

Friday, 12 February 2021

(10.00 am)

DAVID GEORGE WATTERS, continued

Further questions by MS RICHARDS

SIR BRIAN LANGSTAFF: Good morning, Ms Richards.

MS RICHARDS: Good morning.

SIR BRIAN LANGSTAFF: Good morning, Mr Watters.

A. Good morning.

SIR BRIAN LANGSTAFF: You are at home with partner and dog?

A. Indeed, indeed, yes.

SIR BRIAN LANGSTAFF: I'm still at home.

Ms Richards, you're still in Fleetbank House.

MS RICHARDS: I am, with the same very small team of individuals here.

SIR BRIAN LANGSTAFF: Yesterday, Mr Watters, you had an audience of around about 220 or so. It obviously varies a bit from time to time but that's broadly the audience you are addressing beyond the room. So welcome to them, and Ms Richards.

MS RICHARDS: Mr Watters, yesterday we'd looked at an internal DHSS minute of 16 November 1989 which referred to an earlier minute from Mr Heppell of 10 November 1989. We've located that overnight, the 10 November memo, and I know that you've seen it now.

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Society has been criticised by some for accepting an inadequate GBP 10 million for the Macfarlane Trust and they do not want to be put in the same position again. Their aim is to obtain compensation but they would be happy not to call it that as they recognise the difficulties for Government in making any payment which implied acceptance of any liability on its part, on the part of the NHS or on the part of Committee of Safety on Medicines."

Then if we go over the page, we pick it up in paragraph 5, the second paragraph on page:

"The plaintiffs have seen press reports of payments in other countries, usually the generous end of the scale, and this has raised expectations. The Society's present view, having consulted lawyers, is that a sum of GBP 120 million - on average around GBP 100,000 a case - would be required to bring legal action to an end."

Then --

SIR BRIAN LANGSTAFF: Just pausing there, it was paragraph 5, wasn't it, of this minute which reference was made to in the document we looked at yesterday?

MS RICHARDS: It was, sir, yes. That's absolutely correct.

SIR BRIAN LANGSTAFF: This is what this said, right?

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We'll put that up on the screen.

Soumik, it's DHSC0004415_155.

We can see there -- if we zoom in on the top half of the page, we can see it's a memo from Strachan Heppell dated 10 November 1989, and then if we go down a little we can see under the heading "Haemophiliacs with AIDS/HIV":

"MS(H) [that's the minister of state for health] will want to have a brief account of my meeting with [Reverend] Tanner and Mr Watters of The Haemophilia Society and also Mr Chisholm of GJW Government Relations ... we shall be preparing a fuller agreed note of their views but this sets out their main concerns. The note below also takes account of further information from Mr Watters this morning."

Then we can see under the heading "The Society's position", it says:

"The Society is interested in promoting an out of Court settlement as the Court action is likely to drag on over a number of years and any compensation awarded would come too late for many of their members.

"3. The Society would commend a settlement to its members but only if the amount were sufficient to win the support of the plaintiffs solicitors. The

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MS RICHARDS: Exactly. Then paragraph 6:

"The Society would prefer the payment to be kept separate from the Macfarlane Trust. Since Trust payments are based on need the plaintiffs do not feel they are in control of their own affairs."

Mr Watters, do you have a recollection of the meeting that and the Reverend Tanner and Mr Chisholm attended with Mr Heppell?

A. Yes, I do now.

Q. Is this, as far as you can recall, a broadly accurate account of that meeting?

A. Broadly accurate. I mean, there is a certain amount of Civil Service licence used in it. At the bottom of the first page, where it said that we were happy to call it something else, I think we were told we would have to be happy to call it something else rather than us naturally saying we would be happy.

Q. Is it correct -- again, if we go back to the first page, please, Soumik -- in the bottom paragraph, is it correct that the Society was concerned that it had been criticised by some for accepting GBP 10 million for the Macfarlane Trust?

A. The minute doesn't say that. It simply says that we had been criticised.

Q. Yes:

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1 "... criticised by some for accepting an
2 inadequate GBP 10 million for the Macfarlane Trust and
3 they do not want to be put in the same position
4 again."

5 A. Yes.

6 Q. Was it correct, as a matter of fact, that the Society
7 had been criticised by some for that reason?

8 A. Yes, yes, indeed.

9 Q. Then if we go over the page to the paragraph the
10 chair drew attention to, paragraph 5, we can see there
11 a global sum of 120 million being suggested, which
12 would break down to GBP 100,000 a case, then we see
13 how that's modified in the document that we looked at
14 yesterday.

15 Is this a correct understanding of what the
16 Society was here doing? If it's not, please do say
17 so.

18 The Society wasn't making a formal offer to
19 settle litigation but was suggesting a kind of
20 ballpark figure that it thought the Government should
21 consider that the Society might feel able to recommend
22 to its members; is that right?

23 A. That is correct. But I should possibly provide some
24 more information about the having consulted lawyers
25 business. The lawyers representing litigants with

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1 advice at the time". The second was, apparently, to
2 emphasise what was said to be "very considerable
3 disadvantages for the Societies and for the
4 haemophiliacs ... in pressing on with the
5 proceedings". And the third was saying the figures
6 that the Society "had in mind were very high."

7 Can you recall any conversation about the
8 Government's position or do you have any observations
9 to make upon these points?

10 A. My guess is that they would reflect what was said to
11 us at the time, and the only thing I would challenge
12 is the best advice at the time, because the advice to
13 the Government for some long time had been to achieve
14 self-sufficiency, which they had failed to do, and it
15 was as a result of that that they were facing this
16 challenge from us.

17 Q. It might be said that what's being said here by the
18 Government was aimed at discouraging the Society from
19 expecting too much by way of an offer from the
20 Government. Can you recall whether that was your
21 impression of the meeting?

22 A. That was indeed the impression of the meeting, yes.
23 It was going to be the minimum possible buy-off, as
24 indeed the initial 10 million had been.

25 Q. Do you have any other recollection of the meeting

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1 haemophilia came from across the country and they
2 formed a steering group, and that steering group would
3 communicate with us and we would communicate with the
4 steering group, and this would have been a figure that
5 emerged from a conversation with the steering group of
6 lawyers.

7 Q. I don't think we need to go back to it but the
8 document we looked at yesterday records you having
9 said that, having consulted again with lawyers, the
10 sum of 86 million would be required. Is it right to
11 understand that in the same way, as reflecting
12 a further conversation that you had or the Society had
13 had with the steering group?

14 A. I guess so but I've got no recollection of that.

15 Q. Then if we just look at the bottom half of the page,
16 under the heading "Government's position", it says
17 there:

18 "The aim of the meeting was to enable the
19 Society to explain their views, so it was not the
20 occasion to enter [into] a lengthy debate on the pros
21 and cons of the Society's position. I did, however,
22 take the opportunity to make three points ..."

23 Then those three points are set out.

24 The first was the Government couldn't "concede
25 liability for action taken on the best available

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1 other than what you've told us and what's set out
2 here?

3 A. Not really. Nothing helpful I don't think. But
4 I would say that the Society at this point were
5 between a very hard rock and a hard place because we
6 were getting phone calls from people saying: My
7 husband's died, I can't feed the children. How am
8 I going to get shoes? I need to visit my husband in
9 hospital. There's no public transport. I need a car.

10 And requests -- heart-breaking requests like
11 that -- that we couldn't possibly meet from our own
12 extremely limited funds, which is why we were so keen
13 to see something additional that would help people
14 with haemophilia take charge of their own lives rather
15 than have to go with a begging bowl to a charitable
16 trust every time they needed something and justify
17 themselves and fill in forms and so on.

18 Q. Thank you.

19 I'm going to ask you to look next at a slightly
20 earlier document which I think is in the late stages
21 of the decision-making in relation to the initial
22 10 million.

23 It's CABO0100001_002, please, Soumik.

24 So you'll see here again this is a document
25 I think you've seen for the -- is this right, you saw

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1 it for the first time yesterday?

2 A. Indeed, yes.

3 Q. We can see it's a memorandum by the Secretary of State

4 for Social Services, who I think may have been

5 John Moore at this point in time. It's dated

6 4 November 1987, and it's a memorandum for the

7 purposes of the Cabinet's Home and Social Affairs

8 Committee subcommittee on AIDS.

9 We can see the position set out on the first

10 page by way of background. It refers in the second

11 paragraph to 40 of the approximately

12 1,200 haemophiliacs infected having already died and

13 says:

14 "The prognosis for the remainder is bleak."

15 Then if we go to the second page, please,

16 Soumik, we look at the top half of the page, we can

17 see there there's a heading "The Haemophilia Society

18 Campaign for Special Assistance". So this, as

19 I understand it, is the first campaign, the campaign

20 that we've seen in documents in 1986 and 1987.

21 If we just look at the second and third

22 paragraphs:

23 "It is clear from the correspondence we have

24 received from MPs and from an Early Day Motion that

25 the campaign enjoys the support of many Government

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1 "To date no special case for financial help has

2 been conceded. Our grounds have been that there is no

3 difference in principle between haemophiliacs and

4 others damaged in the course of their medical care."

5 Then, "The case for Special Treatment", bottom

6 of the page:

7 "The Haemophilia Society have obtained

8 Counsel's opinion that the prospect of claims for

9 negligence succeeding is remote in the majority of

10 cases; and that in any event legal proceedings would

11 take too long to meet their urgent needs.

12 Consequently, the Society is not making its case on

13 legal grounds but appealing to the Government's moral

14 responsibility."

15 We saw yesterday and I asked you about the

16 Society's having shared the upshot of its legal advice

17 with the Government. Were you aware, again through

18 your discussions and meetings with the ministers or

19 civil servants, that that advice was being considered

20 by ministers and shared with this Cabinet committee?

21 A. Could you repeat the question?

22 Q. Yes. Were you aware, from your meetings with civil

23 servants and ministers, that the advice that you'd

24 received was being discussed at Cabinet level or

25 discussed within the department?

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1 supporters inside and outside the House and it is

2 unlikely that we shall be able to sustain the present

3 line.

4 "4. The Society have successfully got across

5 their view that the haemophiliacs' problems with AIDS

6 is due to Government's failure to ensure

7 self-sufficiency in blood products. Whilst unfair

8 this is difficult to refute convincingly in

9 presentational terms."

10 Now, in the course of any of the

11 discussions/meetings that you and your colleagues and

12 the Society had with civil servants and ministers as

13 part of this first campaign, were you aware of the

14 Government's position being that your arguments were

15 "difficult to refute convincingly in presentational

16 terms"?

17 A. No, this is the first time I've actually seen that in

18 so many words.

19 Q. Were you aware and was there any discussion about

20 their view that the Society's argument was "unfair"?

21 A. Not at all.

22 Q. Then if we look at the bottom of the page, bottom half

23 of the page, we can see in paragraph 5 what is then

24 set out as the "Present line", which the Secretary of

25 State has earlier said may be difficult to sustain:

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1 A. I've got no recall of that at all.

2 Q. Do you recall in any of your meetings in this stage in

3 the first campaign, 1986/87, the question of the

4 Society's legal advice coming up in the meetings at

5 all?

6 A. What would have come up in the meetings was our very

7 great concern that the matter had to be dealt with

8 urgently, in order to meet the needs of which I've

9 already spoken about.

10 Q. Then if we go to the next page, we can see the

11 Secretary of State continuing in the top half of the

12 page:

13 "I believe that we must accept that

14 haemophiliacs face a unique set of problems."

15 That's then articulated. The next paragraph

16 identifies the affected haemophiliacs as forming:

17 "... a distinct, identifiable and finite group

18 which makes it feasible to devise a one-off solution,

19 which could be defended as a 'special case'."

20 Then if we go to the bottom of the page,

21 paragraph 11:

22 "There seem to be two main options for

23 providing financial help in a way which reflects the

24 special nature of their case ..."

25 If we go over the page, we can see set out in

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the top half the first option, which is:

"... for Government to give directly a once and for all lump sum to each infected haemophiliac in recognition of each haemophiliac's particular circumstances. We might provide £10 million in total, which would be approximately £8,300 for each of the 1,200 infected haemophiliacs.

"Second to give a once and for all lump sum, of up to £10 million to The Haemophilia Society to administer, and distribute to cases of need on the lines of the Family Fund. Payments would be made to haemophiliacs and dependents, including wives infected by haemophiliac husbands."

Then having identified those two options, paragraph 12 if we can look at that says this:

"The second option is particularly attractive as it minimises Government intervention; and it would be consistent with the policy of not accepting any direct responsibility for damage caused in this way."

First of all, were you aware, again from your discussions, meetings and conversations with civil servants and ministers, that the Government favoured the second option, which we know is the option that they went with, because it minimised Government intervention?

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that. This was a policy of not accepting any direct responsibility for the damage caused in this way. Did they ever say anything like that in terms to you, as far as you can recall?

A. Not as far as I can recall.

Q. Thank you.

I'm going to move now to ask you to look at a handful of documents relating to the possibility of campaigning for compensation in relation to hepatitis C, Mr Watters. So we're moving to 1990 now.

If we could have up on screen, please, HSOC0010409, please. We can see this is a meeting of the Executive Committee on 11 January 1990. It doesn't appear as though you were there, Mr Watters, but there is a reference to your report and that's what I want to take you to. So if we go to the bottom of page 3, please, of this document, we can see in the last paragraph it refers to a report from the General Secretary, which was your title by this time, which had been circulated in advance and the point I just wanted to ask you about that was this:

"Hepatitis: It was agreed that the General Secretary should look into the position of a number of people who, while free of HIV infection, had suffered severe liver damage and the prospect of compensation

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A. That kind of isn't how the system works, I'm afraid.

We had no knowledge of anything at all after we left that meeting and this note was compiled after our meeting.

Q. Yes. This is unrelated to the meeting we just looked at. This from 1987. So this is a document from November 1987 but obviously you had had meetings, I think, with civil servants and the Department in pursuit of your campaign. I absolutely understand this is a document that you would not have seen and was not shared with you. The question is simply: are the points that are being made here by the Government points which they shared with you in the meetings you had?

A. No.

Q. So the issue of minimising Government intervention didn't come up in your meetings?

A. No, no. No, no.

Q. Did it come up in your meetings that the Government had a policy of not accepting any direct responsibility for damage caused in this way?

A. We knew that the Government weren't prepared to admit liability.

Q. So you understood they weren't prepared to admit any legal liability. This might be said to go wider than

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associated with that condition."

So would it be right to understand this as the point in time at which the Society effectively first turned its attention to considering exploring compensation for non-HIV-infected patients infected with hepatitis C?

A. From this minute, that would appear to be the case but I would have to accept your word that it didn't feature in any previous minutes.

Q. I'm certainly not asserting with confidence it never featured in any previous minute but I think -- I am going to show you a trail of documents from 1990 through to 1991 and beyond, just to get a sense. It's certainly been identified here as an initiative for this point in time. Perhaps we can agree on that?

A. Yes.

Q. Then if we go to HSOC0024271, please. So this is a report at the beginning of the following month, 2 February 1990, "General Secretary's Report to The Executive Committee", and if we go to page 6, please, if we look at paragraph 28, which is in the bottom half of the page, under the heading "Hepatitis", you have said this:

"Following the last meeting I wrote to Dr Rizza about the hep problem and the possibilities of

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compensation, et cetera. Dr Rizza needs time to consider his position on this in view of the current litigation and will discuss the situation with Regional Directors and their lawyers. In the meantime we could possibly put a short piece in UPDATE seeking those who have been caused severe liver damage as a result of their use of blood products?"

Mr Watters, the question I have for you is this: having decided to look at the possibility of compensation for haemophiliacs infected with hepatitis C, why write to Dr Rizza, involved in litigation for the authorities already being sued, why was it thought that someone already involved in litigation, who might have a position to defend, would be the right person to ask for advice?

A. Dr Rizza was the custodian of the central register of people with haemophilia in the United Kingdom and what I was trying to determine from him was the scope of the problem, which would be available from the annual returns.

Q. Why would that require him to discuss the situation with regional directors and their lawyers, however?

A. I don't know what was in his head at that time.

Q. If we then look at HSOC0017204, we'll see this is a policy committee meeting on 9 June 1990 and you are

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"... [we don't have] the co-operation of Centre Directors."

Again, why would you expect or need the co-operation of centre directors in order to pursue the question of compensation for patients?

A. I would have no recall of that.

Q. If we then go to -- so that was June 1990. We'll move to September 1991, HSOC0012305. This is not a letter written by you. It's a letter written by Mr Graham Barker, 23 September 1991. It's to Dr Hay:

"Haemophilia and Hepatitis.

"The Society is beginning to look at the question of hepatitis and haemophilia. As a first stage we have set up a project team to identify possible areas of action and I am writing to you to seek your comments and views on our initial ideas."

Then I won't go through the detail of the letter but Mr Barker asks a number of questions about the problems in relation to hepatitis C and then if we go to the next page and look at the bottom half of the page, we can see there there's a reference to research:

"The Society itself funds very little research but is willing to promote research by others. Are there any particular areas ... where you believe more

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in attendance at this meeting. If we go to the bottom of the second page, please, we can see the very bottom of the page, hepatitis C:

"At the present time it was agreed that we were neither for or against pursuing compensation for people infected with hepatitis C as a result of treatment with blood products. We have neither the resources to tackle the issue nor the co-operation of Centre Directors."

In terms of resources to tackle the issue, what was the difficulty there in terms of the Society's own resources?

A. Well, we were still quite a small organisation. Jonathan Cooper by this time, now Jonathan Cooper QC, had joined the staff but, even with those extra pair of hands, in light of everything we were doing on HIV, it was felt, clearly felt, by the policy committee that we lacked the resources.

Q. By resources are you talking about, as far as you can remember, is that human resources, not enough people to deal with the issue?

A. That's what would occur to me. I mean, it I may be lack of human resources as a result of a lack of financial resources and, indeed, office space.

Q. Then the second part of that sentence says:

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research might prove effective?"

Then in terms of compensation:

"There have been suggestions that there may be some cases where a person with haemophilia, and hepatitis might seek legal compensation. At present the Society is doing no more than referring individuals who come forward to an appropriate lawyer."

So that would appear to be the Society's position in September 1991 and information's being sought here from Dr Hay.

Can I ask you to tell us what was the project team? Can you assist us with that?

A. Do you mean who comprised --

Q. Not so much who comprised it but what was its role and purpose?

A. I guess it's -- I've got no direct recall but my guess would be that it was to look into issues like -- it would help me if we could go back to the minute, rather than this letter, which incidentally wasn't only sent to Dr Hay, it was sent to three other centre directors as well.

Q. Yes, it was sent to Dr Lee and Professor Preston and I think possibly another.

A. Dr Mayne --

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1 Q. Dr Mayne.
 2 A. -- and at this stage Graham Barker had replaced
 3 Jonathan Cooper who had set off on his pursuit of
 4 a legal career.
 5 Q. Mr Watters, were you directly involved with the
 6 project team?
 7 A. As General Secretary, as the person ultimately
 8 responsible, I would have been involved but I wasn't
 9 directly involved. This was very much in the hands of
 10 the Executive Committee and the policy and development
 11 manager.
 12 Q. Okay. Well, it may be a question I can pose to
 13 others, in that case, or an issue I can explore
 14 further with others. Can I show you the minutes of
 15 the Executive Committee meeting then from
 16 November 1991 and just ask for your observations on
 17 that.
 18 Soumik, it's ARCH0002721. So you'll see here,
 19 Mr Watters, it's a meeting of the Executive Committee
 20 on 14 November 1991. You were in attendance in your
 21 capacity as General Secretary and if we go to the
 22 third page, and we look at the first paragraph, which
 23 has been highlighted in yellow on this copy. So
 24 "Hepatitis":
 25 "Mr Milne reported that the Project Team

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1 the Society was taking the view in November 1991 that
 2 it should not regard hepatitis as a major concern?
 3 A. Apart from what is in the minute, I've got no
 4 independent recall of it and it would really be down
 5 to those directly involved because I was not directly
 6 involved. Mr Barker did the research and a report was
 7 clearly compiled by Mr Taylor and Mr Dickason, based
 8 on those findings.
 9 Q. As I say, in that case, again, it may be that that's
 10 a question I can more usefully direct to others.
 11 In any event, that seems to be the position as
 12 at November 1991. The project team's going to be
 13 disbanded, hepatitis is not going to be a major
 14 concern. I just want to show you a document, which
 15 I think is probably a document compiled by The
 16 Haemophilia Society subsequently, which is
 17 a chronology of kind. It's HSOC0015185. We can see
 18 it's headed "Hepatitis C Campaign", and it appears to
 19 be a summary from various Haemophilia Society
 20 documents. So the first is a reference to the project
 21 team that we can see set out there, the minutes that
 22 we just looked at.
 23 Before I move to the next date, can I ask you
 24 this, Mr Watters, for your comment: reading what's set
 25 out in minutes of 14 November, which we've just looked

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1 consisting of Mr Dickason and Mr Taylor, along with
 2 Mr Barker and Mr Watters, had completed the brief on
 3 hepatitis. Mr Taylor told the committee that, having
 4 contacted experts in the field and having received
 5 comprehensive reports on the current thinking on the
 6 subject, the Team had concluded that hepatitis should
 7 not be a major concern for the Society. 80 per cent
 8 of people infected with HCV and HBV would show no
 9 clinical signs and the treatments available were
 10 limited; the understanding of the progression of liver
 11 disease could only be established through liver
 12 biopsies, now considered unethical. The team felt
 13 that the Society was in danger of creating concern and
 14 worry where they need not exist. Publicity and high
 15 profile coverage would be out of proportion to the
 16 threat that actually existed. Mr Taylor proposed that
 17 a fact sheet on hepatitis be prepared and a request
 18 made that the Project Team be discharged from its
 19 duties; the Committee agreed, and thanked Mr Taylor
 20 and Mr Dickason for the useful work they had
 21 accomplished."

22 Now, we can certainly look at the advice the
 23 committee had received from experts, from Lee, Hay and
 24 Preston, if it will assist, Mr Watters. Are you able
 25 to assist us in understanding in any more detail why

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1 at but which is summarised again there, it would
 2 appear that the same concerns or similar concerns to
 3 those which had underpinned the Society's actions in
 4 the first half of the 1980s in relation to AIDS are
 5 being repeated here, the desire to avoid creating
 6 concern and worry, to not alarm people. Is that fair,
 7 that that's partly what's driving the Society, just as
 8 it had driven the Society in the first half of the
 9 1980s?

10 A. I can't see the link from what's in front of me.

11 Q. You look at what is set out for 14 November 1991, if
 12 we pick it up, the last five lines or so:

13 "The team felt that the Society was in danger
 14 of creating concern and worry where they need not
 15 exist. Publicity and high profile coverage would be
 16 out of proportion to the threat that actually
 17 existed."

18 It might be said that there's an echo of the
 19 kind of concerns you told us about in the first half
 20 of the 1980s, where you wanted to allay distress,
 21 prevent members from becoming worried.

22 A. That's a direct lift from the minutes of the meeting
 23 on 14 November, of course --

24 Q. It is.

25 A. -- and as such it could reflect that, yes.

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1 Q. Do you have any broader recollection of your own of
2 that being part of the Society's thinking at the time?
3 A. No.
4 Q. Right. Now, it then appears, if we look at the next
5 entry on this document, and I'm doing this as
6 a shorthand rather than looking at lots and lots of
7 underlying documents, that only two months later or so
8 you're proposing that the project team be resurrected
9 because of new developments. Are you able to assist
10 us in understanding why there was this apparent
11 about-face by the Society in February 1992?
12 A. Well, according to this summary, it says there's been
13 significant new -- well, a number of new developments
14 and this was a very fast-moving time and, viewed with
15 hindsight, it might seem strange and out of kilter but
16 developments were moving very fast and this was
17 an example of a fast response to a changing
18 situation --
19 Q. If we --
20 A. -- as you present it here but, as I say, I've got no
21 independent recollection. This is still 30 years ago.
22 Q. I understand that, Mr Watters. If we look at the
23 second half of the page, and again it may be that you
24 can't assist us with this but we can see that, having
25 resurrected the project team in February 1992, it's

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1 resurrected our actions.
2 Q. So you've no independent recollection that would
3 assist, okay.
4 A. No.
5 Q. More broadly, in relation to the Society's campaigning
6 for compensation, did the Society ever consult its
7 members about their objectives in obtaining
8 compensation?
9 A. I think the direct consultation was a kind of ongoing
10 thing, in as much as we were an approachable
11 organisation and people represented their views to us
12 and then we had the meeting referred to in that
13 chronology that you showed, where we invited people to
14 come, and I guess we paid their expenses to come and
15 represent their views.
16 Q. Forgive me, the question's not just limited to
17 hepatitis C, it's a broader one. At any stage during
18 the time you were working with The Haemophilia Society
19 and involved in campaigning for compensation, so that
20 might be HIV or it might be hepatitis C, can you
21 recall any direct consultation with the membership as
22 a whole?
23 A. No.
24 Q. So you would have gleaned --
25 A. I say no but, you know, then something comes to my

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1 then two years later, February 1994, we can see
2 there's the first Hepatitis Awareness Day and if we go
3 over the page -- this takes us into 1994. I'm going
4 to ask you about your departure from The Haemophilia
5 Society later on this morning but what was the month
6 in which you left The Haemophilia Society?
7 A. I can't remember. I think it was October.
8 Q. Okay. Well, in that case, I think, Mr Watters,
9 because I was next going to take you to an entry for
10 November, it doesn't sound as though that would be
11 a very worthwhile exercise.
12 Can I then ask you perhaps some more general
13 questions that indeed I've been asked by Core
14 Participants to ask of you. Was the Society slow to
15 recognise the circumstances of those infected with
16 hepatitis C and slow to start campaigning in relation
17 to hepatitis C and the possibility of compensation, in
18 your view?
19 A. I think we responded to the research and the science
20 and the information that we received, and I think
21 that -- although I've got no independent recollection
22 from this distance, it shows in the fact that there
23 were clearly significant developments of some sort
24 between November and the following February, the
25 November of 1991 and the following February, when we

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1 mind about questionnaires that we sent out but it is
2 just the vaguest whisper of a memory and it would rely
3 very much on close scrutiny of the documentation in
4 The Haemophilia Society.
5 Q. I'm going to ask you next about an observation you
6 make in your statement, Mr Watters. It's WITN3429001.
7 If we go to page 73, please, we pick it up at the
8 bottom of that page in paragraph 163, you say this:
9 "I believe that the call for compensation for
10 people with haemophilia who were infected with
11 Hepatitis were starting at the time of my departure
12 from The [and we go over the page] Society. From
13 recollection, the Executive Committee had to be very
14 careful that it did not portray people with
15 haemophilia as people were always asking for more. As
16 a result" --
17 **SIR BRIAN LANGSTAFF:** "People who" there perhaps.
18 **MS RICHARDS:** Yes, I think so.
19 **SIR BRIAN LANGSTAFF:** "... people who were always asking
20 for more."
21 **MS RICHARDS:** "As a result, the Executive Committee may
22 not have pursued this with the enthusiasm that it
23 should have in hindsight -- the great informer of all
24 time. There was always a fine balance to be struck
25 between preserving the good name of people with

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haemophilia and ensuring that they received the support they required from Government."

Mr Watters, I wanted to ask you about your comment about the risk of people with haemophilia being portrayed as people who were always asking for more. Can you elaborate upon that for us?

A. My elaboration would be based on the loosest memory, that that was advice we received from GJW Government Relations, who were in much closer touch with political opinion and, through that, public opinion, than possibly we were.

Q. Then further down in that paragraph you say:

"... always a fine balance to be struck between preserving the good name of people with haemophilia and ensuring they receive the support they required from Government."

Why would seeking financial support for people whose health and lives had been damaged, why would that not preserve the good name of people with haemophilia?

A. As I say, we were basing it on the advice of our political advisers.

Q. Returning then briefly to the HIV litigation, did you or the Society ever give advice to the litigants involved to accept any particular out of court

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I understand it, Mr Watters, you were not a trustee of the Macfarlane Trust in its early years?

A. Certainly not, no.

Q. You attended various meetings relating to it, you assisted with administrative matters, you raised issues about drawing up policies and the like; is that correct?

A. Yes. I took part in formational meetings, if you like, because this was a completely new trust, being established from scratch, that the Trust had no contact with people with haemophilia at all and it was down to us to build the bridges between people with haemophilia and the Trust, whatever we felt about the Trust.

Q. Then if we look at this document, it's dated 28 January 1988 it's authored by you and it's titled "Some random & preliminary thoughts on allocations". Was this an attempt to get discussion going about how the Macfarlane Trust might go about establishing criteria or policies for using the GBP 10 million?

A. I guess it was, yes.

Q. I just wanted to ask you about the first paragraph, please, or a comment you make in the first paragraph. You say:

"Whatever is said in the letters which arrive

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settlements or *ex gratia* payments?

A. We would never do that. It's exclusive to the bond between litigant and lawyer, really.

Q. Then you will, I think, have known or heard about what's been described as the undertaking or waiver that litigants were asked to sign in 1991 in relation to not pursuing further claims against the Government.

Is that an issue upon which the Society ever gave any advice?

A. The Society never gave any advice. That was part of the sacred bond between lawyer and client.

Q. Can you recall whether the issue of that undertaking or waiver, was that ever drawn to the attention of the Society as far as you can recall --

A. Oh, yes.

Q. It was. At the time?

A. It was. It was and we were shocked by it but I think we felt unable to do much about it because it was the lawyer-client -- it was up to the lawyers to deal with it because they were conducting the litigation, not the Society.

Q. I've got a couple of questions I want to ask you about the Macfarlane Trust, Mr Watters. The first is by reference to a document which is at HSOC0013404. Whilst we're waiting for that to come up, as

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on my desk (at the rate of one a day at the moment!) GBP 10 [million] is a lot of money that can be used to do a lot of good and relieve much poverty and need. Most of those who are 'passionate' about wanting an equal split of the Fund had that attitude changed by the thought of the widow with three children whose mortgage and home is under threat, but when one opens a honey pot one expects flies!!"

I wanted to ask you to explain what you meant in that last part of the sentence, "when one opens a honey pot one expects flies". Who are you referring to there?

A. By way of background, I had visited a number of other disaster funds to see how they coped with claims for payments and things like that, and what one of their warnings was about people who might claim falsely, and that is what that reference refers to.

Q. Thank you.

Then if we look at your statement, please, in relation to the Macfarlane Trust -- so, Soumik, if we go back to WITN3429001 -- and we go to page 85, I just want to show you two paragraphs and then ask you about them.

So at paragraph 186 you refer to your involvement with the Trust, and then you say in the

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1 last three sentence of that paragraph:

2 "I think it would be fair to say that my
3 relationship and the relationship of The Haemophilia
4 Society as a whole with the Macfarlane Trust at this
5 stage was uneasy. On the whole, it was not a totally
6 happy, co-operative working relationship. They [by
7 which I think you mean the Macfarlane Trust] were an
8 organisation in their own right, as we were."

9 Then if we go to the next page and look at
10 paragraph 189, at the top half of the page, you refer
11 again to the relationship not being "an easy one".
12 You refer to a particular document, which I'm not
13 going to ask you about, about the possibility of
14 improving channels of communication, and then you say:

15 "... in addition, the members of The Society
16 were struggling in obtaining what they felt were
17 sufficient grants from the Macfarlane Trust."

18 Can you assist us with your recollection or
19 your reflections on the working relationship and what
20 was difficult or unhappy about it?

- 21 A. I think that many of the members of The Haemophilia
22 Society who were also members, if you like, of the
23 Macfarlane Trust felt that the constraints placed on
24 the granting of monies in response to need were
25 extremely tight-fisted and mean. That left us in

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1 documentation in relation to that, but we can see here
2 the committee's deciding that an approach should be
3 made to pharmaceutical companies to make a financial
4 contribution to The Bulletin and information services.

5 Did the Society, whether through the Executive
6 Committee or through yourself and Mr Polton, ever
7 consider whether that might give rise to possibilities
8 of conflict of interest or cause for concern amongst
9 your members if the information you were -- the
10 production of the information you were giving to your
11 members was in part funded by pharmaceutical
12 companies?

- 13 A. I think there was a very clear understanding that any
14 contribution made by any pharmaceutical company would
15 not in any way influence the content of any
16 publications that appeared and there would be no kind
17 of editorial overwrite awarded to them.

18 We approached pharmaceutical companies in an
19 even-handed manner, the same as we did with other
20 trusts and the grant-making bodies. And later that
21 was formalised through codes of conduct with the ABPI
22 and people like that.

- 23 Q. In the course of the 80s, and in particular in the
24 first half of the 80s, was there any internal code or
25 policy that the Society had which set out what its

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1 a difficult situation, really, as a kind of punchbag
2 in the middle.

- 3 Q. I'm going to move now to a different topic, which is
4 to ask you a little about the Society's relationship
5 with pharmaceutical companies, which we touched on in
6 the course of your evidence earlier in the week when
7 we looked at some materials relating to the Blood
8 Products Sub-Committee.

9 We've seen that there was contact between that
10 committee and pharmaceutical companies. I want to ask
11 you now about funding.

12 If we go to HSOC0029476_009.

13 We can see this is the meeting of the Executive
14 Committee 6 April 1982 and if we look at the bottom
15 half of the first page, under the heading "Matters
16 arising", it says:

17 "Alternative to Nursing Post: The Executive
18 Committee gave unanimous approval to Mr Polton's
19 suggestion that the pharmaceutical companies be asked
20 to consider making a contribution to costs relating to
21 The Bulletin and the Society's information services.
22 The Co-ordinator and Mr Polton will liaise on this."

23 So we can see there it may have been a request
24 had been made for pharmaceutical companies to fund
25 a nursing post but I would need to check the

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1 approach was to either approaching or receiving
2 donations from pharmaceutical companies?

- 3 A. I'm quite sure that in letters and discussions they
4 would have been reminded that it gave them no right to
5 interfere in the internal operation of the Society,
6 and that's kind of exemplified in the fact that they
7 wouldn't sit on any policy-making or decision-making
8 bodies and things like that.

- 9 Q. We can take that down, thank you, Soumik.

10 Now, I haven't, as we've looked at various
11 minutes over the course of the week, gone to the
12 section of the minutes which record donations, but
13 most of the Executive Committee minutes have a section
14 on donations.

- 15 A. Yes.

- 16 Q. They record donations from a number of sources
17 received in that month, local groups, individuals, but
18 also pharmaceutical companies appear fairly regularly
19 as a source of donation.

20 Bearing in mind the Executive Committee minutes
21 wouldn't, as I understand it, have been publicly
22 available to members, was there any other route by
23 which the Society informed its members about the
24 donations that it was receiving from pharmaceutical
25 companies?

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1 A. Annual reports.
 2 Q. Okay. So that would have been the mechanism?
 3 A. Annual reports were made available to every member of
 4 the Society.
 5 Q. Now, you said it would be made clear to pharmaceutical
 6 companies that they, as it were, shouldn't expect
 7 anything in return, if I can put it colloquially, and
 8 I think you made a similar point in your witness
 9 statement, but what was your understanding of the
 10 motivation of the pharmaceutical companies in offering
 11 sponsorship, in making donations?
 12 A. I think it was to help a small struggling
 13 cash-strapped organisation that wasn't -- that didn't
 14 have the appeal of hearts and strokes and things like
 15 that and so we did have a very limited audience and
 16 a very limited appeal.
 17 Q. Did the Society ever wonder whether accepting
 18 donations from pharmaceutical companies, and notifying
 19 members through the annual report that it was doing
 20 so, that that might convey to members, even
 21 subconsciously or unconsciously, that this was
 22 a product that was in -- or the product produced by
 23 those pharmaceutical companies were in some way safe
 24 or approved by the Society?
 25 A. I don't think it would influence very much the

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1 we've got the Alpha logo:
 2 "Alpha Therapeutic UK Limited.
 3 "A decade of service to haemophilia."
 4 Then there is a fairly detailed article about
 5 Alpha and its activities.
 6 Did the Society, as far as you can recall,
 7 consider whether disseminating a publication with
 8 effectively the name and logo and a detailed article
 9 about a pharmaceutical company, whether that might
 10 convey to its members some form of approval on the
 11 part of the Society for that company and its products?
 12 A. I would have to concede that it might but, again, I've
 13 got no recall of any feedback that said, "Oi, what do
 14 you think you're doing here?"
 15 Q. Did pharmaceutical companies have stalls at or
 16 a presence at or provide merchandise at The
 17 Haemophilia Society events as far as you can recall?
 18 A. Yes. Yes, they did. But they were not allowed to
 19 promote their product. And, indeed, latterly, they
 20 weren't allowed to promote their logos even.
 21 Q. What was it that they were permitted to do during the
 22 time that you were there?
 23 A. Latterly -- well, initially that they could have
 24 a stand so long as it didn't promote their product and
 25 that they were there to answer questions, discuss

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1 decisions made by Haemophilia Centre Directors which
 2 product to make available, because each product was --
 3 had a unique quality that made it suitable or not
 4 suitable for patients, as I'm sure you may have heard
 5 from clinicians.
 6 Q. The question is more about the perception that members
 7 might have gained from --
 8 A. If that was the perception that members gained, it
 9 certainly wasn't one that was voiced to me, as far as
 10 I recall.
 11 Q. Then there's one particular document I've been asked
 12 to invite you to comment on. It's HCDO --
 13 SIR BRIAN LANGSTAFF: Is this on links with pharmaceutical
 14 companies?
 15 MS RICHARDS: Yes.
 16 HCDO0000276_047. This is a publication called
 17 Update. This is No. 3 June 1989, so it's not
 18 The Bulletin.
 19 Mr Watters, can you just assist us with what
 20 Update was?
 21 A. I've got no recall. I know it was thought to be an
 22 absolute whizz of an idea at the time. I think it was
 23 something -- it was a single sheet publication that
 24 came out between Bulletins.
 25 Q. We can see this one has an article about Alpha, so

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1 problems that people might have had with their
 2 products, but latterly they were simply there with
 3 a fairly anonymous stand and able to answer questions
 4 about their product.
 5 But that arose not because of anything within
 6 the Society, that arose because of wider codes of
 7 practice introduced because of the whole
 8 health-related charity movement tightening up on
 9 things like this.
 10 Q. As far as you can recall, did pharmaceutical companies
 11 fund attendance at international conferences for
 12 either Society trustees or officers or members?
 13 A. Well, some of those conferences were held in exotic
 14 places and the travel costs were high and
 15 pharmaceutical companies certainly enabled people to
 16 attend.
 17 Q. A couple of further documents just on the same theme,
 18 Mr Watters.
 19 HSOC0024307, please.
 20 Now I asked you a moment ago a question to the
 21 effect of what was in it for the pharmaceutical
 22 companies, and you thought that they were trying to
 23 assist a small charity. Let's see what you said in
 24 your report of November 1989.
 25 If we go to the second page, if we look at

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paragraph 4 at the bottom half of the page, where it says "Armour Pharmaceutical", you say this in your report:

"Members of the Executive Committee will realise that Armour are very much about the business of improving their public image in the UK prior to obtaining a full product licence for Monoclate. I have spent more than a little time with them discussing issues - and extracting money - eg I understand that they are willing to grant GBP 10,000 for publications costs; that they are keen to meet travel costs to lobby the US Congress; that they are looking into funding the 1990 Executive Conference; and so on. However, this is time consuming and reminds one of the 'there's no such thing a free lunch' maxim!!"

Now you're there identifying the motivation of Armour as being -- wanting to improve their public image, and as I understand this, that's your understanding of why they might be interested in providing financial assistance to the Society; is that right?

A. As expressed there, yes.

Q. Are you able elaborate upon what you say at the end, "no such thing as a free lunch"? Were you conscious

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far as you can recall, that asking for financial support from the very manufacturers of Interferon for a publication about implications and side effects might give rise to an appearance of potential conflict?

A. I'm sure we did.

Q. Do you have any recollection of whether they did provide funding for that purpose?

A. I've got no -- I've no recollection at all of this until you presented this confidential internal memo.

Q. Did the receipt of donations from pharmaceuticals, to your knowledge, ever inhibit or alter the advice which might have been given by the Society to its members?

A. Not at all. I mean, we didn't advise members about which products to use and not to use or which company companies' products to use or not to use. That was entirely a decision for clinicians.

Q. We can take that down, thank you.

I'm going to ask you some questions now which will dot at round from topic to topic, Mr Watters, because they are in part questions suggested by Core Participants arising out of your evidence in the course of the week. So they won't follow a particular theme, I'm afraid.

The first that I would like to ask you about is

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that there was something that Armour wanted out of the Society?

A. Not really. I was just thinking that I had to work jolly hard during meetings with the companies to present the needs of The Haemophilia Society to them.

Q. One final document on this topic, which is HSOC0024235.

If we go to the next page and -- sorry, if we go over the page, I've not noted down what page we need, I'm afraid, Mr Watters, so you'll have to bear with me for a moment.

Yes, it's the bottom of the page, where it says "Hepatitis".

"I have held meetings with representatives of Roche and Schering-Plough, manufacturers of Interferon, with a view to obtaining their financial support for publications relating to hep generally and HCV, in particular and for a publication which would help our people to understand Interferon therapy, its implications and side effects. I am happy to report that such help appears likely."

Now the idea of a publication to help members understand Interferon therapy, its implications and side effects, is obviously a very sensible one. Did it cross your mind or the mind of your colleagues, as

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CBLA0000009_096.

I'm sorry, I might have given you the wrong reference. Unable to read my own handwriting.

CBLA0000009_090, I think.

So you will see this is a letter of 26 May 1983, it's from you to Professor Bloom, and you say:

"I am sending the enclosed papers, which have been sent out by the World Federation, to all members of the Medical Advisory Panel. You may regard them as being 'for information only' or you may care to contact Shelby Dietrich with any relevant information which might assist her in the work she is undertaking for WFH."

Then you thank members of the Medical Advisory Panel.

Before we look at the papers in question, I wonder if you can assist us with what is written at the bottom. There's a PS:

"Do you [think] there would be any benefit in sending the attached to all Centre Directors?"

That's you writing that, is it?

A. Correct.

SIR BRIAN LANGSTAFF: Is it "think" or "feel"?

MS RICHARDS: "Feel".

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1 A. "Feel", yes.
 2 Q. Then we can see written on the bottom:
 3 "No. See page 4? Counterproductive."
 4 This is a letter addressed to Professor Bloom,
 5 we know you sent it to the others but this is the
 6 version sent to him. Do you know whether he sent that
 7 back to you or whether he contacted you to let you
 8 know his view that it would be counterproductive to do
 9 so?
 10 A. I've got no independent recollection of any such
 11 response. It would be unusual for Arthur not to reply
 12 but the old memory doesn't help, I'm afraid.
 13 **SIR BRIAN LANGSTAFF:** Does it look like his writing?
 14 A. I couldn't say I was that familiar with his
 15 handwriting.
 16 **MS RICHARDS:** Then we'll just have a look at some bits of
 17 the attached document, not least page 4, which
 18 Professor Bloom or whoever it is that's written that
 19 refers to.
 20 So if we go to BPLL0001351. Do you have that,
 21 Soumik? Page 155 I think. Sorry, it's a very long
 22 document. I thought you only had an extract. That's
 23 it.
 24 So we can see World Federation of Hemophilia,
 25 May 18, 1983, and it refers to:

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1 the letter was referring to. It's page 4 of the
 2 document:
 3 "The patient with haemophilia and the patient's
 4 physician is presently faced with the necessity for
 5 immediate decision regarding treatment of haemophilia
 6 and use of blood products, decisions which cannot be
 7 deferred until further scientific data is available."
 8 Then it sets out recommendations of the
 9 National Haemophilia Foundation in the US and those
 10 are there set out.
 11 "A. ... recommended that cryoprecipitate be
 12 used to treat patients in the following groups except
 13 where there is an overriding medical indication ..."
 14 We have three groups set out:
 15 "... infants and children under 4
 16 "newly identified patients never treated with
 17 Factor VIII concentrate
 18 "patients with clinically mild haemophilia who
 19 require infrequent treatment."
 20 B says:
 21 "The potential advantages and disadvantages of
 22 cryoprecipitate versus Factor VIII concentrate therapy
 23 for severe haemophilia A are not clear at the present
 24 time and are controversial. The Medical and
 25 Scientific Advisory Council does not offer a specific

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1 "The Federation's Medical Board ... [who are
 2 going to] meet in Stockholm ... [and] The Board will
 3 submit a report on AIDS to the General Assembly."
 4 I think before I turn to the passages I want to
 5 ask you about, I think in fairness I should probably
 6 show you the bottom of the page, which perhaps picks
 7 up on a theme that you've referred to in your
 8 evidence, Mr Watters.
 9 Penultimate paragraph:
 10 "The questions surrounding AIDS, have not, as
 11 yet, been answered. We are, however, beginning to
 12 understand the questions. For hemophiliacs we hope
 13 current observations will soon provide an antidote to
 14 the rampant anxiety caused by the sensational media
 15 coverage of AIDS."
 16 Which I think echoes the views you have
 17 expressed in the course of the week, Mr Watters.
 18 A. Indeed.
 19 Q. Well, perhaps I think we go directly to page 4. It's
 20 probably page -- five pages on. It will be the page
 21 headed 4 at the top, Soumik. Thank you.
 22 So if we look a little closer at the paragraph
 23 near the top of the page that begins "AIDS and the use
 24 are blood products for the treatment of haemophilia",
 25 so this would appear to be what the scribbled note on

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1 recommendation at this time, but will continue to
 2 review the data.
 3 "C. DDAVP ... should be used whenever possible
 4 in patients with mild or moderate haemophilia A."
 5 Then D:
 6 "All elective surgical procedures should be
 7 evaluated with respect to the possible advantages or
 8 disadvantages of a delay."
 9 Now, pausing there, Mr Watters, I don't know,
 10 and I think probably from your answers earlier in the
 11 week you may not be able to assist us with knowing,
 12 when the Society first became aware of these
 13 recommendations from the National Haemophilia
 14 Foundation, but you'd certainly have been aware of it
 15 by May 1983 when you're sending this document to
 16 Professor Bloom and others?
 17 A. Yes, yes, yes.
 18 Q. Now, I'm not going to try and track through with you
 19 all of the Society's subsequent publications to its
 20 members. We can look at our leisure and see what, if
 21 anything, was said --
 22 A. Could I just observe that the recommendation of the
 23 haemophilia organisation in the United States formed
 24 part of this document and I think the recommendations
 25 were not met in full in the final outcome paper.

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1 Q. Yes.
 2 A. Yes.
 3 Q. You're right in relation to that. I just want to look
 4 at it at this stage in terms of what you were sending
 5 out.
 6 The question is this, Mr Watters: do you think,
 7 as a matter of principle, your members had a right to
 8 know what the National Haemophilia Foundation in the
 9 US was recommending?
 10 A. Well, if you wanted to confuse patients, certainly,
 11 yes, because much of the language in there would be
 12 totally foreign to most of the patients at that time
 13 and I think that the lesson we learn from all sorts of
 14 situations is that single, simple messages are more
 15 easy to follow than complex, contradictory statements,
 16 and they are thinking about whether we're going to
 17 book a holiday this summer or not, for instance.
 18 Q. I understand you may not have wanted to provide this
 19 entire document or indeed the documents emerging from
 20 the June meeting itself to your members but here we've
 21 got A, B, C, D, we've got some fairly comprehensible,
 22 four, recommendations there: cryoprecipitate for these
 23 patients; no specific recommendation for those with
 24 severe haemophilia A because the pros and cons are not
 25 clear-cut; DDAVP wherever possible for mild or

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1 controversial; it's a rather different message, isn't
 2 it?
 3 A. Not in the case of people with severe haemophilia A,
 4 who are being treated with Factor VIII concentrate,
 5 who were the people in the front line of HIV
 6 infection.
 7 Q. Do I correctly understand the answer to my earlier
 8 question is: you don't think your members had a right
 9 to see these recommendations from the Society?
 10 A. I haven't said that I didn't think that. It was
 11 clearly a view formed by the Society as a whole.
 12 Q. Can we go over the page then, bottom of page 5, some
 13 of the pages are out of order, thank you. So the
 14 bottom of the page, there's a list of the various
 15 different forms of treatment, then it says this:
 16 "The patient and physician must weigh and
 17 balance various modes of treatment including choice of
 18 factor replacement product and intensity of use
 19 against potential risks/problems as opposed to medical
 20 and psychologic benefits."
 21 Then there's a reference to a table, and then
 22 it says:
 23 "The recognition and description of [AIDS] in
 24 the haemophilic population is a major challenge for
 25 all those involved in the professional and personal

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1 moderate; elective surgical procedures should be
 2 reviewed, effectively.
 3 Those are not difficult messages to understand
 4 so --
 5 A. The message in B is almost exactly what we -- what was
 6 our situation, based on the advice, the best advice we
 7 received at the time. We didn't receive this document
 8 until long after our first advice was published and we
 9 would see -- we would have seen nothing in this that
 10 would cause us to issue a new document nor, indeed,
 11 presumably did the Haemophilia Centre Directors
 12 Organisation, who consistently endorsed the point of
 13 view expressed by Professor Bloom about continuing
 14 with treatment.
 15 Q. Is this right, Mr Watters, you read, the Society read
 16 point B here as the same as the message that the
 17 Society and Professor Bloom were giving?
 18 A. Yes.
 19 Q. Might it not be said that the message that the Society
 20 and Professor Bloom were giving were that you should
 21 carry on taking treatment with concentrates because
 22 the risks of anything else are tiny and greatly
 23 outweighed by the benefits, whereas what is being said
 24 here is the advantages and disadvantages or cryo
 25 versus concentrate are not clear and are

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1 aspects of this disease."
 2 It refers then to the modern treatment having
 3 revolutionised life quality and life expectancy. Then
 4 in the last four lines:
 5 "In the best of circumstances physicians and
 6 patients together will weigh the relative
 7 benefits/assets and risks/problems of various modes of
 8 treatment and reach a decision beset with ambiguities
 9 and uncertainties."
 10 So what appears to be suggested here is there
 11 needed to be an individual dialogue in every case
 12 between patient and physician who would weigh the
 13 relative benefits and risks and problems. Would that
 14 have been the Society's expectation of what should be
 15 taking place within centres between doctor and patient
 16 at the time?
 17 A. Indeed, and the rider on all our publications at that
 18 time indicated that individual decisions were to be
 19 discussed between prescribing clinician and patient.
 20 Q. Last question perhaps, before we break, just on the
 21 World Federation of Haemophilia. We know and you
 22 referred to, there was then the Stockholm meeting and
 23 the congress itself and I've certainly seen reference
 24 to a number of people from the UK attending, including
 25 Society representatives and clinicians. Did you

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1 attend the congress in Stockholm?

2 A. Yes, I did, yes.

3 Q. Do you have any independent recollection now of

4 discussions about AIDS?

5 A. None at all.

6 Q. Mr Watters, I'm not going to take you to the documents

7 but you have rightly pointed out that there was then

8 congress recommendations and those were, I think we've

9 seen, considered in subsequent minutes by the

10 Executive Committee, and I think we looked at them

11 earlier in the week with no change of policy and

12 consequence.

13 Sir, I've got to 11.20. I've still got some

14 questions and so would suggest this might be a good

15 time for a break.

16 **SIR BRIAN LANGSTAFF:** Yes, very well. Let's take a break

17 until -- would quarter to 12 suit you, Mr Watters?

18 A. Yes, indeed.

19 **SIR BRIAN LANGSTAFF:** Very well. Quarter to 12 it is.

20 (11.20 am)

(A short break)

22 (11.45 am)

23 **MS RICHARDS:** Mr Watters, just some further questions that

24 I've been asked to ask by Core Participants. If we

25 go, please, to WITN3429005. This is an extract --

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1 had caused the dramatic rise in life expectancy for

2 people with haemophilia.

3 Now, the Society's seen some evidence to

4 suggest that the rise in life expectancy may have been

5 due -- to some extent at least, possibly to

6 a considerable extent -- to the use of cryoprecipitate

7 and to the position before and after cryo.

8 I'm not going to show you the various pieces of

9 evidence in that regards, Mr Watters, but just ask you

10 this, and it's a hypothetical question: if the Society

11 had understood cryoprecipitate rather than concentrate

12 to have been the or a significant driver in improving

13 life expectancy, do you think that might have changed

14 the views and advice of the Society in the 80s in

15 response to the AIDS crisis?

16 A. I never had that theory propounded, and so my answer

17 would be no. I think the question was rather

18 convoluted.

19 Q. It was, I'm sorry. It's a hypothetical question and

20 may be one you don't feel able to answer because it's

21 hypothetical.

22 It appeared from your evidence earlier in this

23 week that a significant factor in the thinking of the

24 Society was the understanding that concentrates had

25 made a dramatic difference to life expectancy. Is

55

1 sorry, these are an exhibit to your statement.

2 If we go to electronic page 15, please.

3 Mr Watters, I'd asked you about how members

4 would know what financial donations had been given by

5 pharmaceutical companies and you referred us to the

6 annual report, and this is, indeed, an annual report.

7 This is from 1986.

8 If we look at the top half of the page,

9 "Corporate Donors", is this how the information was

10 provided to members? So the donors are listed but not

11 details of the actual figures that they had given the

12 Society; is that right?

13 A. That's correct.

14 Q. Thank you.

15 Then in the course of your evidence earlier

16 this week --

17 A. Could I just say, however, that it would be open to

18 individual members of the Society to interrogate the

19 level of funding received from any of those by

20 communicating with the Executive Committee.

21 Q. Thank you.

22 We can take that down, thank you, Soumik.

23 Earlier in the course of the week in your

24 evidence you referred to -- and when explaining the

25 Society's policy -- the understanding that concentrate

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1 that correct as a matter of fact?

2 A. That is true, yes.

3 Q. So would it be fair to infer that if, in fact, the

4 Society had thought cryoprecipitate to have been

5 a significant driving factor, its policy might have

6 taken a different course?

7 A. It might have but the evidence was that people who had

8 been treated with cryoprecipitate early and by

9 concentrate later had their lives and life

10 opportunities transformed.

11 Q. Can we go back to a document that we looked at

12 a couple of days ago. It's HSOC0014373.

13 You'll recall it's the letter from the Irish

14 Haemophilia Society that we looked at in May of 1983

15 and it refers to hoping that they may see you in

16 Dublin in June.

17 Can you recall, did a meeting take place

18 between you and representatives of The Haemophilia

19 Society in June of '83?

20 A. Yes, we were in frequent contact, and I was in Dublin

21 certainly more than once to see them. I had friends

22 in Dublin who I would be visiting and I would spend

23 time with them. And I recall in particular a meeting

24 in which -- oh dear, Dr Garret FitzGerald, a former

25 taoiseach, actually left his very sick wife's bedside

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1 and travelled to the meeting and came in and said,
 2 "I just want you all to know that this is the fault of
 3 the Irish Government for failing to achieve
 4 self-sufficiency". And that's why the situation in
 5 Ireland is so very different to the situation in the
 6 United Kingdom, because of that information at that
 7 meeting where I was present.

8 **Q.** Just before I come back to any particular meeting in
 9 June of '83, the difference you're drawing on there,
 10 is this right, is a frank admission, as you understood
 11 it, by the Irish Government of responsibility because
 12 of failure to achieve self-sufficiency, as against,
 13 what we saw from the documents we looked at this
 14 morning, the UK Government saying, "These criticisms
 15 are unfair, we don't accept responsibility?"

16 **A.** Absolutely.

17 **Q.** Then, just going back to June of '83, do you recall
 18 any discussions in or around June of '83 in a meeting
 19 with the Irish Haemophilia Society specifically about
 20 AIDS and the issues raised here?

21 **A.** They would be of the vaguest and most unspecific
 22 nature. Given Irish hospitality after a meeting, one
 23 tended not to remember too much of what happened
 24 during the meeting, I should think.

25 **Q.** Then if we look at the penultimate paragraph, which

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1 **A.** I have no specific recall but my guess is that we
 2 looked at the facts of the limited supply.

3 **Q.** We can take that down, thank you.

4 You have referred in the course of your
 5 evidence this week to your understanding that there
 6 were supply issues in relation to cryoprecipitate.
 7 Can you recall the basis for your understanding that
 8 there were supply issues?

9 **A.** I can't recall a precise basis. It's certainly not
 10 a scientific one. I can just recall that that was the
 11 situation.

12 **Q.** Can you recall whether it was the Society's
 13 understanding that there was a national problem or
 14 whether it was -- the Society was aware of there being
 15 a regional variation in terms of availability of
 16 cryoprecipitate?

17 **A.** There would be both.

18 **Q.** Did the Society at any stage, to your knowledge,
 19 consider any form of lobbying for increased production
 20 of cryoprecipitate?

21 **A.** I can't recall any such event.

22 **Q.** If we look at one document, it's BPLL0001351_075,
 23 we'll see this a letter from Professor Bloom to you,
 24 12 May 1983. It refers to what was then an
 25 anticipated meeting with Geoffrey Finsberg, minister,

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1 I didn't ask you about earlier, it refers to an item
 2 on Tomorrow's World regarding a more purified
 3 blood concentrate made from pig's blood produced by
 4 a company in North Wales.

5 Did the Society ever follow up whether as
 6 a result of this letter or any other sources of
 7 information that it had the possibility of porcine
 8 concentrates being used as a partial replacement for
 9 commercial concentrates in response to the AIDS
 10 crisis?

11 **A.** Porcine product was extremely limited supply. I think
 12 that there was one place in East Anglia somewhere where
 13 pigs were bled in sterile conditions in order that
 14 their blood could be processed, and every drop of that
 15 was used treating patients who had developed
 16 inhibitors to Factor VIII.

17 It was an expensive product and I -- my guess
 18 would be that it was felt not to be a viable product
 19 to treat a large number of patients with.

20 **Q.** But do you know whether specifically in 1983, or
 21 indeed 1984, in response to obviously everything that
 22 was emerging in relation to AIDS, did the Society
 23 apply its mind in that period, as far as you can
 24 recall, to exploring whether this was something that
 25 could be used at least for some patients?

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1 on 28 May, and representations about self-sufficiency,
 2 et cetera. Then it says in the second paragraph:

3 "One important thing to emphasise is the
 4 essential need for increased regional funding for
 5 blood transfusion centres so that they will be in
 6 a position to increase the supply of plasma for
 7 processing at Elstree. This will be even more
 8 necessary if there is any substantial demand for
 9 cryoprecipitate on the part of haemophiliacs. Such
 10 a demand could reduce the supply of available plasma
 11 at present funding levels and a considerable expansion
 12 of regional facilities will be needed in any case."

13 We know that the meeting with
 14 Geoffrey Finsberg, I think, didn't go ahead because of
 15 the election and there was therefore a meeting with
 16 a different minister somewhere in the autumn. Do you
 17 recall whether the Society raised the question of
 18 cryoprecipitate demand or expanding regional
 19 facilities to improve cryoprecipitate production with
 20 the minister?

21 **A.** I've no recollection of that at all. But our biggest
 22 concern was that plasma supply be increased if there
 23 was going to be any increase in production of
 24 Factor VIII, Factor IX concentrates at the
 25 BPL facility at Elstree, because it takes a very long

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(15) Pages 57 - 60

1 time between making the decision and scaling up the
2 process of plasma collection and putting it through
3 all the safety procedures required in the
4 United Kingdom.

5 **Q.** That can come down, thank you.

6 The next question raises the issue of
7 pharmaceutical company donations again. Did
8 pharmaceutical companies make donations to The
9 Haemophilia Society for the purpose of being
10 distributed to members infected with HIV or hepatitis
11 as far as you can recall?

12 **A.** My recollection would be that that was not the case.

13 **Q.** Can I ask you to cast your mind back to the meeting
14 that you described for us that you had with
15 Kenneth Clarke.

16 **A.** Yes.

17 **Q.** And you described a recollection in relation to the
18 cigars and in recollection, as it were, to an opening
19 stance of the Secretary of State.

20 Is there anything else you can recall about
21 either the detail of the discussion at that meeting or
22 the stance that was being taken by the Government as
23 represented through Mr Clarke at the time?

24 **A.** I would have no recall at all of the discussions. It
25 would have been minuted and recorded both by the

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1 certainly had links to local Haemophilia Centre
2 Directors and that on the whole, but not always, these
3 links would be welcomed by Haemophilia Centre
4 Directors.

5 Can you assist us with understanding the
6 circumstances in which Directors did not welcome links
7 with local groups?

8 **A.** I was really giving a general recalled impression
9 rather than any particular instance.

10 **Q.** You've said, I think on more than one occasion in the
11 course of your evidence, that in terms of the
12 Society's membership and, I think, those to whom its
13 publications, therefore, were largely directed, it
14 tended to those with more severe bleeding disorders.

15 **A.** Sorry, could you repeat the question? I missed the
16 opening.

17 **Q.** In fact I don't think I've asked the question yet.
18 That was the introduction.

19 You've said in your evidence I think on more
20 than one occasion when talking about the membership of
21 the Society, that membership tended towards those with
22 severe haemophilia or severe bleeding disorders. Did
23 the Society take any particular steps to try to
24 increase its membership amongst patients with mild or
25 moderate disorders?

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1 department and by the Society.

2 **Q.** But any lingering impressions other than the one you
3 gave us about the Government's stance more generally?

4 **A.** No, I've got no clear recollections.

5 **Q.** Then you've told us in the course of your evidence
6 that you received calls, letters from members who
7 would raise concerns, and you referred how if those
8 concerns raised a common theme you might then go to
9 the Medical Advisory Panel for some broader advice.

10 **A.** Or indeed the Executive Committee, yes.

11 **Q.** How, typically, would the Society respond to telephone
12 calls or letters seeking advice, in particular in
13 relation to risks relating to AIDS?

14 **A.** The typical response would always be based on going to
15 back to and having discussions with your haemophilia
16 centre staff.

17 **Q.** Do you recall if on the specific issue of risk of AIDS
18 whether contacts from members led you to go back to
19 the Medical Advisory Panel for any kind of broader
20 advice?

21 **A.** I would have no recall of that.

22 **Q.** When I was asking you about the structure of The
23 Haemophilia Society back on Tuesday, so the first
24 morning of your evidence, and you told us about local
25 Society groups, you said that local groups almost

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1 **A.** We did that by making our materials available in
2 unmistakable Haemophilia Society presentation racks in
3 every haemophilia centre across the country. That
4 included membership forms, Bulletins, Haemofacts, this
5 mysterious new publication I can't recall at all
6 called Update which you have prompted me to remember
7 this morning, and so on.

8 **Q.** Can you recall whether the Society ever considered
9 creating specific publications, information sheets for
10 patients who were at the milder or moderate end of the
11 spectrum of severity of disorder?

12 **A.** When I joined the Society we were a two-person
13 organisation and we were very quickly confronted by
14 the problem of HIV and AIDS, which was the dominant
15 factor of the 13 years I spent at The Haemophilia
16 Society. I think now in more relaxed times the
17 Society may in fact have produced various
18 publications.

19 **Q.** Do I understand your answer to be, for the reasons
20 you've given, no?

21 **A.** For the reasons I've given, no. Yes.

22 **Q.** Can you recall if the Society ever asked the Medical
23 Advisory Panel for any specific advice relating to the
24 position of those who were mild or moderate sufferers
25 of a bleeding disorder rather than severe

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1 haemophiliacs?

2 A. I have no recollection.

3 Q. You told us about attending UKHCDO AGMs and that the

4 publications that were discussed at them were not, as

5 far as you can recall, given to the Society

6 representatives attending.

7 A. Yes.

8 Q. Did you or, to your knowledge, your colleagues

9 attending ever ask for copies of the publications that

10 were being discussed?

11 A. I've no recall of that happening.

12 Q. You described your position at the meetings as being

13 that of an observer, you and your Society colleagues.

14 Was that by choice or was that, as it were, the edict

15 of UKHCDO?

16 A. The edict of UKHCDO.

17 Q. On Tuesday -- so the first day in which you were

18 giving evidence, Mr Watters, and I think I asked you

19 about sources of information in relation to monitoring

20 the safety of blood products -- you referred to the

21 press, and I think in particular The Guardian and

22 Sunday Times. You and your colleagues in the Society

23 were clearly concerned about press coverage in some

24 papers. We've obviously considered the issue of The

25 Mail on Sunday. Was it the Society's view that

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1 significant amounts of their own personal time in

2 order to take part in those meetings.

3 Q. Yes.

4 A. They were very stretched.

5 Q. Were you or, to your knowledge, your colleagues at the

6 Society ever concerned, in the course of the 1980s,

7 that if you disagreed with the advice being given by

8 Professor Bloom or the Medical Advisory Panel more

9 widely that the Panel would cease providing advice to

10 the Society?

11 A. The situation did not arise, as far as I recall, and

12 therefore the fear didn't exist, as far as I recall.

13 Q. So there wasn't a point in time in the 1980s where you

14 disagreed with the advice of the Medical Advisory

15 Panel?

16 A. No.

17 Q. Is that, in part, because, as you have explained to us

18 earlier in the week, you reposed trust in them?

19 A. Indeed.

20 Q. Apart from Professor Ludlam -- I'm just focusing here

21 specifically on Scotland -- can you recall who else in

22 Scotland the Society liaised with or received

23 information from?

24 A. Yes. Dr Forbes, the doctors in Glasgow and Aberdeen

25 we communicated with regularly, their names don't come

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1 The Guardian and Sunday Times provided more accurate

2 and less sensational coverage of the AIDS crisis and

3 the risk to haemophiliacs?

4 A. As a generality, my recall would be that, yes.

5 Q. Did you or your colleagues, to your knowledge, ever

6 discuss the advice that you were receiving, that the

7 risk to haemophiliacs from AIDS was tiny, with your

8 contacts at The Guardian and the Sunday Times?

9 A. I would have no recall of a detail like that.

10 Q. Is that something you think you might have done or

11 probably not or you're not able to say?

12 A. It's something we might have done. I've just got no

13 recall. It would really depend what they published.

14 Q. I asked you earlier in the week about the link between

15 the Blood Products Safety Committee and the Medical

16 Advisory Panel and you told us there was no formal

17 link but that Ken Milne acted as some kind of link.

18 A. Yes.

19 Q. Are you able to assist with how he acted as a link,

20 how, in practical terms, that link was followed up?

21 A. Well, he was Chair of the Blood Products Sub-Committee

22 and he frequently attended meetings of the Medical

23 Advisory Panel.

24 Q. Was the --

25 A. You will gather that the trustees were giving up

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1 readily to my mind upon this Friday morning, and we

2 were occasionally in contact with the haematologist

3 who looked after people with haemophilia in Inverness.

4 Q. Then, in your witness statement, if we could have it

5 up on screen again, Soumik, it's WITN3429001. If we

6 could go to page 100, please. Paragraph 227, bottom

7 of the page, you were asked about document

8 destruction. You say you're convinced that absolutely

9 no records pertaining to haemophilia and HIV were

10 destroyed during your tenure and you had a "passion to

11 retain all documentation". Then you say this:

12 "I have a vague recollection of receiving

13 a telephone call after my departure, where I was

14 informed that documents were being destroyed."

15 Do you have any more detailed recollection that

16 you can share with us about that telephone call or the

17 information you were provided with?

18 A. It is just as vague as that. I know there was

19 a general feeling around at that time at an issue

20 AIDS was done and dusted and that was possibly part of

21 the reason for my post being declared redundant

22 because I didn't share that view, personally.

23 Q. Can I ask you just to tell us about your departure

24 from The Haemophilia Society. You were made redundant

25 in 1994 fairly suddenly, as I understand it?

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1 A. Indeed. I went to attend a weekend-long Executive
2 Committee meeting on a Saturday morning, was whisked
3 into a room with the Chairman and two others and was
4 told that it had been decided that my post would be
5 declared redundant and would I kindly clear the office
6 of all my effects by Monday morning.

7 Q. Did you have any sense of or feeling as to why your
8 post, your services were no longer required?

9 A. No, and that was never provided and it was perhaps
10 reflected in the payment that I received in order to
11 go quietly, as it were.

12 Q. You have told us about how the dominant theme during
13 your years of service with the Society was HIV and
14 AIDS.

15 A. Yes.

16 Q. Did you have any sense that a factor contributing to
17 the decision to let you go was a desire to move on to
18 different issues?

19 A. I wasn't let go, I was booted out I would have to say.
20 I think there was a very strong instinct to return to
21 looking after people with haemophilia, which was the
22 primary task of The Haemophilia Society.

23 Q. With hindsight, Mr Watters, do you think that the
24 Society, in particular in the first half of the 1980s,
25 was so closely aligned with Reference Centre

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1 rather a long time, but I think that possibly not
2 relying on -- not being in a position where you have
3 to rely on the advice of one body of people would be
4 a good idea. But that is kind of an often idealistic
5 dream when you're dealing with a comparatively rare
6 medical condition.

7 MS RICHARDS: Mr Watters, those are the questions I have
8 for you. I am just going to check whether there is
9 anything further.

10 I'm just going to double-check whether
11 Mr Watters' legal representative has any questions for
12 him. I think the position was no. I don't think
13 we've heard anything to the contrary. No.

14 So, sir, do you have questions for Mr Watters?

15 **Questions by SIR BRIAN LANGSTAFF**

16 SIR BRIAN LANGSTAFF: Yes, I do. I have four questions
17 for you, Mr Watters. They are on different areas,
18 four lines of questioning.

19 The first is this. In one of the documents we
20 saw this morning, prepared by the ministry in
21 anticipation of litigation or settlement, there's
22 a reference to there being, in the ministry's view,
23 about 7,000 people suffering from haemophilia in the
24 UK. How many members did The Haemophilia Society
25 have? I appreciate it will have fluctuated from time

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1 Directors, through its relationship with
2 Professor Bloom and the Medical Advisory Panel, that
3 it failed to provide comprehensive and sufficiently
4 balanced and dispassionate advice to its members?

5 A. I think that if I formed that point of view I would be
6 failing to identify who else we could have turned to
7 for information. There was no other source of
8 reliable information immediately available to us in
9 the first half of the 1980s.

10 Q. Looking back at your time at The Haemophilia Society,
11 so with hindsight, Mr Watters, is there anything that
12 you consider should have been done differently in
13 relation to the communication of risk to members?

14 A. I think if we had been provided with different
15 information we would have responded differently.

16 Q. That echoes, I think, what you say in your statement
17 about your belief that relevant information was
18 withheld from you and the Society. How do you think
19 that could be prevented --

20 A. That is with the benefit of hindsight --

21 Q. Yes, I understand that --

22 A. -- and what's there at the time.

23 Q. How do you think that could be prevented from
24 happening in the future?

25 A. I really don't know, I've been out of the field for

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1 to time, but as a maximum?

2 A. Maximum 2,000 and below, yes.

3 SIR BRIAN LANGSTAFF: So less than 25 per cent if the
4 Government's figures are right?

5 A. If the Government's figures are right but then, as
6 I said in earlier in my evidence, haemophilia is
7 a family affair and one membership might represent
8 three or four children and possibly the odd uncle as
9 well, so you never really knew what a membership
10 represented, in a sense.

11 SIR BRIAN LANGSTAFF: The second really picks up on your
12 comments, right at the very end of the questioning
13 which Ms Richards gave. Let me introduce it in this
14 way. At the start of the 1983 when the news of AIDS
15 was alerting the world, the trustees I take it, would
16 have been aware that, at least in America, it was
17 described as an epidemic.

18 A. Yes.

19 SIR BRIAN LANGSTAFF: Let me just look at the expertise
20 which was available to the Society. Another
21 introductory question, really: part of the Society's
22 role was to give advice, being The Bulletin or
23 Haemofacts, to its members but at every turn you were
24 telling individual patients to discuss their
25 individual situation with their individual doctor.

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1 A. Correct.

2 **SIR BRIAN LANGSTAFF:** So you would expect them to get

3 whatever advice was pertinent to their own particular

4 situation from their own particular doctor, would you

5 not?

6 A. Indeed, yes.

7 **SIR BRIAN LANGSTAFF:** If that's the case, what was the

8 need or perceived need for there to be the same advice

9 but in general terms, not specific to an individual,

10 given to the cohort? Was it because it was

11 appreciated by the trustees from their own experience

12 that not every doctor gave sufficient advice to those

13 they treated?

14 A. That could very well be the case, yes.

15 **SIR BRIAN LANGSTAFF:** Now, the expertise available to the

16 trustees came so far as their own -- so far as their

17 living with haemophilia was concerned, they were

18 perhaps the best experts because they themselves lived

19 with it, most of them.

20 A. Yes.

21 **SIR BRIAN LANGSTAFF:** So if anyone wanted to ask about

22 what it was like to live with haemophilia, they were

23 people who could tell you. But they couldn't,

24 I suppose, tell you from a medical point of view what

25 the treatment appropriate to their particular

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1 **SIR BRIAN LANGSTAFF:** So they had a sense of -- their

2 perspective would be what treatment was appropriate

3 and best to give for their particular patients?

4 A. Indeed.

5 **SIR BRIAN LANGSTAFF:** When one's looking at an epidemic,

6 is perhaps the best person to understand an epidemic

7 and how it might grow an epidemiologist?

8 A. Yes.

9 **SIR BRIAN LANGSTAFF:** The reason I ask that -- and

10 the combined question, really, if the epidemic is

11 thought to be, probably, viral in nature or might well

12 be, a virologist -- didn't trustees ever consider

13 taking the advice of an expert who might be

14 appropriate?

15 A. We certainly were in contact with and listened to

16 virologists like Richard Tedder, Tony Pinching and one

17 or two others whose names don't leap to my mind this

18 morning.

19 **SIR BRIAN LANGSTAFF:** But not an epidemiologist?

20 A. Not an epidemiologist. The description "epidemic" was

21 in the United States, of course.

22 **SIR BRIAN LANGSTAFF:** I follow. But the fear was the

23 epidemic or the United States' experience might come

24 to the UK, wasn't it?

25 A. Yes.

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1 condition at any particular time, their particular

2 bleed, would be. For that they'd rely upon the

3 doctors.

4 A. Correct.

5 **SIR BRIAN LANGSTAFF:** So the members of the Medical

6 Advisory Panel -- and I'm not altogether clear whether

7 it ever met during the early years in the 1980s as

8 a panel or whether it was a panel in the sense that

9 any one of them could be called on to give advice and

10 helped the Inquiry out. I think your evidence has

11 been more the latter.

12 A. I think you are correct. But I don't think there

13 are -- any minutes have been produced of Panel

14 meetings and things.

15 **SIR BRIAN LANGSTAFF:** You have given me the best

16 impression you can. It's not easy to remember going

17 back, so it was, in a sense, a panel in the form of

18 a list?

19 A. Yes.

20 **SIR BRIAN LANGSTAFF:** Now, the people who were chosen to

21 be on the list, they were all treating clinicians,

22 were they?

23 A. They were all treating clinicians who had been around

24 for some time and who had fairly large cohorts of

25 patients. So they had good experience.

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1 **SIR BRIAN LANGSTAFF:** If so, one would be wearing

2 rose-tinted glasses to think it wouldn't be

3 an epidemic here.

4 A. Mmm.

5 **SIR BRIAN LANGSTAFF:** The reason I ask, really, it arose

6 out of considering what happened when the epidemiology

7 began in this country. You may know the story, do

8 you, of John Snow?

9 A. I don't think so.

10 **SIR BRIAN LANGSTAFF:** Well, I'll leave it for now but

11 those who are interested might want to look at the

12 early history of John Snow and the Broad Street pump

13 and cholera.

14 A. Ah yes, I do know, yes, yes. Yes, yes. The Broad

15 Street pump brought it to my mind. When you said

16 John Snow, I thought of the TV presenter, Jon.

17 **SIR BRIAN LANGSTAFF:** Yes, of course you would. But, no,

18 he was said to be the father of or one of the fathers

19 of epidemiology because there was the pump providing

20 life-giving substance --

21 A. Yes.

22 **SIR BRIAN LANGSTAFF:** -- and in the vicinity of Soho,

23 where it was, an awful lot of people were falling ill

24 with cholera.

25 A. Yes.

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1 **SIR BRIAN LANGSTAFF:** No-one knew quite why it was, the
2 various theories. You appreciate there are certain
3 parallels. History does have a habit sometimes, it is
4 said, of repeating itself.

5 **A.** Yes, yes.

6 **SIR BRIAN LANGSTAFF:** One of the parallels may be that
7 people were looking for what on Earth the cause was,
8 and there were various suggestions. There was the man
9 of God who said "Well, it's a visitation of the Lord".
10 There were others who said "It's miasma, it's stuff in
11 the air". It was Snow who said, "Well, let's have
12 a look and see what connects the people who are
13 suffering", the various different people in various
14 different parts. What he discovered, as history
15 recalls, was that it was the water from the pump.

16 History also, I think, records it was very
17 difficult to persuade the doctors who were treating
18 the people, because cholera means that you get
19 dehydrated because of the nature of the disease,
20 losing fluid from both the ends, if I can put it that
21 way, and so water is necessary and life-giving. So
22 they found it very difficult to accept that the water
23 from the pump might be causing it. I won't go into
24 the details any more but there are certain parallels,
25 perhaps between that and the AIDS epidemic, are there

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1 about it that's your view, is it?

2 **A.** That's right my view, yes.

3 **SIR BRIAN LANGSTAFF:** If you had gone noisily, what do you
4 think you might have said? I don't want you to break
5 any rule, any contract which binds you.

6 **A.** It's very hard to know what I might have said but it
7 would have been something about the need for the
8 Society to continue to grow in its professionalism and
9 look to the needs of the whole haemophilia community,
10 including those with hepatitis and HIV, as well as
11 those with severe, mild, moderate haemophilia,
12 von Willebrand's disease, and so on, because, in
13 a sense, we had become very focused on HIV, and
14 I think that was entirely right. I think there's
15 still work to be done in that field, as is evident by
16 the existence of the Blood Inquiry itself.

17 **SIR BRIAN LANGSTAFF:** Yes. Thank you very much. Nothing
18 else?

19 **A.** I wouldn't have said anything else. I mean, there
20 were many people on the board of The Haemophilia
21 Society who were good friends. There may be others
22 who were after power for themselves. I don't know.

23 **SIR BRIAN LANGSTAFF:** Thank you. Ms Richards that's all
24 that I'm asking.

25 **MS RICHARDS:** Thank you, sir.

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1 not?

2 **A.** Yes, indeed. Indeed, yes.

3 **SIR BRIAN LANGSTAFF:** Of course, the person who was able
4 to rise above the needing of treatment was somebody
5 who had the perspective of looking at all the evidence
6 and understood how infection worked.

7 **A.** Yes.

8 **SIR BRIAN LANGSTAFF:** Or how a disease might work, he
9 didn't know it was an infection he didn't know what
10 caused cholera. That wasn't discovered until 20 years
11 later.

12 But the trustees never thought about putting
13 an epidemiologist or someone like that on the medical
14 Panel.

15 **A.** The trustees didn't think fit and I don't think the
16 medical advisers thought of it either.

17 **SIR BRIAN LANGSTAFF:** Yes, well, perhaps they didn't.

18 The final question is: you said you went
19 quietly; you were paid a sum for going quietly.

20 **A.** Yes.

21 **SIR BRIAN LANGSTAFF:** You described your redundancy in
22 terms which perhaps mean that the word "redundancy"
23 was a euphemism.

24 **A.** Possibly, yes, yes.

25 **SIR BRIAN LANGSTAFF:** Leave aside the question of doubt

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Further questions by MS RICHARDS

1 **Q.** Mr Watters, one question arising out of that. I've
2 been reminded that I think, from time to time, there
3 may have been either articles in or a contribution
4 from an immunologist, such as Dr Pinching in the
5 Bulletin but did the Society ever approach either
6 Dr or Professor Pinching or any other immunologist to
7 join the Medical Advisory Panel?

8 **A.** No.

9 **Q.** Thank you.

10 There are no further questions from me,
11 Mr Watters. Is there anything further that you wanted
12 to add?

13 **A.** I wanted to thank you, to thank the Inquiry, for
14 facilitating my participation from home and giving me
15 the opportunity to give my evidence over half days
16 rather than full days. I think the first day was so
17 shattering I was ready to go to bed almost
18 immediately, but I've grown used to it and I have to
19 say I'm going to miss the routine of getting up in the
20 morning, shaving and dressing with a shirt and tie,
21 which I haven't done for some time.

22 I don't envy the task the Inquiry faces in
23 pulling all this together. It certainly far
24 outperforms previous inquiries and I will follow its
25

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progress with interest and anticipation.
But most especially I just want to say a word to people with haemophilia, people from whom my heart aches and to whom -- yes, I remain as committed now as I was in my days when I was employed.

As you will have noticed, everybody will have noticed, I'm getting old and my memory isn't what it used to be, but there's some things in life that one experiences that one never forgets and I won't ever forget the good friends on the Executive Committee and throughout the Society who I lost through HIV and AIDS and who I remember with affection. But my personal loss is absolutely nothing compared to the plight, the dreadful injustice, the hurt, the emotional trauma, the loss, the memory, the anxiety, the complete awfulness of children growing up not knowing and not being able to bond with their fathers, the empty seat at every family meal, and the dreadfulness of birthdays, Christmas days and other days, of anniversaries, without that special loved person being there. And the hurt of not being able to reach out and touch, to hug and be hugged. All of this and more was thrown at people with haemophilia during my time at the Society, and which they continue to experience every moment of every day since, I'm quite sure.

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Health, despite sustained pressure from the Society. This was a shocking, systemic failure by successive governments, and by the time they made their minds up to increase the output from Elstree it was far too late, the horse had already bolted, and the false economy of importing products from the United States was blown asunder.

It's sad that to this very day the Government puts the economy before the health of the nation, as we've seen with Covid.

To my old mind, and thankfully I'm not the Inquiry, all this makes it inevitable that the Government owe an enormous debt to those who have suffered so much, too much, and it remains strongly my opinion that this calls for compensation, decent compensation, that gives people independence rather than giving them begging bowls to hold out to charitable funds. That's what I think you're all owed. And my prayer for all those who suffered and still suffer acutely to this very day is that justice will indeed be achieved for everyone, even if that justice has been for far too long delayed.

MS RICHARDS: Thank you, Mr Watters.

Sir Brian.

SIR BRIAN LANGSTAFF: Thank you very much for that.

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We tried our best on the information made available to us at the time. We had no great precedence or examples to follow, and I personally regret the things that we got wrong, especially with the benefit of hindsight. There were few Parliamentary election votes depending on the outcome, and we were, I think, generally viewed as small fry by the department and Government. Or maybe this morning I kind of raised the question, were we regarded as such small fry, having read the internal memo in the Cabinet Office. But in those crucial days the Society, as I've said again and again, was small, under-resourced, and we couldn't possibly keep on top of everything, nor did we have access to the many documents available now under Freedom of Information access and to the Inquiry as a result.

It was later that we enjoyed the benefit of suitable offices and the strong staff came of outstanding people like Jonathan Cooper, working alongside people like GJW, with Rory Chisholm and Steven Jackson, who were there on a *pro bono* basis.

Most especially, I regret to this very day that the UK Government made things so very difficult by not pursuing the promise of self-sufficiency made by Dr David Owen in the mid-'70s when he was Minister of

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You have given us throughout, despite your difficulties with -- are you all right?

A. Yes, yes.

SIR BRIAN LANGSTAFF: -- with age, the fading of memory, you have given us a very clear recollection of what it was like, an impression of what it was like to be in a very small charity in a field, involving not that many patients taken across the country, and dependent entirely upon the experience of the trustees and the advice of others.

For four mornings you have managed to be cheerful, except perhaps in these last few minutes.

A. That was tearful rather than cheerful.

SIR BRIAN LANGSTAFF: You've been careful. I think you've given me the clear impression at any rate that your motivation for being involved in the Society and I suspect most of the work you've done is to respond to the needs to help others who were less fortunate than many. You have coupled that idealism, which you almost disparaged in some of your last answers to Ms Richards, but you coupled that with a certain awareness of the ways of the world as, for instance, in your description of your relations with some ministers. That's no doubt helpful to me in assessing quite what to make of what you've described, and

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1 perhaps helped to fill in some of the blanks that
 2 there may be which memory leaves, inevitably.
 3 But thank you very much indeed for your time
 4 and I hope you enjoy your sleep tonight.
 5 **A.** Thank you.
 6 **SIR BRIAN LANGSTAFF:** We have destroyed the routine.
 7 **A.** I slept very well every night actually because I felt
 8 that the Inquiry was very fair and very thorough in
 9 its approach.
 10 **SIR BRIAN LANGSTAFF:** I would hope that every witness,
 11 whether they give evidence which is favouring one view
 12 or the other, feels that we have been both fair and
 13 thorough.
 14 Thank you very much.
 15 **A.** Thank you.
 16 **SIR BRIAN LANGSTAFF:** Ms Richards, that's the end of the
 17 work we do this week, is it not?
 18 **MS RICHARDS:** It's the end of the hearings this week, sir.
 19 It's not the end of the work.
 20 **SIR BRIAN LANGSTAFF:** Yes, of course. The work in public.
 21 You are absolutely right. In the same vein we will be
 22 working away next week but we won't be visible next
 23 week.
 24 **MS RICHARDS:** That's right, sir.
 25 **SIR BRIAN LANGSTAFF:** The next hearing is on --

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1 **MS RICHARDS:** Tuesday, 23 February, where we start to hear
 2 the oral evidence relating to the Alliance House
 3 organisations, and we start on 23 February with
 4 two days of evidence from Mr Peter Stevens.
 5 **SIR BRIAN LANGSTAFF:** Very well.
 6 So 10.00, Tuesday, 23 February. Thank you very
 7 much.
 8 (12.37 pm)
 9 (Adjourned until Tuesday, 23 February at 10.00 am)

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