14. Six months later the CMO and officials came to me to tell me that there was a problem; they had not been given full information, and that we needed to withdraw products as a result. I made a statement to Parliament on 23 October 2000, in which I had to correct statements that I had previously made. I have reproduced the Hansard record in full at Annex 2. A copy is also exhibited at **[RLIT0001167]**. I noted that the information that I had given the House about the Wellcome / Medeva polio vaccine was incorrect: the MCA had been wrongly advised by the manufacturer about its contents and the Medeva / Wellcome vaccine was to be withdrawn as a result. In summary, I stated:

"I told the House on the advice of the MCA that all vaccines manufactured by Wellcome after 1989 used bovine material from New Zealand. I also informed the House on 19 October 1999 on the advice of the MCA that since 1993 all vaccines in use were manufactured without UK-sourced bovine material. I have now been advised that the advice from the MCA that formed the basis of these statements was incorrect. The MCA was provided with information by manufacturers.

The MCA advised Ministers last week that in the case of the Wellcome oral polio vaccine, the assurances given by the company have proved inaccurate. This oral polio vaccine was originally produced by Wellcome. Part of Wellcome's vaccine business was transferred over to Medeva in 1991. Part of the oral polio vaccine was manufactured in 1985 using growth medium containing fetal calf serum of UK bovine origin, and this element continued to be used in the production process after 1989.

This oral polio vaccine continued to be use up until 2000, in specific breach of the 1999 guidance. The Department of Health has therefore recalled this oral polio vaccine manufactured by Medeva (supplied by Medeva under the brand name Evans)."

- 2.15. It is apparent from my statement to the House at that time, the investigations that I had instigated were ongoing.
- 2.16. Ultimately, substantial and thorough reviews took place, involving the CMO, the CSM and the MCA. Thus, shortly after I left my post as PS(PH), my successor Hazel Blears made a statement to Parliament on 5 July 2002 **[RLIT0001166]** which reported that:

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"Ministers have now received three reports, which together provide a comprehensive analysis and account of the issues related to TSEs and vaccines. They have today been placed in the Library. The first is the chief medical officer's report into the issues surrounding the withdrawal of the Evans/Medeva oral polio vaccine. The second is the consolidated review of TSE agents and the safety of UK-authorized human vaccines, which was undertaken by the Committee on Safety of Medicines at Ministers' request. The third is a report by the Medicines Control Agency, which explains in detail the development of the guidance and the agency's approach to its implementation.

- 2.17. Hazel Blears also corrected inaccurate or incomplete information that had been given to Parliament by a number of Ministers (including me), before these reports were received:

"It is clear from those reports that some statements have been made in Parliament that have been either incorrect or misleading. Ministers made the statements on the basis of incorrect advice and information given to them at the time by the Medicines Control Agency, which licenses medicines for the UK market and monitors the safety of medicines in use. I repeat my apologies to the House and convey those of my predecessors for the fact that incorrect or misleading information was thus given to Parliament, albeit in good faith."

- 2.18. I mention this as an example of my experience of DH upon a different product where there were serious concerns about contamination. There were both similarities and differences in these experiences which I reflect upon in my later answers to the Inquiry's questions. When I approached the issues being raised by campaigners about infected blood in early 2002, that experience with vCJD would have reinforced in my mind the need to insist on getting full and accurate information including on what had happened in the past. It would also have affected my views about the potential role of commissioning swift reviews to uncover more information, and establish what the next steps should be.

Second period: 7 June 2001 to 20 July 2001

- 2.19. After the General Election, I took over responsibility for blood and blood products. I held this responsibility until I went on maternity leave, on or around 20 July 2001.
- 2.20. On 2 July 2001, I was sent a briefing on the subject of haemophiliacs and Hepatitis C infection. Looking at this, it is unclear whether it was commissioned

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by a senior official or by my office. The briefing was sent to me by Ms Briony Enser [WITN7187005]. It was said to have needed urgent consideration due to: (1) the judgment in *A and others v National Blood Authority*, (2) Parliamentary concern, and (3) the Haemophilia Society's campaign. From the briefing, I understood that the High Court had awarded compensation on a strict liability (or "no fault" basis) under the Consumer Protection Act 1987 (CPA) to people infected with hepatitis C – but it was only available to those who had been infected after the CPA came into force. That had the effect of excluding most haemophiliacs, who had been infected earlier in time.

2.21. When I considered the advice, I underlined paragraph 9:

"Prior to this judgement, Ministers in the current and previous administrations have taken the view, over some 10 years, that in the absence of negligence, compensation was not payable. The Judgement states that if a product (in this case blood and blood products) is deemed to be defective then the producer is liable, whether or not there has been negligence." (emphasis in original).

2.22. Based on both those annotations and on my recollections from the time, I believe I was particularly interested in the fact that the courts appeared to have applied a different principle to granting compensation than the one we as Ministers were always advised to follow for the Government and the NHS. Many of the submissions I and other Ministers received made clear that the long-standing principle followed by the Government and the NHS was that compensation could not be paid unless there was direct fault by the NHS. From my briefing, the court judgment appeared to introduce a principle (albeit in limited circumstances) of no-fault compensation and I believed this issue needed to be considered further.

2.23. Five different options were presented in the briefing paper, which were supplemented by an options paper [WITN7187005]. The options were set out as follows:

- (1) *'Do nothing'* (although this, like all the options, entailed compliance with the letter of the CPA judgment and the legal precedents that it set, it was noted);
- (2) *Public Inquiry, lump sum and hardship fund for all haemophiliacs infected with Hep C by blood;*

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- (3) *Lump sum and hardship fund for all haemophiliacs infected with Hep C by blood and low-key Inquiry;*
- (4) *Lump sum and hardship fund for all or some haemophiliacs infected with Hep C by blood;*
- (5) *Hardship fund for haemophiliacs infected with Hep C by blood and who have severe liver disease.*

- 2.24. The briefing listed advantages and disadvantages for each option, including the advantages and disadvantages of holding a public inquiry. Further recommendations on these issues were made in subsequent submissions after I went on maternity leave. From my recollection and from reading the papers at the time, the central focus of the departmental discussions was on the compensation options rather than on the merits of a public inquiry. That was the immediate issue raised by the High Court judgment, and I was advised it was the issue of most concern to the affected families and campaigners.
- 2.25. It is significant to note however that on the consideration of a public inquiry, the options paper states as a reason not to hold a public inquiry that, *“relevant facts largely established; information in the public domain.”*
- 2.26. I was also (at around the same time) sent information about an Early Day Motion (EDM) linked to the Haemophilia Society’s Carpet of Lilies Campaign, where the Leader of the House needed to know quickly how to respond should it be raised with him in Parliament. On this, see:

- (a) An email from Charles Lister dated 4 July 2001 (11:43 am), sending my Private Office details of the EDM and commenting that the EDM had come at an *“awkward time”*, as I had not yet seen Ms Enser’s submission **[WITN7187006]**. He said that *“Under the circumstances, I think the best response we can give is to state the Government’s position to date – no compensation; no enquiry – but to say that the Government is reviewing this. The downside is that this raises expectations although this doesn’t of course prevent Ministers reaffirming their original stance.”*

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(b) Briefing document with 'line to take' on the EDM, with handwritten comments **[WITN7187006]**. The recommended line to take on the EDM was as follows, *"Our view to date has been that, as the NHS was not at fault and information on these events is largely in the public domain, compensation should not be paid and a public inquiry cannot be justified. However, in the light of representations made by Hon Members and others, the Government is currently reviewing the position."* The documents show that I then revised the line: *"The Government position has long been that as a general rule compensation should not be paid when there has not been negligence. We will continue [to] review the position."* This is recorded in the email response from my Private Office at 13:54 on 4 July **[DHSC0041379_159]**;

(c) Note showing that the altered line to take was then sent to my office and approved by me **[WITN7187007]**.

2.27. The Leader of the House needed a response very swiftly and could not wait for a longer consideration of the issues in the submission of 2 July. However, I believe the changes I made reflected the fact that I was not comfortable with the officials' drafted response including on issues around NHS fault or compensation, in advance of further consideration being given to the new issues raised by the High Court case.

2.28. For the sake of completeness, I also note that:

(a) On 2 July 2001, my Private Office was sent a briefing about recombinant treatment **[DHSC0041379_179 and DHSC0042461_189]**. This was the central focus of policy consideration at that time;

(b) On 6 July 2001, my Private Office was also sent a letter from Susan Deacon of the Scottish Executive **[DHSC0038520_109, WITN7187008]**, asking for continued co-operation between her office and mine. She noted, with appreciation, the *"very close liaison there has been between our officials and between myself and Phil Hunt on these issues"* and asked that this be continued.

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- 2.29. Returning to Ms Enser's submission of 2 July 2001, it is clear that I raised a series of questions, focussing on the issue of compensation and the possible options – see Mr Lister's submission of 19 July 2001 [WITN7187009], to which I have returned below. It lists a number of questions I am purported to have asked. I believe these are based on a meeting that I held with officials during the first half of July to discuss the submission of 2 July 2001. I am told there is no record of me having asked these questions in writing. I am also told no further record or minute of a meeting from my private office has been found, however it was my normal working practice to hold meetings with officials to discuss complex submissions like this one. I also note that some of the language used to describe the questions is not language I believe I would have used at the time or since. I believe the listed questions are therefore likely to be based on officials' notes and interpretations of the questions I raised in the meeting.
- 2.30. Overall, I believe my purpose at the meeting was to question some of the advice that was included in the 2 July submission, to probe further into the options for payments – either as compensation payments or ex-gratia payments – and to understand what would be the fair principles to apply to any payments, what precedents would be set and what the costs would be. In practice, I do not believe I got to consider the answers to the questions I had raised – within days of the 19 July submission, I had left on maternity leave for the birth of my second child. However, I have listed below some of the points I was pursuing before I left.
- 2.31. Mr Lister recorded those questions in the submission dated 19 July 2001, which were, first: *"What would have happened if the no fault compensation scheme had been in place at the time of the Judgment? Would it have made a difference and, if so, what?"*
- 2.32. Based on this submission, my underlining in the submission of 2 July and on my recollection, I believe my concerns were as follows. I was interested that the Court judgment appeared to have introduced a different principle for compensation than the fault-based approach we were normally advised to use in Government and in DH. Whilst that principle was only being applied to cases

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after the introduction of the CPA, I wanted to know what the implications would be for Hepatitis C cases if the CPA had been in place during the 70s and 80s, and whether they would have been covered by the Court judgment if it had. I wanted to know whether the fair thing to do would be to apply the same principle to the Hepatitis C cases. The submission does not fully answer that point as I believe the issue I was getting at was a wider application of this particular Court judgment rather than asking about a general no-fault compensation scheme, which was something the CMO was separately considering as part of his review at the time.

- 2.33. The second question asks about the precedents set and whether if payments were made, *“what other groups would then want compensation?”* In particular, I believe I was probing the advice I had been given in the 2 July options paper, that payments would *“set a new (untenable) precedent for no fault compensation payments”*. I therefore wanted to know what those precedents would be and which other groups might be likely to come forward. The note from Mr Lister advises that other groups currently seeking compensation included the Radiotherapy Action Group, the Myodil Action Group, Bristol Royal Infirmary Cases and parents objecting to the MMR vaccine, although it is clear that these cases are very different and the note does not provide a convincing account of why a precedent would be set.
- 2.34. The third question sought answers on *“what would a money package look like? What kind of sums were we talking?”* Mr Lister outlined a potential £37m scheme, but stated that no money has been identified to make the payments.
- 2.35. There are handwritten notes on the document (which I believe were from one of my Private Secretaries) asking whether I wanted to send a note to either the Secretary of State or John Hutton before I left on leave. I have been told that neither a note to Alan Milburn nor John Hutton has been found in the course of document searches. I think that the reality is that I did not have time to consider this note, which was dated Thursday 19 July, before going on maternity leave shortly after the House went into recess, on 20 July 2001. However, the general position is that I was obviously interested in possible options for compensation

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payments and had not at that time expressed a view on a possible inquiry, or review into what had happened.

2.36. Other colleagues considered the issue in my absence, when I was on maternity leave from 20 July 2001 to 7 January 2002. I have been shown:

(1) **[DHSC0020811_238]**, a copy of a letter from a member of the public (the name is redacted), addressed to Mr Milburn dated 18 July 2001 in which he was urged to sign up to the 'Carpet of Lilies' campaign. The cover letter from the Ministerial Correspondence Unit, addressed to Charles Lister, requested an official reply. The letter asked the Secretary of State to show his support for the position of people with haemophilia by signing up as a campaign supporter and set out the three campaign aims on which they sought his support: (a) recombinant treatment for all; (b) a public inquiry into the issue of safety of blood products and the infection of the haemophilia community with HIV and hepatitis viruses; and (c) financial recompense for those affected by hepatitis C. Margaret Ghلامي's response is shown at **[DHSC0020811_237]**.

(2) Ms Blears' response to a letter from Mr Jim Dobbins MP, on 6 August 2001 **[DHSC0041379_025]**. Amongst other things, the letter responded to further calls for a public inquiry. Ms Blears' response reflected the official position at that time:

"The facts have been set out clearly on many occasions through debates in both Houses, at meetings with Department of Health Ministers and in correspondence. Whilst the Government has great sympathy for those infected with hepatitis C and has considered the call for a public inquiry very carefully, they do not think it is the way to go forward."

2.37. I am very unlikely to have seen these letters by this stage since I was away on maternity leave.

2.38. However, most centrally, it seems that John Hutton had considered the issues addressed by the two submissions of July 2001. I have been referred to paragraphs 8.18 – 8.19 of Alan Milburn's written statement at **[WITN6942001]** and the submission dated 12 November 2001 from Mr Lister to John Hutton. From this, I understand that the submissions discussed the possibility of a hepatitis C care package, and compensation for people who contracted

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hepatitis C through blood but did not take their cases to Court (despite being eligible under the CPA judgment), and John Hutton agreed to the recommendations contained therein.

Third period: 7 January 2002 until 28 May 2002

- 2.39. I returned from maternity leave on or around 7 January 2002. I have been shown a copy of a briefing to PS(PH) of the same date [WITN7187010]. The briefing related to a potential meeting with the Manor House Group (MHG) and contained details of John Hutton's decisions on compensation. A meeting was recommended, but not urgently.
- 2.40. I can see that early on my return, I signed letters which reflected the standard Ministerial text which had been used previously (and while I was on maternity leave), and which also set out the position that had been reached within Government while I was on maternity leave. For example, I have been referred to letters I sent out in February and March 2002 [ARCH0002964_002] and [ARCH0002830_022].
- 2.41. On 11 February 2002, I replied to a letter from Paul Goggins MP [ARCH0002964_002]. On 29 August 2001, Mr Goggins had written to Mr Milburn, enclosing a letter from Lord Owen to Mr Moore in 1987 (who was the Secretary of State for Health at that time). Mr Goggins' letter [DHSC0014992_161] referred to Lord Owen's funding commitments, but did not raise issues about access to papers. The letter from Lord Owen to Mr Moore [LDOW0000205] referred to his funding commitment, made in 1975, and asked Mr Moore to explain "*what happened to the extra money that was allocated to the regional transfusion centres, and why they did not become self-sufficient.*" Lord Owen did not raise the issue of access to his papers. In my reply on Mr Milburn's behalf, I said that the Department's officials were looking into the points raised by Lord Owen and that I would write again when the examination of all the relevant documents had been completed. I did not refer to the issue of documents being destroyed – presumably, as it had not been raised.
- 2.42. At some time before 8 February 2002, I discussed matters relating to haemophilia informally with Mr Connarty MP, of the All-Party Parliamentary

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Group (APPG) on Haemophilia, as a result of which a meeting with the APPG was set up [DHSC0041379_077].

- 2.43. On 11 March 2002, Charles Lister provided me with a briefing before this meeting with the Group, on 14 March [WITN7187011]. He expected the issues of compensation and a public inquiry might be raised and referred to the Haemophilia Society's "Carpet of Lilies" campaign. However, both the briefing and the Group's agenda made it clear that the provision of recombinant clotting factors was the key area to be discussed. Michael Connarty's agenda suggests that the APPG wanted to spend 90% of their time on the provision of recombinant [DHSC0041379_078 and DHSC0041379_079] with a short briefing on the progress of the Haemophilia Society's 'think-tank' on financial assistance also to be given. I note that in Jill Taylor's later submission to Hazel Blears (dated 10 June 2002), I am recorded as having agreed, at the meeting, to the Haemophilia Society's request to (formally) present its compensation proposals to PS(PH) – who was, in the event, my successor Hazel Blears [WITN7187012].
- 2.44. The 'stocktake' document of March 2002 [DHSC0041379_087] gives the wider context of the work being done on blood-related issues at this time.
- 2.45. On 22 March 2002, Jill Taylor sent a submission to my Private Office [DHSC0042461_064]. It is clear that my office had asked for advice as to how to proceed following receipt of a letter from Carol Grayson written on 22 February. The letter from Carol Grayson [LDOW0000173_001], was to request a meeting, having seen a copy of my letter to Mr Goggins MP. Ms Grayson also raised the subject of Lord Owen's actions, self-sufficiency and also Lord Owen's papers. She wrote that since meeting with Lord Hunt "last year" she had "*accessed a large number of confidential Government documents on this subject*" which showed "*incompetence and negligence*". She asked how I intended to "*examine all the relevant documentation with regards to Lord Owen if his files have been "pulped"*." She also raised a series of questions on delays to achieving self-sufficiency, on lack of advice to patients on the risks, on the particular risks from US commercial products, and on the judgements made about the risks of different treatments.

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2.46. In the note from Jill Taylor, a meeting “was not recommended” by civil servants; details of other Ministerial meetings with campaigning groups were set out. I chose to meet with Carol Grayson and others, contrary to that advice, and a meeting was arranged for 15 May (see paragraph 2.62 below).

2.47. In relation to the issue of documents, Ms Taylor wrote:

“15. We have concerns that Ms Grayson has evidently obtained Government documents from the 1970s/1980s and is basing some of her arguments on information gleaned from these papers. Officials have looked at some files from that period to establish how the money allocated by Lord Owen was spent, and papers on this issue have been passed to the Haemophilia Society. However, given pressures on time and resources, we have not looked in detail at the decisions made during that period, an exercise requiring several weeks of work. We have therefore not responded to ... some of the detailed questions in Ms Grayson's letter which are partly based on those documents. We recognise that this is not a sustainable position and will provide further advice on handling shortly.”

2.48. Parts of this submission have been highlighted and the last sentence is circled, with a handwritten note from me on the document:

“Yes, it is unsustainable. Are they going to look into this or not. Seems they have to. And where are the Owen documents.”

2.49. It is clear that I wanted civil servants and officials to look into the substance of the issues raised – both in terms of the decisions taken in the 1970s and 1980s and also into the whereabouts of Lord Owen's documents. A number of campaigners, including Lord Owen, were asking important questions about events in the 1970s and early 1980s, and although there had apparently been an initial look at papers, I was very concerned that the Department did not seem to be sure about the historical position.

2.50. Moving back to the chronology, I have been told that on 3 April 2002, Lord Owen appeared on the BBC Radio programme, “The World Tonight”. During his appearance, he said:

“I asked for my papers as Minister for Health and I was told that they had been all been pulped and there is some bizarre ten year rule which struck me all as very odd ...” [DHSC0042461_027].

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- 2.51. I do not know if I was aware of this broadcast at the time. Since the transcript is (I am told) held on DH files it is possible that officials were.
- 2.52. I believe at this time it was becoming increasingly clear to me that despite officials having advised me the previous summer that “relevant facts [are] largely established; information in the public domain,” the reality was that we did not have a clear account of decisions that had been taken in the 1970s and 1980s, and therefore I could not be confident in the advice I was being given to answer campaigners questions. I therefore wanted a proper review of what had happened and why.
- 2.53. My approach would have been informed by my experience of dealing with similar concerns about whether past decisions about vaccines had created a risk of infection from CJD (as referred to in paragraphs 2.9 –2.18 above), where my detailed probing of officials advice in response to MPs questions had uncovered some significant gaps and problems in the Department’s approach, but also where insisting on very detailed reviews of what happened had proved to be valuable and had helped to guide the next steps.
- 2.54. This theme of an investigation was picked up by Mrs Janet Walden, in a minute to Charles Lister on 17 April 2002 **[DHSC0041379_023]**. This is not something I would have seen at the time. Mrs Walden confirmed “*our discussion earlier week*”; Mr Lister should locate “*whatever papers are now in existence and ask someone fairly senior and experienced to put together a chronology of events and key background papers*”. I can see that the minute noted the risk that papers had been destroyed, but the exercise could still be useful. It did not, in terms, ask for an investigation into why or how any missing papers had been lost or destroyed, if any could not be found.
- 2.55. The Inquiry has referred me to Charles Lister’s Third Statement **[WITN4505389]**, in which he also refers to my handwritten annotation in paragraph 3.7 of his statement. Of his initial review of the documents, Mr Lister stated:

“I personally read through the files and produced an initial chronology of events. I saw that the files did not include any submissions to ministers, and then made attempts to find them. I wish to be clear that my involvement was limited to looking for submissions from officials to Lord

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Owen and later Ministers of Health in the late 1970s and early 1980s about the money allocated to achieve self-sufficiency. At the time I was not looking for any papers other than those."

- 2.56. Although Mr Lister's Third Statement is not clear about the timing of this initial chronology, whether this was in response to my handwritten annotation on the submission of 22 March, or whether he had undertaken it independently, he refers to it in a submission to me dated 8 May 2002 [DHSC0041379_025]. He noted that we were to meet on 9 May to "discuss handling the haemophilia & hepatitis C compensation/public inquiry issue," in advance of a meeting with Carol Grayson and the Manor House Group on 15 May.
- 2.57. The note refers to having "completed a preliminary look at the surviving papers from the 1970s." It then proposes a plan was to employ an official for a "short period" (estimated to be at least 2 - 3 months) to review the surviving papers and to put together a chronology of events between "roughly, 1973 and 1985".
- 2.58. Annex A of the submission [DHSC0041305_050] refers to the issue of 'pulping' at paragraph 11. It states:

"... Lord Owen did write to John Moore in 1987 raising his concerns. A copy of this letter was passed to us by Paul Goggins ... In his letter, Lord Owen asks to know what happened to the extra money he provided in 1975 and why this not did not result in UK self sufficiency in blood products...

We do not have a copy of John Moore's reply but Lord Owen is quoted as saying that he was told that papers from the time had been pulped. Whilst this will have been true of the papers kept by Lord Owen's Private Office, many of the papers kept by officials from that period do survive."

- 2.59. The Inquiry has also referred to Annex B of that submission in [DHSC0042461_030], which sets out a chronology of financial support for haemophiliacs infected with hepatitis C. Annex C [DHSC0042461_031] includes a chronology on self-sufficiency. It refers to Lord Owen's public commitment to achieving self-sufficiency, and the failure of the UK to achieve this: "Self sufficiency turned out to be a continually moving target which was never achieved".¹

¹ The complete set of documents are shown at [WITN7187016]

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- 2.60. My own memory is that, following receipt of Ms Taylor's submission and Mr Lister's submission and in discussion in meeting with officials, I commissioned a proper and substantial review of the papers in order to be able to understand where any gaps, issues or problems might lie; and in order to properly address campaigners' questions about events in the 1970s and 1980s.
- 2.61. This is consistent with the account given in Charles Lister's Third Statement, where he says *"it was I think at the handling meeting the next day, 9 May 2002, that Yvette Cooper decided that this should be a more extensive/ formal internal review."* In Robert Finch's advice to Hazel Blears several months later, he confirmed **[DHSC0041305_030]**:
- "When we met Yvette Cooper to discuss handling, we agreed that officials would undertake a detailed review of the surviving papers, between, roughly, 1973 and 1985 and put together a chronology of events."*
- 2.62. On 15 May 2002, I met with Ms Grayson, MPs and other campaigners; see **[HSOC0010634_093]**. There are two sets of minutes for that meeting – one written by one of the campaigners attending and one written by the Department of Health. The campaigners' minutes state that I said that I was *"in contact with David Owen checking why papers were pulped... All papers of David Owen would be reviewed and shared with [the] all party committee and David Owen"*. I think in practice I was offering to share the results of the review with the All-Party Group, as the release of a previous Minister's papers would have required at minimum further discussion with Lord Owen. The MHG minutes also record a discussion of imports from the US, where it was suggested that the screening was poor, and therefore blood came from prisons and paid donors, which was more likely to be contaminated. In the MHG minute of the meeting (**[HSOC0010634_093]**), it is stated that I confirmed: *"She would investigate prison blood, documented in Lancet if evidence sent."*
- 2.63. There is also a DH record of the meeting at **[WITN7187013]**. I note that this records me as referring to a planned meeting with Lords Owen and Morris, and Mr Connarty MP, to discuss the self-sufficiency issue; and that I agreed to *"ask officials to look further at the papers from the 1970s to consider the possible safety problems at BPL during this period and to explore a Report from the*

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Medical Inspectorate at this time, which was scathing about BPLs procedures.”

I also referred to looking at the papers to assess issues about the information about the known risk of treatment. The DH minute does not record anything about the missing or destroyed papers.

- 2.64. It is clear from these different minutes, statements and from my own recollection that I had expected the review to be a significant and wide ranging one that would cover the self-sufficiency decisions raised by Lord Owen, but that would also establish what the situation was with regard to the missing documents, and would look at any relevant issues around BPL, risks around the source of plasma (for example from prisons or other high risk donors), or other significant decisions that might have affected the risks to haemophiliac patients from infected blood at that time.
- 2.65. I note that it was anticipated the review would take 4-5 months. Based on my previous experience with CJD I would not necessarily have expected the review to provide final conclusions on all these issues straight away but I would have expected it to at least identify further questions or problems, and allow for further consideration by Ministers of the appropriate next steps.
- 2.66. Finally, I have been referred to **[DHSC0041305_030]** which is a briefing for a meeting with Lord Owen, Lord Morris and Michael Connarty MP on 1 July 2002, *“to discuss Lord Owen’s claim that officials failed to honour his pledge ... to make the UK self sufficient in plasma products.”* This was a meeting that took place with my successor, as I had moved away from the DH on 28 May 2002.
- 2.67. I can see that at that time, it was anticipated that the review was expected to take a few months. I left office in the DH very shortly after this work was put in place.
- 2.68. From documents I have read in preparation for this statement I note that the first draft of the review was completed by December 2002, however the review was not published until 2006 – a deeply troubling four years after I had initially commissioned it. I was not aware of any of these delays or the reasons for them at the time. I reflect upon them later in the statement.
- 2.69. The Inquiry has also referred me to a series of documents, which post-date my time in the DH. I do not feel that I am able to meaningfully comment on those

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documents, and how they related to my decision making during my time in the DH. For completeness (but to keep my statement focussed), I have referred to those documents in chronological order at Annex 1.

2.70. I will now turn to the Inquiry's questions.

Section 3: Lord Owen's Documents and the Self-Sufficiency Review

Q8: Lord Owen's documents

- 3.1. The Inquiry has asked me when, how and by whom I was first made aware that papers from the DH relating to contaminated blood and blood products had been destroyed.
- 3.2. I am aware that in his evidence to the Inquiry, Lord Owen explained how his aide was told in 1987 that his Ministerial papers had been destroyed when he asked to see them [WITN0663001]. It would appear that Ms Grayson's letter of 22 February 2002 refers to Lord Owen's papers only (see paragraph 2.45 above). His secretary noted "*Papers have been destroyed. Normal procedure after 10 years*".
- 3.3. In the papers supplied to me, Ms Grayson's letter seems to be where the destruction of Lord Owen's documents is first mentioned [LDOW0000173_001]. I do not think I would have seen Ms Grayson's letter first. It is more likely that I was first made aware of it through Jill Taylor's submission.

Q9: Knowledge of papers destroyed

- 3.4. I have been asked by the Inquiry which papers I was told had been destroyed.
- 3.5. This was initially via the letter from Mr Grayson dated 22 February 2002. The briefing at Annex A (see paragraph 2.58 above) put the matter slightly more broadly: "*Lord Owen is quoted as saying that he was told that **papers from the time** had been pulped. Whilst this will have been true of the papers kept by Lord Owen's Private Office, many of the papers kept by officials from that period do survive*".
- 3.6. I can see from Charles Lister's third statement that he and the Department had in fact undertaken significant work to identify relevant papers in the run up to the A and others -v- NBA litigation and that they had established at that point that some documents were missing. I was not responsible for blood policy at that time and I would not have been aware of this work at the time or its

conclusions. Nor do I recall this pre-litigation work being raised with me subsequently during the 2002 discussion of Lord Owen's papers.

Q10: Steps taken

- 3.7. I have then been asked what steps I took to establish how the Department of Health papers relating to contaminated blood and blood products or the risks of using blood and blood products came to be destroyed.
- 3.8. I have explained the chronology of events at paragraphs 2.45 to 2.66 above. In summary, I commissioned a review which I envisaged would examine what had happened in the 1970s and 1980s including investigating Lord Owen's and campaigners' concerns about the failure to achieve self-sufficiency and other decisions relating to infected blood at the time. My expectation was that the review would also cover any issues arising, including the loss or destruction of Lord Owen's documents – or any other documents found to be missing. I would also have expected it to identify any potential problems or any areas which it came across which would need further investigation or to highlight any area where the facts were not clear or where injustice might have been done.
- 3.9. I have already explained how my reaction to this issue, and to the submission of 22 March 2002 in particular, was informed by my experience of issues related to vCJD and vaccines (see paragraphs 2.9 to 2.18). I wanted to make sure that all the relevant facts had been established and made public so that Ministers could then see where the further gaps or problems might still lie, and identify what the next steps might need to be.
- 3.10. It is clear from the different documents that I took the decision to commission the review in the meeting on 9 May. However, I had left the department in the subsequent June 2002 reshuffle before the review got underway.
- 3.11. As the papers show, I had also agreed to meet with Lord Owen along with Lord Morris and Michael Connarty MP which would have been the opportunity to hear more detail about Lord Owen's concerns including on the missing documents. That meeting also took place after I was reshuffled to the Lord

Chancellor's Department, and was subsequently held by my successor Hazel Blears. I understand that in the event Lord Owen did not attend.

Q11: Identification of civil servants responsible

- 3.12. The Inquiry has asked whether steps were taken to identify the civil servants and their line managers responsible for the destruction of documents.
- 3.13. At that stage and during the short time when I considered this issue from February to May 2002, it had not yet been made clear for me (and I believe all Ministers) which documents were missing or had been destroyed. The briefing had referred only to officials "continuing to look" at the issues raised by Lord Owen. As I have explained, I initiated a review both to establish the relevant history (of self-sufficiency) and to see what documentation there was. Decisions about 'next steps' would have followed establishing those facts. As far as I was aware, the facts were not established in the stage when I was involved, and therefore trying to identify civil servants who were responsible would have been a premature question.

Q12: Understanding of the circumstances surrounding the destruction of Lord Owen's documents

- 3.14. I have been asked about my understanding of the circumstances surrounding the destruction of Lord Owen's documents. I refer to the information that I have given above.
- 3.15. I did not know at that stage which documents had been destroyed or the circumstances in which Lord Owen's documents were destroyed. That is why I initiated a review. It was still in train when I left for the Lord Chancellor's Department.

Q13: Storage of Ministerial papers

- 3.16. I have been asked whether I was aware of any policies in place for dealing with storage or destruction of ministerial papers, and whether I recall any training or government-wide instructions regarding the storage and destruction of departmental papers during my time in DH.
- 3.17. I have been supplied with a copy of [WITN3996002] by the Inquiry. This is a copy of "A Guide for Record Managers and Reviewing Officers" (said to be up to date and containing all amendments of 8 March 1991). I would not have seen this guide as a Minister. I understood that there would have been standard policies and procedures in place, but I do not expect that I would have known of the specifics. Essentially, I would have expected any documents which could have impacted on individuals and their safety, or indeed issues of government liability to have been retained.

Q14: The 'ten-year rule'

- 3.18. I refer to paragraph 3.2, which refers to the note relating to Lord Owen's files. This, I understand, is the basis of references to the "10-year rule".
- 3.19. I have been asked whether, to my knowledge, DH has ever operated a 10-year rule or routinely destroyed documents after 10 years. I have no knowledge of any such rule.
- 3.20. I should also point out that the advice I received at the time about Lord Owen's papers appears to have been more general and referred to documents being "pulped" rather than focusing on a "ten-year rule". The promised Ministerial meeting with Lord Owen which might have heard more about this issue had also not yet taken place at the point at which I left the department So, I was probably not in a position to ask further questions about this specific allegation.

Q15: The Burgin Review

- 3.21. The Inquiry has noted that, as set out above, I commissioned an internal review in 2002, looking into the history of the DH's commitment to self-sufficiency. I will

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refer to this as the Burgin review, as I understand now that it was ultimately carried out by a Mr Peter Burgin – although he was appointed after I had left office.

- 3.22. I have been referred to a series of documents by the Inquiry. However, it is apparent that most post-date my time at the DH. These are contained in Annex 1.

First, I have been asked, first, why this review was commissioned. I have explained why I commissioned a review above. I believe I was becoming increasingly concerned that, despite receiving previous advice that “relevant facts [are] largely established; information in the public domain,”. The reality was that we did not have a clear account of decisions that had been taken in the 1970s and 1980s, and therefore I could not be confident in the advice I was being given to answer campaigners’ serious questions, nor could I be confident that previous official advice or subsequent Ministerial decisions on this issue were right as a result. In the case of CJD and vaccines where I had similarly become aware that the Department did not have important answers and that previous advice to Ministers was not reliable, the urgent reviews I had commissioned had been taken extremely seriously by the Department and had reported very quickly with important new information which allowed Ministers to take informed decisions about what the next steps should be. Based on my experience handling CJD and vaccines, I would therefore have been looking for a thorough review that uncovered new questions, that investigated the campaigners concerns and exposed any further problems so that we could then consider what the next appropriate steps might be.

- 3.23. I have then been asked why Mr Burgin was asked to carry out the review. I cannot assist on this, as this was a decision taken after I had left the DH.

- 3.24. As for why the review did not address the concerns expressed by Lord Owen about the information he had been given about his Ministerial papers, my expectation was that it would do, as part of the investigation of all the surrounding facts. I refer to my preceding answers and comments at paragraphs 2.49 and 3.8 to 3.11 in this respect. I can see that Mr Lister's submission of 8 May 2002 did not state, in terms, that the review would look at

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the issue of missing / destroyed documents, but it did refer to giving Lord Owen access to surviving papers, and the records of my discussions with campaigners also refer to officials looking further at the issues surrounding Lord Owen's papers. I would have expected that the question of whether those papers were complete and, if not, why not, would therefore have been alive in officials' minds and to be considered as part of the review.

- 3.25. I have been asked why the review did not include consideration of how and when departmental documents from the relevant time had been destroyed. I believe it should have done and I do not know why it did not. I would also have expected Ministers to have been given detailed advice about what papers had been destroyed, what the circumstances appeared to be and what important questions this therefore raised about what happened in the 1980s and 1990s.
- 3.26. I have been asked why the review was not published until 2006 and asked to explain any reasons for its delay, by reference to my time in office. I cannot explain this. The delay is extremely troubling and I can see no justification at all for it taking so long. As is clear from the documents referred to above, this report was only commissioned shortly before I left office, and at that time, the expectation was that the review would take only a few months. Only when reviewing the papers for the purposes of drafting this witness statement did I become aware that it had taken so many years, or that the first draft had in fact been received from Peter Burgin in December 2002 even though the final version was not published until 2006. I cannot explain this unacceptable delay and I believe for it to have taken this long was a serious failure.
- 3.27. Finally, I have been asked what part this review played in the decision not to hold a public inquiry. I would have regarded this review as being the first step in a decision-making process which would then have been able to consider whether some form of independent inquiry or review might be appropriate. It was obvious that campaigners were raising serious allegations and the advice to Ministers at the time was not adequate to get to the truth in response to those concerns. Ministers therefore needed much fuller and more comprehensive answers about what happened in the 1970s and 1980s so that they could then probe further into where the gaps or problems might be, and what further action

might be needed, including what further independent investigation or inquiry might be needed into those issues.

- 3.28. In the event, however, it is also clear that the Review did not play that role – partly because of the long delays in concluding it and partly because of the approach taken. Instead of being a swift, initial stage in a process to identify where problems, gaps or further questions might lie, it lists what are presented as Government conclusions on what happened, including, effectively making judgements about what action was reasonable and about what the balance of risk was at the time and without also providing transparency, independent oversight or published evidence for those judgements and conclusions. Those judgements are of course heavily contested and for families who had suffered so much as a result of what happened, it would of course not be credible for those judgements to be effectively made in an internal process within the Department that was historically responsible for many of the decisions about what happened.

Section 4: Calls for a public inquiry

Q16: Consideration given to calls for a public inquiry

- 4.1. The Inquiry has asked what consideration I gave to calls for a public Inquiry during my time in office. I think that it is important to differentiate between the distinct time periods when addressing this question.
- 4.2. From the documents and from my recollection, during the first two-month period from June to July 2001, my main focus was on asking questions about issues of compensation/financial support for those affected, as opposed to addressing calls for a public inquiry.
- 4.3. The changes that I made to the 'line to take' on the EDM suggest that I wanted to keep the options arising from any exploration of the issues open and did not want to rule out further investigations or inquiries at that point. However, at the time, most of our focus was on the issue of support or compensation in the light of the 2001 Court judgment. (see for example, Mr Lister's submission of 19 July 2001, and paragraphs 2.31 to 2.34).
- 4.4. It is notable however that the advice which I received in July was that the relevant facts were established and in the public domain, and that a public inquiry was therefore unnecessary (see the briefing from Briony Enser of 2 July 2001 at paragraph 2.20). That statement about the facts being established and public was wrong – however, I did not see the evidence of that until I returned from maternity leave.
- 4.5. In the second period, from when I returned from maternity leave to my departure at the end of May 2002, it became clear from the information from the briefings and meetings which I had initiated that there were a series of serious unanswered questions about events in the 1970s – mid1980s or so, which required further investigation.
- 4.6. That is why I commissioned what became the Burgin Review. As I have explained above, such an investigation would have been the precursor to any further consideration of the issue or any decision to call a public inquiry. At the point of asking for a review, I would not have ruled out the possibility of some kind of independent investigation or public inquiry – but I wanted to find out

more about what was known or unknown, and what the key unresolved questions were.

Q17: The Carpet of Lilies Campaign

- 4.7. I have been asked to outline my recollection of the Carpet of Lilies campaign and the impact which it had on the Department.
- 4.8. I have also been asked to comment on the response of the Department to the campaign.
- 4.9. As set out in the letter to the Secretary of State (see paragraph 2.36(1) above) my understanding is that there were three campaign aims on which campaigners sought support: (a) recombinant treatment for all; (b) a public inquiry into the issue of the issue of safety of blood products and the infection of the haemophilia community with HIV and hepatitis viruses; and (c) financial recompense for those affected by hepatitis C.
- 4.10. My recollection of the campaign and the response of the Department, so far as I can speak to it, is set out in detail in the chronology above. In short, my interactions and meetings with campaigners, including MPs, prompted me to explore further the issues raised by them.
- 4.11. I understand that the steps taken to ensure access to recombinant therapies have been outlined to the Inquiry by Mr Lister and I have not addressed this topic in my evidence.

Q 18: Discussions with the Prime Minister

- 4.12. The Inquiry has asked whether I had discussions regarding calls for a public inquiry with the then Prime Minister, Mr Tony Blair (see paragraphs 2.4 to 2.6 above, and the letters referred to there). The first letter predates my time as Parliamentary Under Secretary in the Department of Health. The third letter, the draft **[DHSC6548384]** must be much later than my time at the DH as it refers to the Skipton Fund (2004) and the Burgin review's publication (2006).

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- 4.13. I would not have seen any of these or discussed them with the Prime Minister and I do not remember having any discussion with the Prime Minister on calls for a public inquiry.

Q19: Reasons for not establishing a public inquiry

- 4.14. I have been asked by the Inquiry to set out my understanding of the Government's reasons not to establish a public inquiry during my time in office.
- 4.15. I refer back to Ms Enser's position paper of 2 July 2001, and Mr Lister's submission of 19 July 2001, summarised in paragraphs 2.20 to 2.25 above. These documents covered the option of establishing a public inquiry, together with the options for financial support.
- 4.16. At that time, the submission referred to the relevant facts being "largely established" and "information in the public domain". That statement was wrong and looking back at the papers now I do not believe it should have been included or presented in that way. Many of the documents refer to the facts having been debated many times. However, as became increasingly clear to me in the meetings I held with campaigners in the spring of 2002 and in the further advice from officials at that time, the Department did not have a full or satisfactory account of the facts or the decisions that had been taken in the 1970s and 1980s and as a result neither officials nor Ministers were in a position to judge whether truth or justice had been delivered for those who had been infected by contaminated blood during that period, or whether a further independent investigation or inquiry was needed.
- 4.17. My engagement with these issues in the two months before I went on maternity leave was limited. However, after I returned from maternity leave, I soon came to feel that we did not have full or satisfactory answers to questions being posed by Lord Owen and campaigners, and I responded by instigating a review. I did not expect that review to take more than a few months and I would have seen that as a first step before Ministers could then take a proper view on where the gaps and problems were and on what further action might be needed.
- 4.18. In the meantime, the Departmental position continued to be the long standing one of not supporting a public inquiry. I would have expected the information

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and conclusions from the review to be needed before Ministers could look at that question again.

- 4.19. In the meeting with the Manor House Group, the evidence from the two sets of minutes shows I reiterated the Government's long-standing position on a public inquiry but also informed them that I had sought a review of a series of issues including Lord Owen's concerns, and would report back to the All-Party Parliamentary Group. I note that the DH record of the meeting with the Manor House Group on 15 May 2002 (see paragraph 2.62), recorded me as saying "*it was not believed that anyone's interest would be best served by a public inquiry*". I do not believe that is the language I would have used, and it is not reflected in the Manor House Group minutes who I believe would have found that language provocative and would have recorded it.
- 4.20. As is clear from the chronology above, I left office before the review was concluded, and before I would have had any additional insight into the merits of any further independent review or a public inquiry.

Q20: Financial implications of a public inquiry

- 4.21. The Inquiry has asked to what extent financial implications influenced DH's decision not to hold a public inquiry, in terms of the potential cost of a public inquiry and the potential for further financial support or compensation to victims.
- 4.22. I have referred to the position paper of 2 July 2001 at paragraph 2.20. The paper provides some analysis of costs, but not really of the costs of an inquiry. The commentary on the various options that could be taken suggested that "*lobby unlikely to press for an Inquiry if their compensation demands are met.*" Options 3 and 4 outline that there could be "lower initial costs for Inquiry" if it was more low key, and a hardship fund for haemophiliacs was also provided. Thus, it identified that the call for a public inquiry would be affected by the decisions on financial support.
- 4.23. Any decision Governments take about holding public inquiries inevitably has to take account of the possible costs, benefits and length of time an inquiry might take. But, I have not seen any other documents about costs, and I think that

consideration of these issues was at much too early a stage, for the reasons I have given when talking about the Burgin review.

Q21: Decisions taken by other countries

- 4.24. I have been asked what part, if any, the establishment and findings of inquiries in other countries such as Canada, France and Japan played in the Government's decision not to hold a full public inquiry during my time in office.
- 4.25. At the time, the question of what other countries were doing was not raised in the only submission to me (as far as I am now aware) that specifically canvassed options for a public inquiry, i.e. that of Ms Enser in July 2001. I have been shown a briefing on the position in the Republic of Ireland that was sent to my Private Office on 25 April 2002 [WITN7187014] but I cannot remember that this played any part in my thinking at the time. The advice Ministers received was that the circumstances in Canada and in Ireland were different.

Q22, Q23 and Q24: Reflections on the decision not to hold a public inquiry

- 4.26. The Inquiry has asked me to consider a series of documents containing statements made by other Ministers and officials ([RLIT0000771], [WITN4505389], [INQY1000144], [INQY1000145]).
- 4.27. [Q22:] First, the Inquiry has referred me to a debate on contaminated blood which took place in the House of Commons on 15 January 2015 [RLIT0000771]. In particular, I have been referred to Mr Andy Burnham MP's contribution:

"...I do not detect the failure being caused by Members of Parliament or, indeed, Ministers; I have met many who want to resolve this in the right way. I have to say that in my experience the resistance is found in the civil service within Government. That is often the case in examples such as this; I found the same with Hillsborough too. It is very hard to move that machine to face up to historical injustice."

- 4.28. My experience on this and other issues was that many of the civil servants I encountered in the Department of Health and in other Departments worked immensely hard to provide high quality, rigorous advice to Ministers and to implement Ministerial decisions in good faith even where those were not the decisions that they had advised.

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- 4.29. However, my experience was also that on occasion repeated forensic questioning in meetings or challenges from external organisations revealed that information given was not accurate or that there were gaps or problems that officials had not identified. There are many reasons why that can happen, and it is a responsibility on both Ministers and civil servants to be aware of those risks and to respond comprehensively when those problems emerge.
- 4.30. In the case of infected blood, it had become the established Departmental view, repeated often in advice to Ministers that all the facts were known, established and well-rehearsed. However, that was simply not the case. Neither Ministers nor officials had the full facts about what happened in the 1970s and 1980s, and in key areas internal departmental judgments had been made about what was reasonable or an appropriate balance of risk at the time that had not been independently reviewed or tested even though immense suffering had been caused for those who were affected. As a result, the Government failed to provide either truth or justice for those families who were affected.
- 4.31. I have referred to my experience dealing with CJD and vaccines as well as with infected blood as there are some similarities and also some differences in what happened that help me in reflecting on this question. In both cases, concerns had been raised by MPs about whether the Department and the NHS had acted fast enough to prevent the spread of an infectious disease and whether it had taken a rigorous enough approach to the safety of an NHS product. In both cases the initial advice I was given was that all the information was known and that there were no Departmental or NHS failures to act. In both cases it became clear under pressure from campaigners and questions I raised in meetings that there were significant gaps in the Department's knowledge and ability to answer the questions that had not been properly considered by officials and that therefore the advice given to Ministers, even if given in good faith, was wrong. In both cases, I commissioned immediate reviews into the detail of what had happened with the expectation that this would be a first step to then make further decisions. In both cases I left the Department before those reviews were completed.

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- 4.32. In the case of CJD, my experience was that those reviews reported back regularly to me and to Hazel Blears as my successor. They identified issues where immediate action was needed as well as problems with historic decisions, and we as Ministers took decisions to correct the Parliamentary record and pursue further action. In the case of infected blood, the review does not appear to have reported back to Ministers for very many years, and it did not address all the concerns families had.
- 4.33. It is possible that the more recent public health concerns surrounding CJD and the immediate public health issues surrounding confidence in vaccines made that review process a more robust one, and also whether the concern that there might be ongoing safety issues made that review process a more rapid one. It is also possible that the involvement of the Chief Medical Officer as a result of the recent history around vCJD meant that the Department took the review very seriously and reflected the priority that Sir Liam Donaldson gave at that time to ensuring complete transparency as a way to rebuild trust after CJD. But it is notable that the same urgency and robustness was not applied to contaminated blood and that was a very serious problem, especially given the effect of having to keep continually pressing for answers or progress on families who were suffering as a result of infected blood.
- 4.34. [Q23]: The Inquiry has referred me to the third written statement of Mr Charles Lister **[WITN4505389]**. The Inquiry has asked me for my view on the concept of 'Group Think'. Mr Lister suggested in his statement that when officials, experts and Ministers work closely and collectively together, there is a risk of a group mindset developing. This can mean that individuals are not sufficiently open to challenge the existing group views. Mr Lister did not find it possible to say how much this impacted on his decision making.
- 4.35. I certainly saw it as my role to ask difficult and challenging questions about all the policy areas I was responsible for, and not to assume that all the questions had been answered in the past, and I expected the civil service to respond by also ensuring that information was accurate and fully tested rather than just repeating past conclusions.

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- 4.36. I accept that when there are long running policy issues that have been considered by successive teams of officials and successive Ministers, it is possible for each Minister or group of officials to assume that each of their predecessors have probed all the issues in considerable detail and it is possible as a result for assumptions to be built into both the civil service advice that is given, and the Ministerial decisions that are taken. I also recognise that it is impractical for Ministers to continually re-open every decision their predecessors have made, particularly when there is a churn of junior ministers covering an issue as there was during the period I have discussed. I accept that it is therefore possible for views to become taken for granted that may not have been properly justified at the beginning. However, all these risks are why it is so important that Ministers must continually answer to Parliament and also why Departments and officials must take seriously their Parliamentary accountability, as there is a responsibility on both Ministers and civil servants to continually question received or inherited wisdom when issues are raised by MPs on behalf of constituents because problems remain.
- 4.37. [Q24] I have been asked about Lord Fowler's statement. I understand that Lord Fowler gave evidence to the Inquiry on 22 September 2021 (see **[INQY1000144]**, **[INQY1000145]**). From my review of Lord Fowler's statement, I understand that he thought the government should have established a UK-wide public inquiry into the handling of HIV in the early 1990s.
- 4.38. I cannot comment on the wider point about an inquiry specifically into the handling of HIV as I have not considered those issues or papers. However, it is a collective failure that it has taken so long to establish an independent inquiry into contaminated blood, and I do not believe that these delays have been remotely justified. It should not have taken 4 years to publish the Burgin review, and it should not have taken a further eleven years to establish an independent inquiry.
- 4.39. At the heart of the issue are a group of families who have suffered heavily as a result of contracting HIV / AIDS and Hepatitis C from contaminated blood given to them by the NHS. The Department of Health has never been able to provide the full facts about the decisions that were taken in the 1970s and 1980s in part

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because of missing papers and documents. In addition, significant judgements were made about the acceptable balance of risk from different products and treatments, about the pace of change and investment, about whether or when a precautionary principle should or could have been applied and about what information was given to individual patients. It should have been clear at a much earlier stage that delivering truth and justice for the families who had experienced such immense harm required those past judgements to be independently investigated and assessed rather than simply being asserted by the Department of Health that had been responsible for making those judgements in the first place. That is also why on the announcement of the inquiry in 2017 which I welcomed, I called in Parliament for the sponsoring department for the inquiry to move from the Department of Health to the Cabinet Office or the Ministry of Justice in order to have greater credibility with those who have suffered as a result of infected blood.

- 4.40. It should be a matter of deep regret that campaigners have had to fight so hard to get to this point today.

Section 5: Other Issues

Q25 - Q26: Parliamentary statements, speeches and interventions

5.1. The Inquiry has asked me to provide a chronological list of all statements, speeches or interventions made by me in Parliament during:

(1) my tenure as Parliamentary Under Secretary of State for Health; and

(2) my time in opposition,

insofar as relevant to the Inquiry's Terms of Reference. I enclose these at Annex 2.

Q27: Any further comment relevant to Terms of Reference

5.2. The Inquiry has asked me if I wish to provide further comments on any other areas which are relevant to the Inquiry's Terms of Reference. I would like to express my sincere gratitude to those who have campaigned so hard for this Inquiry and my deepest condolences to those who have lost loved ones during the course of their fight. It shouldn't have been so hard. We should have acted more quickly. It should never cost this much pain and suffering for people to be able to access the truth.

Statement of Truth

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

Signed.....

GRO-C: Yvette Cooper

Dated..... 24.08.2022

Annex 1: Documents after 28 May 2002

- 5.3. The Inquiry has referred me to a series of documents, which post-date my time in office. I briefly refer to these below:
- 5.4. On 27 June 2002, a briefing was sent for the meeting planned between Hazel Blears, Lord Owen, Lord Morris and Mike Connarty MP. **[DHSC0041305_030]**.
- 5.5. On 1 July 2002, Hazel Blears met with Lord Morris and Mr Connarty **[DHSC0003606_083]**. It seems that Lord Owen was unable to make the meeting. Again, this is a document which post-dates my time in the DH. I note that Lord Morris passed on Lord Owen's concerns "*that papers from his Private Office had been destroyed*"; however, Lord Owen possessed some papers which he was considering sending to the Ombudsman. Ms Blears "*explained that in the basis of an initial paper trawl, it did not look like there had been any misappropriation of funds*" – but again, this post-dates my time in the DH.
- 5.6. On 20 October 2002, a draft written answer was provided to Hazel Blears, which referred to the Burgin review **[DHSC0041332_038]**. It referred to her instigating the review, but the underlying briefing refers to the fact that I had originally agreed to an "internal trawl" of papers. From this, it is clear that Mr Burgin was employed to carry out the work after I had left office. The final written answer was provided by Ms Blears on 28 October 2002. A complete set of the documents is at **[WITN7187015]**.
- 5.7. On 21 January 2003, Hazel Blears wrote to Sylvia Heal MP **[DHSC0004029_231]**. It contains an update on the issues that had been discussed by me on 15 May 2002 – Ms Heal had attended that meeting. It is apparent from that letter that an official (i.e. Mr Burgin, although he is not named) had been employed to carry out the review, and also that Ms Blears had promised that the findings would be made available to Lord Morris and to Mr Connarty (as the Chair of the APPG). There is nothing about issues of document destruction.
- 5.8. On 10 June 2003, Charles Lister sent an email explaining the remit of Peter Burgin's work **[DHSC0020720_081]**:

“how the Department implemented the policy of UK self sufficiency in blood products began in 1973 (Lord Owen has said publicly that officials did not carry out his wishes);

to chart the developing understanding of the seriousness of non A / non B (later identified as hepatitis C);

to examine the extent to which problems at BPL delayed the achievement of self sufficiency;

whether the achievement of self sufficiency would have led to fewer cases of hepatitis C in haemophilia patients.”

- 5.9. Mr Lister noted that it was not set up to address Lord Owen’s allegation of papers being ‘pulped’. He wrote that *“Unfortunately, none of the key submissions to Ministers about self sufficiency from the 70s / early 80s appear to have survived. Our search of relevant surviving files from the time failed to find any ...”* As explained above, I do not think this conclusion had been reached by the time I had left the DH, as we were still in the process of establishing the facts. This does not fully reflect the issues I would have expected to be included based on the points I made in the minutes of the meetings with campaigners and how I believe I would have been approaching the issue at the time. In particular I would have expected the remit to include some consideration of which papers were missing and why as well as consideration of the points raised by campaigners about information to patients, concern about prison blood and different treatment judgements. I note that it suggests Peter Burgin had completed his work but that statements within the report needed to be corroborated.
- 5.10. On 17 October 2003, emails passed between officials regarding a response to Lord Morris **[SCGV0000262_116]**. I would not have seen this document and I do not think it discusses the Burgin review.
- 5.11. On 2 December 2003, Robert Finch sent an email to Zubeda Seedat, on the need to reply to a letter from Lord Owen **[DHSC0004555_235]**. However, it relates to the actions of Hazel Blears who had succeeded me by that time.
- 5.12. On 15 December 2003, Mr Gutowski emailed regarding MS(H)’s request (i.e. John Hutton) for a “full background note” on the review of internal papers between 1973 and 1985 and comments by Lord Owen about the destruction of papers from his Private Office at the time **[LDOW0000350]**. Apart from

repeating that I commissioned an “internal trawl” of documents in 2002, I do not think that it assists me on the events whilst I was in post. **[LDOW0000138]** is then a copy, much annotated, of this email from Richard Gutwoski dated 15 December 2003.

- 5.13. On 13 January 2004, Lord Owen follows up with a chasing letter. **[DHSC0003606_078]** is a draft letter from John Hutton to Lord Owen. **[SCGV0000046_088]** contains the ‘line’ used in June 2004 to respond to allegations that the Government was involved in a cover-up. It is apparent that the Burgin report was still in draft.
- 5.14. In February 2006, officials discuss a possible meeting with the MHG. I note the Burgin Review was due to be published on 16 February 2006, nearly four years after I would have expected it to be completed. I note that this is also nearly four years after I left the Department so I would not have seen it at the time.
- 5.15. On 21 March 2006, a briefing was sent for a Lords PQ from Lord Roding regarding the completeness of the self-sufficiency report, for answer on 19 April 2006 **[DHSC0041198_088]**.
- 5.16. In May 2006, a briefing was sent for a Lords Starred question **[DHSC0015839]**. Plainly, this is not a document that I would have seen before it was sent to me by the Inquiry. There is a history of matters related to the loss of paperwork in the underlying briefing but as I did not see it at the time it did not affect the reasons for establishing the review.

Annex 2: Parliamentary contributions

Yvette Cooper			
Date	Reference	Event	Relevance
Parliamentary Under Secretary of State for Health			
11 October 1999 – 28 May 2002			
14/02/2000	HC Deb 14 Feb 2000 vol 344 Contribution by Yvette Cooper (parliament.uk)	Written Answer (Commons)	vCJD
23/10/2000	HC Deb 23 October 2000 Vaccines (Bovine Material) Hansard – UK Parliament	Written Answer (Commons)	CJD in vaccines
13/11/2000	HC Deb 13 Nov 2000 vol 356 col 558W Hepatitis C - Hansard - UK Parliament	Written Answer (Commons)	Hepatitis C
13/11/2000	HC Deb 13 Nov 2000 vol 356 Aids - Hansard - UK Parliament	Written Answer (Commons)	AIDS funding, research into vCJD diagnosis and care package
20/11/2000	HC Deb 20 Nov 2000 vol 357 Hepatitis C - Hansard - UK Parliament	Written Answer (Commons)	Hepatitis C
11/12/2000	HC Deb 11 Dec 2000 vol 359 Hepatitis C - Hansard - UK Parliament	Written Answer (Commons)	Hepatitis C
21/12/2000	HC Deb 21 Dec 2000 vol 360 Cjd - Hansard - UK Parliament	Written Answer (Commons)	vCJD
15/02/2001	HC Deb 15 Feb 2001 vol 363 col 553 Phillips Inquiry - Hansard - UK Parliament	Debate (Commons)	vCJD

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22/03/2001	HC Deb 22 March 2001 vol 365 col 356W Hepatitis C - Hansard - UK Parliament	Written Answer (Commons)	Hepatitis C
26/06/2001	HC Deb 27 June 2001 vol 370 Haemophiliacs - Hansard - UK Parliament	Written Answer (Commons)	Recombinant clotting factors
16/11/2001	HC Deb 25 Feb 2002 vol 380 col 967W Haemophilia - Hansard - UK Parliament	Written Answer (Commons)	Recombinant clotting factors
08/01/2002	HC Deb 8 Jan 2002 vol 377 Hepatitis C - Hansard - UK Parliament	Written Answer (Commons)	Hepatitis C
08/01/2002	HC Deb 8 Jan 2002 vol 377 Haemophilia Drugs - Hansard - UK Parliament	Written Answer (Commons)	Recombinant factor VIII
11/01/2002	HC Deb 11 Jan 2002 vol 377 Haemophilia Drugs - Hansard - UK Parliament	Written Answer (Commons)	Recombinant factor VIII
11/01/2002	HC Deb 11 Jan 2002 vol 377 Contaminated Blood Products - Hansard - UK Parliament	Written Answer (Commons)	Contaminated blood products
18/01/2002	HC Deb 18 Jan 2002 vol 378 Haemophilia - Hansard - UK Parliament	Written Answer (Commons)	Availability of recombinant clotting factors
07/02/2002	HC Deb 7 Feb 2002 vol 379 Recombinant Factor 8 - Hansard - UK Parliament	Written Answer (Commons)	Recombinant clotting factors
13/02/2002	HC Deb 13 Feb 2002 vol 380 Haemophilia	Written Answer (Commons)	Recombinant clotting factors

Annex 2: Parliamentary contributions

	<u>Drugs - Hansard - UK Parliament</u>		
25/02/2002	HC Deb 25 Feb 2002 vol 380 <u>Cjd - Hansard - UK Parliament</u>	Written Answer (Commons)	Theoretical risk of contracting VCJD through blood
11/03/2002	HC Deb 11 Mar 2002 vol 381 <u>Blood Donors - Hansard - UK Parliament</u>	Written Answer (Commons)	Statement made by Chairman of NBA
12/03/2002	HC Deb 12 Mar 2002 vol 381 <u>Hepatitis C - Hansard - UK Parliament</u>	Written Answer (Commons)	Financial support: Hepatitis C
13/03/2002	HC Deb 13 Mar 2002 vol 381 <u>Haemophilia - Hansard - UK Parliament</u>	Written Answer (Commons)	Financial support: haemophiliacs
19/04/2002	HC Deb 19 Apr 2002 vol 383 <u>Blood Safety - Hansard - UK Parliament</u>	Written Answer (Commons)	Blood safety
30/04/2002	HC Deb 30 Apr 2002 vol 384 <u>Haemophilia - Hansard - UK Parliament</u>	Written Answer (Commons)	Recombinant products
01/05/2002	HC Deb 1 May 2002 vol 384 <u>Blood Donations - Hansard - UK Parliament</u>	Written Answer (Commons)	Numbers of blood donations
21/05/2002	HC Deb 21 May 2002 vol 386 <u>Hepatitis C - Hansard - UK Parliament</u>	Written Answer (Commons)	Hepatitis C
In opposition			
11 May 2020 – present			
20/07/2017	HC Deb 20 Jul 2017 vol 627 col 988 <u>Contaminated Blood -</u>	Written Answer (Commons)	Public inquiry

Annex 2: Parliamentary contributions

	<u>Hansard - UK</u> <u>Parliament</u>		
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