

Witness Name: John Breen
Statement No.: WITN7515001
Exhibits: None
Dated: 19 December 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JOHN BREEN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 21 November 2022.

I, John Breen, will say as follows: -

Section 1: Introduction

1. *Please set out your name, address, date of birth and professional qualifications.*

1.1. My name is John Patrick Breen. My address is GRO-C
GRO-C Ireland. My date of birth is GRO-C 1947. I
do not have a professional qualification.

2. *Please provide an outline of your employment history, identifying the roles and responsibilities that you have held throughout your career (with relevant dates), with particular reference to those related to matters relevant to the Inquiry's Terms of Reference.*

2.1. I entered the Northern Ireland Civil Service on 15 January 1968 and worked in various roles not related to the Terms of Reference of this Inquiry. I was

promoted to the grade of Deputy Principal in 1982 and my last role in the Department of Health and Social Security, as it was then, was between 1985 and my retirement in 2007 in the Health Promotion Branch working on health promotion policies. At no point did it include policy on blood and blood products.

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

3.1. None.

4. *Please confirm whether you have provided evidence or have been involved in any other inquiries, investigations, criminal or civil litigation in relation to the human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement if so.*

4.1. I have not provided evidence or been involved in any other inquiries, investigations, criminal or civil litigation.

5. *Please describe your role, functions and responsibilities as Deputy Principal within the Health Promotion Policy Branch at the Department of Health and Social Security (Northern Ireland) ("DHSSNI").*

5.1. I was engaged in developing health promotion strategies in areas such as alcohol, food and nutrition, mental health promotion, smoking etc. This involved consultation with appropriate professionals and groups with relevant interest in, and experience of, the subject. My work also included responsibility for the Immunisation and Breast and Cervical Screening Programmes. My Branch also had oversight of the Health Promotion Agency for Northern Ireland.

6. *Please describe the extent to which you had responsibility for, or were involved in, (a) health matters generally and (b) policy in relation to blood and blood products.*

6.1. (a) See my answer to question 5.

6.2. (b) None.

7. *Please identify (a) any ministers who had responsibility for health and/or for blood and blood products during your time as Deputy Principal; (b) any other civil servants who had responsibility for health and/or for blood and blood products during your time as Deputy Principal.*

7.1. The Secretaries of State in the Northern Ireland Office, who were ultimately responsible for all policies in Northern Ireland, were, from 1985, Douglas Hurd, Tom King, Peter Brooke, Patrick Mayhew and Mo Mowlam. I remember the Health Ministers John Patten, Richard Needham, Lord Skelmersdale, Baroness Denton and Malcolm Moss but I know there were others.

7.2. My line manager, grade 7 and head of branch, was Phelim Green (now deceased) and the director, grade 5, was Derek Baker. The Permanent Secretary was Alan Elliott. I do not know who had responsibility for blood and blood products.

Section 2: Decision-making structures

8. *Please describe in broad terms: (a) the organisational structure of the DHSSNI, insofar as relevant to the Inquiry's Terms of Reference; (b) the roles and functions of the DHSSNI during your time as Deputy Principal within the Health Policy Promotion Branch.*

8.1. I did not know at the time and I do not know now which official had responsibility for blood and blood policy. I do know that it was not the responsibility of the Health Promotion Branch.

- 8.2. I cannot describe fully the role and functions of the Department but my Branch's role and function was to develop health promotion initiatives and strategies to provide information, advice and support to the Northern Ireland population to help them lead healthier lives and reduce the incidence of preventable ill health and disease in the community.
9. *Please set out your understanding as to how, in general, decisions about matters relating to health were taken within the DHSSNI.*
- 9.1. Decisions were taken after consultation with relevant professionals. I advised, after discussion with my line manager, on matters within my area of responsibility.
10. *Please explain which criteria determined whether a matter was of sufficient importance to be brought to the attention of ministers and who would make those decisions.*
- 10.1. As far as I recall, the criteria were if it was a new policy; if it was likely to generate publicity, especially adverse publicity; and if it was controversial. My line manager or I, after discussion with my line manager, would decide whether to bring the matter to the attention of the Minister.
11. *Please describe in broad terms the extent to which you had interactions directly with ministers and the Chief Medical Officer on matters relating to health generally and to blood and blood products in particular.*
- 11.1. I very rarely had interactions with ministers or CMOs and never in relation to blood and blood products.
12. *Please describe, in broad terms, the relationship between the DHSSNI and the Department of Health (Westminster) in respect of health policy in Northern Ireland during your time in post, with particular reference to policy related to blood, blood products, haemophilia and other bleeding disorders, HIV/AIDS and hepatitis. Did*

you have regular interactions with civil servants in the Department of Health, and if so whom?

12.1. I cannot answer this question directly as I was not involved in policy on blood and blood products. I worked on a number of areas and with several officials in London. The officials in London had discrete areas of responsibility whereas I had several. I cannot remember any of their names. Generally, communication was by telephone and, to a lesser extent, in writing.

13. *How much oversight, if any, did the Department of Health (Westminster) retain over health policy decisions made in respect of Northern Ireland? Please provide any relevant examples.*

13.1. None. DHSSNI was responsible for health policy in Northern Ireland.

14. *To what extent did the DHSSNI attempt to align its policies and activities with those of the Department of Health on such matters and on health policy more generally?*

14.1. It was generally the policy of DHSSNI to follow the lead of the Department of Health in London. Again, I am not aware of who dealt with blood policy in Northern Ireland.

15. *When and how would the DHSSNI be represented on UK wide committees and decision-making bodies regarding blood and blood products?*

15.1. I do not know.

16. *What was your understanding, in broad terms, of the role of the Chief Medical Officer ("CMO") for Northern Ireland during your time as Deputy Principal within the Health Policy Branch? Please comment, in particular, on the following areas:*

- a. The extent to which the CMO was responsible for informing ministers about risks to public health.*
- b. The extent to which the CMO was responsible for shaping policy and informing ministers of policy options.*

- c. *The extent to which the CMO was responsible for issuing guidance, advice or instruction to clinicians and health bodies as to the risks of infection from blood or blood products.*
- d. *The extent to which the CMO was responsible for issuing guidance or advice for patients and for the public.*

16.1. I do not know the answers to these questions.

17. *What contact, if any, would DHSSNI officials have with the CMOs for England, Wales and Scotland? If there was any contact, please explain how, when and why it would be arranged.*

17.1. I cannot answer for others but I did not have contact with CMOs in England, Wales and Scotland. I do not know how, when or why contact would be arranged by others.

18. *To the best of your knowledge and recollection, how significant a role did the CMO for Northern Ireland play in forming policies on blood, blood products and any other matters relevant to the Inquiry's Terms of Reference during your time as Deputy Principal within the Health Policy Promotion Branch?*

18.1. I have no knowledge of this matter.

19. *Please describe the working relationship between the DHSSNI and the Belfast Regional Transfusion Centre. In particular, please describe the following:*

- a. *the lines of communication between the DHSSNI and the Belfast RTC;*
- b. *the frequency and regularity of interactions between the DHSSNI and Belfast RTC;*
- c. *any areas of overlapping responsibility and how these were navigated.*

19.1. I have no knowledge of the Belfast Regional Transfusion Centre.

20. *Please describe the working relationship between the DHSSNI and the Belfast Haemophilia Centre. In particular, please describe the following:*

- a. *the lines of communication between the DHSSNI and the Belfast Haemophilia Centre;*
- b. *the frequency and regularity of interactions between the DHSSNI Office and Belfast Haemophilia Centre;*
- c. *any areas of overlapping responsibility and how these were navigated.*

20.1. I have no knowledge of the Belfast Haemophilia Centre.

21. *To what extent did any of the following matters come to your attention during your time in post:*

- a. *The risks of serious viruses being transmitted by blood and blood products.*
- b. *The introduction of screening of blood donations for HCV.*
- c. *The circumstances in which people receiving NHS treatment in Northern Ireland were infected with HIV/HCV/HBV.*
- d. *Whether or not compensation or some form of financial support should be provided to those infected with HIV/HCV/HBV from blood or blood products.*
- e. *Whether there should be an inquiry into the circumstances in which people receiving NHS treatment in Northern Ireland were infected with HIV/HCV/HBV.*

21.1. (a) Never through work – I learned of the risks through the media.

21.2. (b) Never.

21.3. (c) Never.

21.4. (d) I became aware of consideration of compensation or some form of financial support being provided to those infected with HIV/HCV through blood or blood products but I cannot remember when or how I became aware; it was probably through general discussion of the issue with colleagues in the Department. See, further, my answer to question 26 below.

21.5. (e) Never.

22. *Please describe your interactions, if any, with the administrations of Scotland and Wales in relation to health during your time within the Health Policy Promotion Branch for DHSSNI. Please also identify by name and position the ministers and civil servants with whom you liaised in each administration. Please address in particular such interactions in relation to decision-making about: risks of infection from blood or blood products, the response to such risks, hepatitis and HTLV-III/HIV/AIDS and compensation related issues.*

22.1. I had telephone conversations with officials in the Department of Health in Scotland, and to a lesser extent in Wales, about health promotion policy generally but not in relation to the risks of infection from blood or blood products the response to such risks. I have no memory of any contact with them about hepatitis, HIV or AIDS. I do not recall any conversations at all about compensation related issues.

23. *Please describe the respective roles of the DHSSNI and the Northern Ireland Office in forming, directing and managing health policy for Northern Ireland.*

23.1. I do not think the Northern Ireland Office had any role. I cannot recall how DHSSNI formed, directed and managed health policy for Northern Ireland.

Section 3: Relationship with Haemophilia Society

24. *Please describe the working relationship between the DHSSNI and the Haemophilia Society. In particular, please describe the following:*

- a. the lines of communication between the DHSSNI and the Haemophilia Society;*
- b. the frequency and regularity of interactions between the DHSSNI Office and the Haemophilia Society;*
- c. any areas of overlapping responsibility and how these were navigated.*

24.1. I have no knowledge of this.

25. On 14 March 1995, the Haemophilia Society launched a campaign aiming to resolve the financial disparity, in respect of compensation administered, between individuals affected with HIV, who were able to apply for financial assistance, and those with hepatitis C, who were not [DHSC0006327_078; DHSC0006961_169].
- Were you involved in the discussions that took place to consider the issues raised by the Haemophilia Society's campaign, such as ex-gratia payments and the setting up of a hardship fund for those infected with hepatitis C as a result of contaminated blood products?
 - If so, please provide details. You may also find DHNI0000054_038 and DHSC0006946_046 of assistance.

25.1. No.

26. On 6 April 1995, Mr McGrady, MP, wrote a letter to Mr Moss, DHSS, in relation to the Haemophilia Society's recent campaign [DHSC0006522_059]. Within this correspondence Mr McGrady asked Mr Moss to indicate the steps taken by the DHSS in respect of financial awards for patients infected with hepatitis C from contaminated blood products. On 31 May 1995 you wrote a letter to Mr Moss where you relayed that Mr McGrady had since received an unfavourable response from the Minister and as such was urging for financial compensation to be made to those infected with hepatitis C [DHNI0000054_040]. Within this letter you further noted:

"As a result of the haemophilia Society's campaign the DoH (London) prepared a standard response indicating that the Government does not propose to pay compensation since there was no question of negligence on the part of the NHS and that it believes that the most effective use of resources is to seek to improve the understanding, management and treatment of the disease. This formed the basis of the Minister's reply to Mr McGrady . . . Officials are presently considering the feasibility of such a compensation scheme but it is a complex matter with political, legal, medical, ethical and financial considerations which will take some time to resolve. It is likely to be the subject of Ministerial correspondence in the near future. In the meantime it would be premature to make any concession to Mr

McGrady and it is recommended that Ministers should hold to the standard response."

- a. Were you involved or privy to any discussions relating to the decision to maintain this 'standard response'?*
- b. Why, at that time, did you feel it was too 'premature' to make any concessions to Mr McGrady's call for action in respect of compensation to those infected with hepatitis C from infected blood products?*
- c. To the best of your knowledge, why were there opposing stances on this matter?*

- 26.1. Even though not within the policy responsibility of my branch and because no other branch would accept responsibility to deal with letters from MPs on the compensation subject, it was decided, for reasons that escape me, that Health Promotion Branch should deal with such correspondence. The letter from Mr McGrady came directly to me from the Private Office asking me to deal with it. I dealt with it by way of a written submission to the Minister and drafted a response to Mr McGrady. At the time, I objected to having to deal with it to my line manager as we were not adequately resourced to deal with correspondence on this matter, nor did I have any knowledge or experience of the issues.
- 26.2. In respect of question 26(a), yes, I passed on the line approved by Ministers in London. The policy in Northern Ireland, as I understood it, was to follow the policy adopted in London.
- 26.3. I felt it was too premature to make any concessions to Mr McGrady's call for action in respect of compensation to those infected with hepatitis C by blood or blood products because the matter had not been firmly decided by the Department of Health in London.
- 26.4. To the best of my knowledge, there were opposing stances on this matter because the infected people wanted compensation but the Government was

not willing to concede that there had been any fault and, therefore, no compensation should be payable.

Section 4: Financial support for those infected with hepatitis C

27. *When you took up your role in the Health Policy Promotion Branch, what was your understanding of (a) Government policy on whether or not there should be a financial assistance scheme in place for those infected with hepatitis C blood or blood products? and (b) the reasons underpinning Government policy? Did the DHSSNI's stance on this matter align with the Government policy? You may also find DHSC0032333_101 and DHSC0006522_059 of assistance.*

27.1. In 1985, this was not an issue.

27.2. There was no policy on a financial assistance scheme in 1985. Generally, however, it was DHSSNI's policy to follow the policy of the Department of Health in London.

28. *On 30 June 1995 you penned a written response, on behalf of the Secretary of State for Northern Ireland, in respect of compensation for hepatitis C to a constituent who was infected with hepatitis C along with her son [DHNI0000054_008]. You noted the following:*

'The Government does not accept, however, that there has been negligence and has no plans to make payments to such patients. It is the Government's view that the most effective use of resources is to seek to improve the understanding, management and treatment of the condition. In this way the impact of the disease on individual patients and their families can be minimised.'

- a. *To the best of your recollection what informed the Government's position towards financial support at this time?*
- b. *Did the DHSSNI's views align with the Government position outlined in your letter dated 30 June 1995?*

- 28.1. I used the stencil letter provided by NHS Executive on 26 April 1995 [DHSC0006946_046] to write the letter [DHNI0000054_008]. As far as I understood it, the Government did not accept that there had been fault and therefore compensation should not be payable.
- 28.2. Yes, because DHSSNI's policy was to follow the Government position in London.
29. *Why did the Government not provide a compensation scheme during your tenure for those infected with blood borne viruses as a result of NHS treatment? Looking back now, do you consider that was the right decision in all the circumstances? You may also find DHSC0003595_002 of assistance.*
- 29.1. As far as I understood it, the Government did not accept fault and therefore no compensation was payable. The Government was concerned that there would be a deluge of claims from other people who had suffered through health service treatment but where fault had not been established.
- 29.2. I do not have sufficient information or knowledge to say whether the decision was right. I respectfully leave that for the Inquiry to determine.
30. *A letter dated 25 May 1995 from Richard Schofield, Department of Health, to Ian Snedden, Scottish Office, was copied to you. It noted potential difficulties in regards to whether payments should be made to haemophiliacs infected with hepatitis C, such as that 'the proposals to link payments to social needs and the degree of harm suffered would be very difficult to establish and the (clinical) judgements required would also make it costly and complex to administer.' [SCGV0000165_046]. Were these views that you shared at the time? If so, could you explain why? If not, please explain what you believe could or should have been done differently. You may also find SCGV0000166_054 of assistance.*
- 30.1. As far as I recall, I did not consider seeking the views of my Minister because the Department's policy was to follow the policy of the Department of Health

in London. I do not have sufficient information or knowledge of the issues to say what could have been done differently.

31. *An unnamed hand-written note refers to phone calls received from both yourself and Peter Davenport in relation to a letter by Roger Schofield (Head of the Operational Policy Unit, NHS Executive) on the subject of hepatitis C [SCGV0000165_055; DHSC0006946_010; DHSC0003552_165]. It relays that both Wales and Northern Ireland were 'concerned about the financial implications of what seems to be a 'marked softening' of the Department of Health's attitude towards compensation. Would you say this was a fair characterisation of the DHSS's view on compensation for hepatitis C at that time?*

31.1. I have no recollection of this phonecall and cannot say if it is a fair characterisation of DHSS's view.

32. *To what extent, if at all, was the Northern Irish Government's decision not to establish a financial assistance scheme because of a need, whether actual or perceived, to align with the position in Westminster?*

32.1. I have no knowledge of this.

33. *What was the reasoning for not setting up a financial assistance scheme for those infected with hepatitis C via blood and blood products, when a scheme was in place for those similarly infected with HIV? Did you agree with this disparity? Please explain your views. You may also find DHSC0006933_046 of assistance.*

33.1. I do not know.

34. *In a letter dated 13 October 1995 from Mr K Guinness, NHS Executive, to Ian Snedden, Scottish Office, to which you are copied in, Mr Guinness states "it is important that we keep in regular touch over this issue to ensure a consistent presentation of policy" [SCGV0000166_054]. This was in relation to financial support for those infected with hepatitis C by infected blood products / transfusions. Was consistency of approach within the DHSS as a whole an*

influencing factor in the overall resistance to financial support for those infected with hepatitis C from infected blood products?

- 34.1. Yes, as far as I understood it, consistency of approach was the policy of the DHSS.

Section 5: Look-back programme

35. On 4 May 1995, you wrote a letter to Mr Schofield at the Department of Health, London, in respect of funding for the hepatitis C look-back programme [DHSC0002556_003; SCGV0000165_057].
- What was your role within the Health Policy Promotion Branch in relation to the hepatitis C look-back programme?*
 - Was the DHSSNI actively involved in the formulation of this look-back programme and/or the securing of funding?*
 - What was your opinion, at that time, on the Department of Health funding a hepatitis C look-back programme? Was there a preference, if any, between funding the programme centrally or requiring the costs to be met by Commissioners?*
 - What funding applications for a look-back programme, if any, were made by the DHSSNI?*
- 35.1. I had no role in the hepatitis C lookback exercise and have no memory of the issue.
36. On 29 March 2001 you were copied into correspondence from Dr Nicholas and Gerry Robb on the subject of hepatitis C infected health care workers and recommendations of advisory group on hepatitis on lookbacks. This letter notes that "lookback exercises would only be carried out if there was evidence that a hepatitis C infected health care worker had transmitted infection to patients."
- Did you agree with this position?*
 - How, at that time, did you think the lookbacks should have been carried out and on what basis?*

- 36.1. I have no memory of this issue and was never involved in a lookback exercise on any issue.

Section 6: Protecting healthcare workers and patients from hepatitis B and C

37. A letter dated 19 January 1994 from the Chief Medical, Dental and Nursing Officers to Directors of Public Health, amongst others, listed you as a member of an implementation group [DHNI0000095]. The email's subject matter was that of protecting health care workers and patients from hepatitis B.

- a. Could you characterise what the mandate of the implementation group was that you were involved in?
- b. What was your role as a member of the implementation group for DHSSNI at these meetings? Were you directly involved in issuing guidance?

- 37.1. (a) I cannot remember being a member of this implementation group; my memory has not been jogged by reading document DHNI0000095.

- 37.2. (b) I cannot remember my role.

38. On 10 January 2001 you were copied into a letter from Dr Nicholas and Gerry Robb to Rachel Dickson (CMO) and the Secretary of State on the subject of hepatitis C infected workers [DHSC0034164]. To the best of your recollection what support, precautions and/or training, if any, were given to infected health care workers during your tenure within the Health Policy Promotion Branch at DHSSNI?

- 38.1. I have no recollection of this issue; it was not in my area of responsibility.

Statement of Truth

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

Signed

GRO-C

Dated: 19 December 2022