

Witness Name: Carolyn Leckie

Statement No.: WITN7275001

Exhibits: 0

Dated: 25th October 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF CAROLYN LECKIE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 3 August 2022.

I, CAROLYN LECKIE, will say as follows: -

Section 1: Introduction

- 1.1 My name is Carolyn Leckie, date of birth GRO-C 1965. I reside at GRO-C GRO-C. I was a registered midwife from 1995 until approximately 2004. Prior to becoming a Member of the Scottish Parliament in 2003, I was a UNISON Branch secretary, representing 5000 health workers, including a wide range of health professionals. It was this background that led to me becoming the Scottish Socialist Party ('SSP') health spokesperson in the Parliament.
- 2.1 Since 2007 until 2014, I worked as a collective manager in a Women's Aid group, and, since 2015, I have been a fully qualified practising solicitor, mainly working in criminal defence. I am no longer involved in party politics and I do not have access to parliamentary resources.

- 3.1 I cannot remember the individual names of any civil servants I may have had dealings with.
- 4.1 I was a member of the Parliamentary Business Bureau from 2003 until around 2006. I was also a member of the Petitions Committee, the Equal Opportunities Committee, substitute member of the Justice 2 committee. I regularly attended the Health Committee as a guest. There was political resistance from other parties to the SSP being allocated a health committee place, and to me ever becoming a full member of the Health Committee.
- 5.1 I was not re-elected as an MSP in May 2007. At some time before the Parliament broke up in May 2007, I wrote to the offices of the Archer Inquiry into infected blood products, newly announced around that time, offering multiple documents that I had obtained through Freedom of Information requests, for their use. I had made requests to various bodies including: the Scottish National Blood Transfusion Service; The National Blood Transfusion Service; NHS Lothian; the Scottish Home and Health Department; and the Scottish Executive. I cannot be sure that this list includes all organisations and bodies I may have made requests to. I had decided to contact individual public bodies as I was encountering resistance from the Scottish Executive. I had made requests, including correspondence with Ministers, freedom of information requests of the Scottish Executive, questions laid in Parliament. I cannot recall the chronology of these efforts. I had also been approached by campaigners – who had also told me they were having difficulty obtaining information.
- 5.2 My memory is not clear – but the Archer Inquiry did not request that I send them the documents. They either said it was not necessary, or did not reply. I kept those files, some ten boxes as far as I remember, for many years after. However, I moved house in 2014, and have moved house several times since. Initially, I kept as much as I could but as time moved on, and no one having requested I keep the documents, the files were destroyed. I would have expected those public sector organisations that released those documents to me, to have kept a record of those same documents.

5.3 I have not provided any statements or documents to any other inquiry.

Section 2: Calls for a public inquiry

Please outline when and how you first became aware of the issue of infected blood and blood products. What persuaded you that a public inquiry was necessary?

6.1 I became aware of the issue of infected blood products soon after my election as an MSP. Felicity Garvie was a staff member of the SSP and had been in touch with individuals and campaign groups before I was elected.

6.2 I was supportive of the calls made by patient lobby groups for a public inquiry—mainly because of the individual accounts I heard from those affected and infected by blood products. I became more heavily involved when individuals affected and involved in campaigns contacted the SSP, and specifically me, in my capacity as health spokesperson.

As a former healthcare professional, did your experiences and knowledge of the Scottish healthcare system contribute to your view that a public inquiry should be held?

7.1 I was and am a strong advocate for the National Health Service and all those who work in those services. But as someone with experience of disputes and negotiation within the NHS, I was also not naive and was aware of some of its flaws. I had experience of a tendency towards bureaucracy, defensiveness and paternalism of health services.

7.2 The NHS at that time was supposed to be moving towards more transparent clinical risk management, avoiding individual blame, and being open about mistakes. However, that was not successful in my opinion. Most health professionals I encountered operated in a culture of fear. I therefore believed that the only way that there would be full disclosure and answers to patients'

and relatives' questions would be through a full, independent inquiry that could compel witnesses.

- 7.3 I suspected, as did campaigners, that the Scottish Executive's resistance to a public inquiry was possibly motivated by a concern to avoid costly punitive damages. This was reinforced by the barriers, obfuscation and delays there were when trying to obtain information and responses from Ministers.

Please set out the steps you took to advocate for a public inquiry into infected blood products in Scotland. Documents MACK0002351_007, MACK0002351_008, SCGV0000186_074, SCGV0000186_249, MACK0002470_001 and ARCH0001753 may assist in answering this question.

- 8.1 I supported other members' motions in parliament calling for an inquiry, as well writing to the Health Minister, tabling questions to the First Minister, lodging motions in Parliament and using SSP debate time to raise the call for an inquiry. See [HSOC0001748] for an example.

On the 22nd December 2005, your motion on blood products and a demand for an independent public inquiry was debated in the Scottish Parliament (HSOC0001748). Were you satisfied that the issue was thoroughly addressed by deputy Minister of Health Lewis MacDonald? Please explain your answer.

- 9.1 I have been asked about the debate held in the Scottish Parliament, initiated by me, as part of Scottish Socialist Party business, on 22 December 2005 [HSOC0001748]. I opened the debate and Lewis McDonald, from the Scottish Executive, was one of the responding speakers. I was not satisfied by Lewis McDonald's response. I did not believe he took proper account of the detail of my opening speech. I felt he was not properly prepared to respond, had not considered any primary material, did not answer any of my arguments in support of a public inquiry, and was relying on briefings by civil servants. It was clear that there were at least 50 documents that were held by Government that had not been publicly released – which added to the sense that we were not being given the full picture by the Scottish Executive.

Documents BNOR0000122 and DHSC0200096 contain examples of parliamentary questions asked by you in relation to document destruction and demands for a public inquiry. Please provide your observations on the answers provided by ministers and whether they sufficiently answered your questions.

- 10.1 There was no sense that the Scottish Executive were trying to do anything to assist either myself or campaigners to obtain or explain exactly where and how much documentation was held and how it could be accessed. They did not sufficiently answer my questions.

On 21st January 2006, you attended the Third Meeting (2006) of the Scottish Parliament Health Committee, which considered the case for a public inquiry (MACK0001200_001, ARCH0002521, PRSE0004595).

a. Please outline how and why you came to attend this meeting;

b. Please expand upon the assertions you make in ARCH0002521 (column 2513 p14), including where you obtained this information, and whether you believed this information tipped “the weight of the arguments” in favour of a public inquiry.

c. Please clarify the number of occasions you attended meetings of the Health Committee, specifically in relation to calls for a public inquiry, and describe the discussions and outcome of those meetings.

- 11.1 a) I attended the meeting of the Health Committee on 21 January 2006 after being invited by the committee convenor, as far as I remember.
- 11.2 b) I do not recall the exact detail of the proceedings of the committee, but any questions and assertions would have been based on information I had obtained through my own research; medical records obtained for individuals who had either obtained them themselves or given me authority to obtain them; documents obtained through Freedom of Information requests, and documents obtained from the Scottish Executive. I had a particular interest in Anti-D immunoglobulin, given my previous profession as a midwife. I felt that there were many issues that had not been properly explored: the potential for Anti-D

to have been involved was just one that illustrated the need for a full, independent public inquiry as far as I was concerned.

- 11.3 c) I do not recall how many meetings of the Health Committee I attended. I tried to attend when I could. But, not being a member, it was not easy to be fully included. There was a session with Andy Kerr, the Health Minister, at the meeting of 31st January 2006, as far as I remember [ARCH0002521].

With reference to documents ARCH0001769, ARCH0001768 and ARCH0001753, please specify:

- a. Why your original FOI request was limited to the years 1983-1986;***
- b. What information you believed was being 'kept secret' (ARCH0001753) by the Scottish Executive at the time;***
- c. Why you believed the withheld documents may have constituted "fresh evidence" as required by Andy Kerr to reconsider a Scottish inquiry into contaminated blood products?***

- 12.1 a) From my memory, I would have concentrated on the period 1983-1986 in my Freedom of Information request because of the information I had gleaned from documentation, and individuals' experiences, which led me to believe that the risks of contamination of blood products were clear from 1983 onwards. There was extensive awareness that blood products were the likely cause of a non-A non-B hepatitis type infection. The Council of Europe had issued a recommendation, number 8, which advised clinicians, amongst other things, to advise patients of the risks. I had spoken with people who asserted that their clinicians had not told them of the risks - well beyond 1983. This included GRO-A

- 12.2 b) I cannot recall the exact specifics directly, but the Scottish Executive had refused to release a number of documents, following a Freedom of Information request I made. The Information Commissioner, Kevin Dunnion, following an application for review by me dated 27th February 2002, did not order the Executive to publish the remaining documents, citing cost grounds. I am no longer in possession of this correspondence.

- 12.3 c) (i) These were documents, held by the Executive, that, having been requested, had been 'kept secret' by the Executive. This was 'evidence' never seen or examined by patients, their families, or campaign groups. 'Evidence' that I do not believe the Executive examined directly – they would not answer my direct questions as to whether they had assessed primary materials. Nothing I had heard from the Executive persuaded me that primary materials had been properly examined by them – which, in my view, meant they were not properly informed.
- 12.4 (ii) That there was this bank of documentation being withheld was, in my opinion, itself fresh evidence. I believed this documentation required the direct examination and assessment of Ministers and the public – not just the pre-packaged assessment of officials.
- 12.5 (iii) My own assessment, of just a small part of the documentation that I had obtained, is contained in my contribution to the Health Committee of 18th April 2006 [HSOC0002983]. I believed, based on those documents, that the UK government and the Scottish Home and Health Department had potentially knowingly exposed people to risk. That was information that had certainly not been discussed before the Parliament before.

In the Report of the Scottish Parliament Health Committee dated 18th April 2006, you again advocated for a Scottish Public Inquiry (HSOC0002983 and MACK0002487_005).

a. Despite the casting vote in favour of a public inquiry, what did you understand to be the reasons why this was not taken forward at that time?

b. Did you receive responses from the Health Committee to the questions you posed in MACK0002487_005, particular bullet point one? If so, please provide any relevant documents.

- 13.1 a) It is difficult for me to remember the exact detail of each of the committee meetings, or other meetings I attended. However, I believe that there were political negotiations happening which were designed to increase the amount and scope of 'no fault' compensation available to those affected. As a representative of a minor party, I was not included in a lot of these

machinations. There was also a concern to ensure people who were ill received payments as quickly as possible. I recall being accused of 'almost blowing it' following a meeting with the Minister, Andy Kerr, presumably because I was perceived to be too combative in my pursuit of an independent public inquiry. My general view is that an inquiry did not happen because there wasn't enough political will to make it happen.

- 13.2 b) I do not recall receiving any responses to the communication contained in MACK0002487_005 or bullet point one specifically.

In her first statement to this Inquiry, former Health Minister Shona Robison states, in reference to her time as a backbench MSP: "I believe that the Scottish Executive at the time were very slow to address issues and to get on the front foot. It appeared to be reacting to information that emerged at the time rather than being proactive. I believe this left them looking less than transparent at times." (WITN6648001, page 16, para 47). Please provide your observations on this statement.

- 14.1 I agree with Shona Robison's assessment of the situation in her statement but I would go further. I believe that the Scottish Executive at the time were over reliant on officials and were rarely prepared to 'rock the boat' with their colleagues in the UK government. They were defensive and avoided taking the issue in hand, did not appear to master the detail, and were not prepared to lift their heads above the parapet.

Section 3: Other

What contact did you have with those who had been infected with, or affected by, infection with HIV or HCV via blood and blood products? Please detail the contact you had with individuals and organisations such as Haemophilia Scotland.

- 15.1 I had numerous contacts with haemophilia organisations and individuals. I would not be able to list everyone but I recall meeting GRO-A and

GRO-A as well as official representatives of a number of the charities involved.

Documents MACK0001028 and MACK0001040_003 include correspondence between you and Professor Christopher Ludlam of Edinburgh Royal Infirmary, dated 4 November 2005 and 20 December 2005 respectively. Please answer the following:

- a. When and why did you meet Professor Ludlam, as referred to in MACK0001028?***
- b. To the best of your recollection, please outline what discussion took place, if any, regarding the issue of candour and the duty to inform patients of any possible risk;***
- c. Did you discuss any other matters with Professor Ludlam relating to candour or cover-up? Please explain your answer.***

16.1 a) I would have met Professor Ludlum, at his offices, just shortly before I wrote the letter dated 4th November 2005 [MACK0001028]. I arranged to meet him as he had been identified, by **GRO-A** as a clinician who was very closely involved with the treatment of patients with haemophilia at the relevant time in the 1980s, when the risks of contaminated blood products were becoming known. I had read some of his published journal articles and wanted to follow up my concerns - as referred to in my letter dated 4th November 2005.

16.2 b) & c) I cannot recall the specifics of that conversation. However, the general impression I formed was that, given the lack of available treatment for what became known as AIDS, a paternalistic stance was taken not to fully inform people. Or people were given very vague information that did not spell out what their situation, or their sexual partners' situation, may be.

Following a sit-in demonstration on 30th June 2005 by you and fellow Scottish Socialist Party MSPs at Holyrood regarding the right to protest at a forthcoming G8 summit in Gleneagles, and subsequent ban from Parliament, you and your colleagues missed a vote on ex gratia payments for infected and

affected sufferers. As a result, you were criticised by the haemophilia community and political opponents (HSOC0029400 pages 16 and 19). Please provide your recollection of this event, with particular reference to the impact it had on your relationship with the campaigners.

- 17.1 We were making a principled stance about the failure of the Parliament to uphold a democratic decision that Parliament had made in relation to the right to protest. Other members of the Parliament, barring only one or two exceptions, without the right to a hearing, chose to exclude four SSP MSPs, and remove all allowances, for one month, from that day. The Parliament subsequently voted as it did – with the Executive voting to deny patients and their families ex gratia payments. The SSP were convenient scapegoats. However, I understood that some campaigners did not see it that way and I undertook to devote increased energy to their campaign and do all that I could to assist in the following period.

Please provide any further comment that you wish to provide about matters of relevance to the Inquiry's Terms of Reference.

- 18.1 I wish to convey that it is a pity that it has taken so long for everyone to be asked about their role in these matters. I would certainly have been able to remember much more, and have been of greater assistance, if my research and opinions had been sought at a much earlier stage - as I had indeed offered to the Archer Inquiry. I am sure that is the case for many of the people who have been asked to contribute to this Inquiry.

Statement of Truth

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

Signed:

GRO-C

Dated: 25th October 2022