1	Thursday, 7 July 2022	1	That will involve considering in some detail the actions
2	(10.00 am)	2	taken by the two Chief Medical Officers for England
3	SIR BRIAN LANGSTAFF: Yes, Ms Barrett.	3	during that period, Sir Henry Yellowlees, who held the
4	MS BARRETT: Good morning. Ms Richards has asked me to	4	role until the end of 1983, and Sir Donald Acheson, who
5	correct on her behalf something she said yesterday	5	commenced in post in October 1983. So there was
6	during the evidence of Lord Waldegrave. When looking at	6	a three-month overlap between them.
7	HMTR0000003_043, a minute dated 3 December 1991, from	7	As with other presentations, our intention is to
8	Mr Dickson at the Treasury to Mr Grice, then the Chief	8	provide a neutral and factual narrative which brings
9	Secretary to the Treasury, Ms Richards suggested that	9	together relevant documents for your attention and for
10	the handwriting beginning, "This is a long-standing	10	the attention of Core Participants.
11	dilemma", might be that of Mr Mellor but said that she	11	I should add that the written note itself is not
12	would check.	12	exhaustive either. Core Participants and the Inquiry
13	Having checked, the initials indicate that	13	team may well identify further documents relevant to the
14	the handwriting is that of Mr Grice and not Mr Mellor.	14	role of the Chief Medical Officer as the Inquiry
15	SIR BRIAN LANGSTAFF: Thank you.	15	progresses.
16	Presentation by MS BARRETT on the role of the Chief Medical	16	A road map then for today is to start with a brief
17	Officer in the 1970s and 1980s	17	overview of the role of Chief Medical Officer and its
18	MS BARRETT: This then is a presentation on the role of the	18	responsibilities. Then we will go on to a chronological
19	Chief Medical Officer. There is a written note on that	19	exploration of the documents touching on the Chief
20	topic which has already been disclosed to Core	20	Medical Officer's response to AIDS which will include
21	Participants and is published on our website. The	21	looking at the involvement of Sir Henry Yellowlees until
22	presentation today won't cover everything that's	22	the end of his tenure at the end of 1983 and then
23	contained in that written note.	23	Sir Donald Acheson's involvement after his point October
24	Our focus for today will be on the Chief Medical	24	of that year, the introduction of antibody testing, the
25	Officer's role in the response to AIDS over the 1980s.	25	public awareness campaign which Sir Donald Acheson was
20	1	20	2
1	heavily involved in and the introduction of heat	1	We can see this is volume 15 of that report which
2	treatment for factor products and a brief look at some	2	dealt with Government and public administration. Could
3	documents on Sir Donald Acheson's attitude to	3	we go, please, to page 36 of this volume and focus on
4	compensation for those affected.	4	the second half of the page under the sub-heading "The
5	I will then come back at the end to make some	5	Chief Medical Officer (CMO)".
6	overarching comments about two particular categories of	6	We can see at paragraph 4.17, it's set out that:
7	documents. One is what's referred to as "Dear Doctor"	7	"Although there were CMOs for Wales, Scotland and
8	letters which were sent by the Chief Medical Officer to	8	Northern Ireland, advising their respective Ministers on
9	the medical profession from time to time and the second	9	matters affecting those parts of the United Kingdom, the
10	category is the Chief Medical Officer's annual reports.	10	responsibility for advising the UK Government on matters
11	Starting then with the overview of the role, the	11	affecting the United Kingdom as a whole fell to the CMO
12	role of the Chief Medical Officer can be traced back to	12	for England."
13	the antecedent post of Medical Officer to the	13	The written note does touch on the roles of the
14	General Board of Health, which was established under the	14	CMOs for Wales, Scotland and Northern Ireland but today
15	General Board of Health Continuance Act in 1855. By the	15	we'll be focusing on the role of the CMO for England and
16	time frame relevant to this presentation in the 1980s,	16	their interactions in relation to AIDS in the 1980s.
17	the role had at least threefold responsibilities, which	17	Going on then to paragraph 4.18, the dates are
18	were: first, providing advice to ministers; second,	18	given and then this quotation from Sir Donald Acheson,
19	providing public health information to the medical	19	who was in post, as we've heard, from 1983 until his
20	profession and the wider public; and, third, providing	20	retirement in 1991, the observation is set out that:
21	leadership to the medical officers who worked at the	21	" 'the sheer scale and personal responsibility
22	Department for Health and Social Security, DHSS.	22	of the post seemed to have dimensions which distinguish
23	To look at the remit of the role, a helpful	23	it even from some of the highest posts of all within
24	description is contained in the BSE Inquiry report	24	Whitehall'. [And he said that] Paper comes into the
25	published in the year 2000, which is at MHRA0031996.	25	CMO's office on a scale which normally applies to
	3		4

(1) Pages 1 - 4

1	Ministers rather than to officials. There was an	1	Could we scroll down the page to paragraph 4.20
2	abnormally heavy commitment to meetings (both internal	2	next, please. It's sets out here that:
3	and external) and essential representational functions	3	"The post had a long history and carried
4	and international work [had] to be dealt with. Demands	4	a 'complex, varied and demanding portfolio of
5	being made on the CMO in the field of public health were	5	responsibilities'. Unlike the [Chief Veterinary
6	unusually heavy."	6	Officer], however, the [Chief Medical Officer] did not
7	The relevance of this is that given the breadth of	7	have oversight of an executive organisation.
8	the CMO's remit, it would not have been possible for the	8	Sir Donald Acheson commented:
9	CMO to be personally involved in every public health	9	"While the CMO may offer guidance on medical or
10	issue of concern and one aspect that we have found	10	public health matters to all doctors or to Directors of
11	challenging to investigate in preparing this	11	Public Health, neither he nor his predecessors, at least
12	presentation is to what extent the CMO was personally	12	since 1919, have had a management line or any power of
13	briefed on the issues relevant to the Inquiry's remit.	13	direction to doctors outside the Department of Health."
14	The Inquiry has heard evidence from Dr Hilary Pickles	14	That observation of his is relevant to reflect on
15	who was in the AIDS unit during the 1980s, or the later	15	when we come back to these "Dear Doctor" letters that he
16	1980s, that decisions about whether to escalate	16	did circulate to the medical profession, and we consider
17	briefings on any given topic were often taken by the	17	the extent to which it was within the CMO's remit to
18	Deputy Chief Medical Officers or DCMOs, so often we see	18	provide guidance, if not direction, to the medical
19	documents that are circulated at DCMO level and it's	19	profession.
20	sometimes difficult to ascertain whether the CMO, Chief	20	Could we scroll down next, please, to
21	Medical Officer, would have had personal sight of that	21	paragraph 4.22.
22	document or not.	22	It's also set out in this report that:
23	Dr Pickles' evidence, I won't cite it here but	23	"As well as having responsibility for medical and
24	it's at paragraph 17 to 18 of the written presentation	24	public health advice, the CMO was charged with ensuring
25	for those who want to look at the detail.	25	that an adequate quality of advice was provided within 6
1	[the Department of Health] by its professional staff.	1	could we focus on the paragraph in the bottom left-hand
2	Until 1995 [so throughout the period we're looking at	2	column, starting "But at a time when parliamentary
3	today], he acted as the ultimate line manager for over	3	sessions"
4	100 medical and around 40 scientific personnel."	4	We can see just from the bottom of that paragraph
5	He was the head of the medical hierarchy in the	5	Sir Donald Acheson stated that although he saw four
6	Department, which, various witnesses have commented on,	6	Secretaries of State come and go, it was Norman Then
7	ran parallel to the Civil Service hierarchy.	7	if we could go to the top right-hand, thank you
8	Then just the last place to go to in this report,	8	Fowler with whom he worked for several years who he got
9	could we scroll to 4.24, please, just at the bottom of	9	to know best."
10	the page. It is noted that part of the CMO's	10	He says it was a productive partnership which
11	responsibilities was:	11	included not only the largely successful policies, he
12	"To produce an independent Annual Report on the	12	says from the perspective of hindsight in 2007:
13	State of the Public Health [which highlighted] major	13	" for the control of HIV/AIDS, legionellosis
14	issues where health [had] improved, and where there was	14	and salmonellosis, but the revival of public health."
15	concern about health."	15	He praises Lord Fowler's success:
16	We will come back to look at some of those	16	" based on a rare capacity to choose the right
17	reports.	17	priorities together with the self-discipline to pursue
18	The next document we're going to go to when	18	them single-mindedly to a conclusion."
19	considering an overview of the role is Sir Donald	19	Lord Fowler has also given evidence to this
20	Acheson's autobiography, which we have an extract of at	20	Inquiry and his evidence really mirrors what Sir Donald
21	WITN0771088. This was his autobiography sorry, it's	21	Acheson said in his autobiography. He said that the
22	sideways "One Doctor's Odyssey", published in 2007.	22	post of CMO had pivotal importance and talked about how
23	The internal inserts aren't sideways, just the front	23	much he'd relied on Sir Donald Acheson during the mid-
24	cover.	24	to late '80s when they were focusing on the AIDS crisis.
25	Could we go to page 7 of the document, please, and 7	25	In relation to the relationship between the CMO 8

(2) Pages 5 - 8

1	and ministers, we've also heard from Dr Diana Walford,	1	advice extends far beyond his own personal professional
2	who was a Deputy Chief Medical Officer, and she has	2	experience.
3	given evidence that in the context of those parallel	3	He says:
4	administrative and medical hierarchies in the DHSS,	4	"It is therefore necessary for him to be supported
5	the CMO had access to ministers whenever he wished. So	5	by an extensive advisory machinery. In addition to
6	there was a bridge at the top of these hierarchies.	6	a number of expert Standing Committees he has at his
7	The next document we'll go to is Sir Donald	7	disposal a panel of upwards of about eighty personal
8	Acheson's witness statement to the BSE Inquiry which is	8	consultant advisers drawn from the top ranks of the
9	at MHRA0011433. We've seen the report that was written	9	medical profession and covering all the specialities."
10	in the year 2000. He gave this witness statement in the	10	So the role of the consultant adviser is an
11	October of 1998, before well we can see at the top	11	interesting one. That was the position as at 1998 when
12	here was scheduled to give oral evidence in	12	the panel had developed and enlarged since the period
13	November 1998.	13	we're looking at in the 1980s and we can see that if we
14	Can we go to page 4 of that document, please, and	14	go to NHBT0001065, which will be, when it comes up, the
15	focus on the bottom paragraph from the subheading	15	minutes of the consultant advisers meeting on
16	"The Role of the Chief Medical Officer". He there set	16	27 November 1981.
17	out his view of the role as at that time. He noted	17	I go here to the first half of the page, please,
18	that:	18	just to demonstrate that the specialisms at that time,
19	"The Chief Medical Officer [was] the principal	19	including apologies for absence, numbered just seven,
20	adviser on medical and public health matters, not only	20	but even at this time, when there were just seven
21	to Ministers in the Department of Health but to the	21	specialties represented, there was a consultant adviser
22	Ministers in other government departments and to the	22	for blood transfusion, who was at that time Dr Gunson.
23	Government as a whole."	23	This was his first meeting. He commenced in that role
24	He reiterates the observation we've seen already,	24	that year, replacing Dr Geoffrey Tovey.
25	that the field over which the CMO is required to provide	25	Dr Walford, who as I mentioned was one of the
	9		10
1	DCMOs, has given evidence that she found Dr Gunson to be	1	SIR BRIAN LANGSTAFF: The first amongst equals.
2	accessible and helpful as a consultant adviser and was	2	MS BARRETT: First amongst equals, I'm grateful.
3	pleased that he'd taken over the role.	3	"They are free to accept or reject his advice."
4	The relevant evidence on that issue is set out at	4	SIR BRIAN LANGSTAFF: The fact that he thinks it is
5	paragraph 23 of the written presentation. I don't go to		on british british in the last the till the last the
6		5	a misnamer is I think looking at one public view of
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7	it now. I'm just going to go back, please, to MHRA0011433,	6 7	looking at the word "chief". My understanding from what you have told me in the written presentation and from
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The Infected Blood Inquiry

(3) Pages 9 - 12

1	but direct to ministers.	1	this time and this is the first document which the
2	MS BARRETT: That's right, there was that bridge at the top	2	Inquiry has identified, although that doesn't mean it's
3	of the hierarchy just as a permanent	3	the first document there was, showing
4	SIR BRIAN LANGSTAFF: Well, it's not really a bridge, is it,	4	Sir Henry Yellowlees being directly addressed on the
5	because a bridge will suggest there's a link between the	5	issue of AIDS.
6	two, the administrative and the medical, whereas he has	6	I'll go through and pick up on a few points
7	a direct route. So it's more a direct reporting line to	7	SIR BRIAN LANGSTAFF: He had authored, hadn't he, the 1982
8	the minister, isn't it?	8	report on the nation's health?
9	MS BARRETT: Yes, that's right. That's absolutely right.	9	MS BARRETT: He had.
10	SIR BRIAN LANGSTAFF: So if there's a bridge, it's a bridge	10	SIR BRIAN LANGSTAFF: Did that not pick up on AIDS?
11	through the minister rather than to the administrative	11	MS BARRETT: I'm just going back to check, but my
12	side.	12	understanding is, and I think it's correct, that the
13	MS BARRETT: Yes, it's more like the point of the triangle	13	first mention of AIDS in the 1982 annual report was,
14		14	•
15	where they meet.	15	yes, published some time after October 1983, because
	SIR BRIAN LANGSTAFF: That's a better way of putting it.		that's when the introduction by Sir Henry Yellowlees was
16	Thank you.	16	signed off, and so in the chronology we think this
17	MS BARRETT: So that is really the overview of what the	17	letter of 9 June 1983 would have come before he turned
18	purpose and function of the role was and we'll now go	18	his mind to the content of that report, although we
19	into some more of the detail as to what firstly	19	can't be sure of course exactly when it was drafted.
20	Sir Henry Yellowlees and then Sir Donald Acheson did and	20	SIR BRIAN LANGSTAFF: The difficult technicality there is he
21	in particular in response to the emerging risk of AIDS.	21	is reporting not on '83, when he signed it off, but on
22	We'll start, please, at MHBT0001067.	22	'82.
23	So this is a letter of 9 June 1983 from Dr Gunson	23	MS BARRETT: Yes, that's correct.
24	to Sir Henry Yellowlees. We've heard that Dr Gunson was	24	SIR BRIAN LANGSTAFF: So the question is from it's always
25	the consultant adviser for blood transfusion issues at 13	25	a difficulty with reports published some months after 14
	· ·		**
1	a period upon which they are reporting is concerned,	1	informed, the probability is he may have been, but we
2	because you don't necessarily know whether what is said	2	have no direct proof that he was; is that the position?
3	effectively bringing things up-to-date or whether it is	3	MS BARRETT: That's the position. It's not suggested,
4	actually what was known and what was done during that	4	couldn't be suggested, that he was not involved in the
5	particular year.	5	issue.
6	MS BARRETT: That's right, we can't know and it's impossible	6	SIR BRIAN LANGSTAFF: No.
7	to prove a negative. So all we can say is, as at	7	MS BARRETT: All we can say is the first document we have
8	October 1983 when he signed off his introduction to that	8	identified so far and we may identify further
9	report, he had in mind that over the period of 1982 AIDS	9	documents as the Inquiry progresses, the first document
10	was an issue but we can't know at what stage in 1982 or	10	we have identified so far where he is in direct
11	1983 he was first personally involved in that issue.	11	correspondence about the issue is the document on screen
	· · · · ·		from Dr Gunson.
12	SIR BRIAN LANGSTAFF: But at least he had to be aware that	12	
13	it was an issue during that period.	13	SIR BRIAN LANGSTAFF: And I also imagine that he read the
14	MS BARRETT: Yes.	14	newspapers.
15	SIR BRIAN LANGSTAFF: If not earlier, given some of the	15	MS BARRETT: I would speculate yes.
16	contents of his report.	16	SIR BRIAN LANGSTAFF: Well, it's the probability, isn't it?
17	MS BARRETT: Yes, that is right.	17	MS BARRETT: Yes.
18	SIR BRIAN LANGSTAFF: Yes, and one supposes that a report of	18	SIR BRIAN LANGSTAFF: And the newspapers, speaking
19	the length it was would be drafted for him, particularly	19	generically, would have alerted any reader to the fact
20	given what we've heard about Sir Henry from those who	20	there was something which was alarming people in the
21	have given oral evidence, and they would have a direct	21	States and people were worried about it in the UK called
22	reporting line probably, because they would be civil	22	AIDS and that was before '83 dawned.
23	servants of the medical division, up to him.	23	MS BARRETT: Certainly, and this letter refers to the
24	MS BARRETT: Yes, that is right.	24	considerable publicity that had been given in the press
25	SIR BRIAN LANGSTAFF: So he might very well have been	25	to the condition of AIDS and if we look at the first
	15		16

(4) Pages 13 - 16

1	paragraph, Dr Gunson is very much addressing Sir Henry	1	something which Dr Gunson is referring to
2	on an issue he expects he knows about. He's not telling	2	SIR BRIAN LANGSTAFF: Yes.
3	him for the first time or anything like that. It may be	3	MS BARRETT: by this point.
			·
4	that this is picking up on a conversation that they had	4	SIR BRIAN LANGSTAFF: I have taken you away from taking us
5	had earlier. But all we can say is this is the first	5	through the letter, but thank you, that's helped to
6	document that we've identified.	6	clarify my thoughts and put out there something if
7	SIR BRIAN LANGSTAFF: Certainly Sir Henry didn't respond	7	anyone wants to come back and argue the contrary they
8	saying, "Well, I never heard of this, tell me more about	8	are very welcome to do so.
9	it".	9	MS BARRETT: Thank you.
10	MS BARRETT: No. Unfortunately, we don't have the response	10	In this letter then we've looked at the first
11	to this letter but certainly we don't have anything	11	paragraph, which refers to recent attention in the
12	suggesting he was in any way surprised.	12	press. If we look then at the second paragraph, we can
13	SIR BRIAN LANGSTAFF: So, subject to submissions to the	13	see that at that time Dr Gunson was telling Sir Henry
14	contrary and evaluating them, I think I will be bound to	14	Yellowlees that the aetiology of the disease was not
15	conclude that, just as it appears to have been assumed	15	known but there was a strong possibility that the
16	by Dr Gunson, that he knew very well there was something	16	syndrome was caused by a transmissible infectious agent,
17	called AIDS some time before June 1983.	17	and in that context it had been implicated in the
18	MS BARRETT: Yes, absolutely. We just unfortunately can't	18	transfusion of blood and blood products.
19	provide you with a better date for that earlier	19	He told Sir Henry Yellowlees that in the USA
20	awareness. We're picking up some way into the story,	20	several patients suffering from haemophilia A had
21	but this is the first document that we have.	21	contracted AIDS and some had died and all of those
22	SIR BRIAN LANGSTAFF: I may also be bound to conclude, if	22	patients had received repeated it says infections but
23	that is the case, that he was aware there was something	23	I think he means infusions of Factor VIII concentrate
24	which might very well be a threat to public health.	24	derived from human plasma. He refers to one case in
25	MS BARRETT: Certainly if we look at this letter, that is	25	England of a patient with haemophilia who was at that
	17		18
1	point suffering from a condition which fulfilled the USA	1	make the country self-sufficient. He went on underneath
2	definition of AIDS and refers also to one other possible	2	the sub-paragraphs to say that AIDS was not a major
3	patient suffering from haemophilia who may have the	3	problem in the country at present and, frankly, he did
4	syndrome.	4	not know whether it would be in the future. However, it
5	He goes on to say that:	5	was being taken seriously in European Countries.
6	"Although relatively few cases of AIDS [had], as	6	Then, towards the close of the letter, he
7	yet, been reported in the UK, the significance of the	7	mentioned, if we could just scroll down
8	condition with respect to the transfusion of blood and	8	SIR BRIAN LANGSTAFF: Can we just go on in that paragraph,
9	blood products [was] two-fold."	9	because I notice it says:
10	He talked about the importance of ensuring that	10	" it is being taken seriously in European
11	persons in the high risk group with respect to AIDS were	11	Countries and the Ministers of the Council of Europe are
	not enrolled as blood donors. He referred to the	12	to be asked to approve recommendations designed to
12	pamphlet which was then being given out to prospective		
13		13	minimise the effect of AIDS."
14	blood donors on AIDS.	14	Now, we have had reference to that and their
15	Then just over the page, at sub-paragraph (2), he	15	conclusion elsewhere in the Inquiry so far. But it's
16	highlights that:	16	the sentence that follows:
17	"Approximately half of the Factor VIII concentrate	17	"These recommendations are not in general
18	used in the treatment of haemophilia in England and	18	incompatible with the measures being taken in this
19	Wales at [that time was] derived from plasma imported	19	country."
20	from the USA."	20	It's a question of how one interprets that
21	He said that there was no alternative to the	21	sentence, really. Is he saying, effectively, "Those
22	continuation of that policy in the short term, but he	22	recommendations are what we ought to be doing, they are
23	was flagging up a concern and went on to say that in the	23	not incompatible with what we want to achieve", or is he
24	medium term, the Blood Products Laboratory, Elstree, was	24	saying, "We're doing what is sufficient to achieve the
25	being rebuilt so that it would have the capability to	25	recommendations"? Two different ways of reading the

(5) Pages 17 - 20

1	same sentence.	1	SIR BRIAN LANGSTAFF: Or blood products. And he deals with
2	MS BARRETT: Yes, it's ambiguous, and for Sir Henry	2	that, does he, in the next paragraph? A bit.
3	Yellowlees receiving the letter, he's been told in the	3	MS BARRETT: He does, although you'll see that he refers to
4	sub-paragraph above about measures which were being	4	the press publicity, or some of it, being ill-informed
5	taken, including the blood donor leaflet and working to	5	and alarmist, which would tend to re-emphasise what he
6	build capacity at Elstree and then is being told AIDS is	6	said about it not being a major problem. It's perhaps
7	not a major problem in this country at present. The	7	an issue of tone rather than what he's actually saying.
8	overall tone may lead to the interpretation that these	8	But he does go on to see that there is going to be this
9	measures are underway, or what we're doing isn't	9	meeting of consultant advisers on 17 June 1983 and he
10	incompatible, but it's ambiguous. It's not clear which	10	asks for it to be added to any other business so he can
11	he is saying.	11	talk about the problems of AIDS in relation to the
12	SIR BRIAN LANGSTAFF: By talking about AIDS not being	12	transfusion of blood and blood products and the measures
13	a major problem in this country he must, I think, be	13	being undertaken in respect to this what he calls
14	concentrating upon what was his bailiwick, which is the	14	potentially fatal syndrome.
15	supply of blood for transfusion from donors bled in the	15	He's not saying this is the end of the matter, he
16	UK, because what he's just said above that is: we're	16	is saying this is an issue which bears further
17	importing half of what we need for those who receive	17	discussion that he wants to address.
18	blood products and importing from a country where there	18	SIR BRIAN LANGSTAFF: So what the letter is really doing is
19	is a major problem. So he doesn't deal with that, does	19	saying: can I please raise something under AOB?
20	he, because he's I suppose concentrating, given his role	20	MS BARRETT: Yes, that's the function of the letter. That's
21	distinct from that of Dr Lane in the Blood Products	21	what he's asking. As I mentioned, the Inquiry hasn't
22	Laboratory, his role is dealing with blood transfusions.	22	identified any reply from the CMO and unfortunately we
23	MS BARRETT: Yes, he was the consultant adviser for blood	23	haven't identified the minutes of that 17 June meeting,
24	transfusions, he wasn't the consultant adviser for	24	but we do know that AIDS was discussed at that meeting
25	infectious diseases or epidemiology	25	because it's referred to in a later letter.
	21		22
1	Could we go to NHBT0001066, please. Could we go	1	I've just lost the reference and we'll come to it later
2	to page 2 of that document. The page on screen is the	2	in the course of the presentation. But we can see that
3	reply. Page 2 is the earlier letter of 14 October 1983	3	this is a conversation that has been started and is
4	and it's from Sir Donald Acheson and, if you look at his	4	ongoing.
5	sign-off just at the bottom of the letter, we can see	5	If we go next, please, to DHSC0002309 123, this is
6	that at that point he was Chief Medical Officer	6	a document dated 22 June 1983, so it's five days after
7	Designate. So we're in that three-month cross-over	7	the consultant advisers' meeting, and we can see
8	period where he has started to work at the DHSS and	8	Dr Oliver, he was one of the Deputy Chief Medical
9	Sir Henry Yellowlees is still in post. So there was an	9	Officers, circulated a note, with the topic "AIDS",
10	extended handover period.	10	saying:
11	In this letter, Sir Donald Acheson wrote to	11	"Sir Henry Yellowlees has asked me to provide some
12	Dr Gunson:	12	information on AIDS for Lord Glenarthur. I attach
13	"You will remember that at the meeting of the	13	a paper prepared by Dr Walford which gives the
14	Consultant Advisers in the summer, Sir Henry Yellowlees	14	background and up-to-date position. We are at
15	asked whether you would be kind enough to send a brief	15	Lord Glenarthur's service if he would like to discuss
16	account of the advances in your specialty that have	16	the matter in greater detail."
17	occurred in the past five years and the problems and	17	So we can see that Sir Henry Yellowlees was at
18	opportunities which you can anticipate in the next	18	that stage involved in requesting a briefing on AIDS to
19	five years."	19	go to a minister and the paper that was attached is at
20	So he is there picking up on this aspect of his	20	DHSC0002309_124. So this is Dr Walford's paper prepared
21	brief and then if we go to sorry, I've lost the	21	at Sir Henry Yellowlees' request. Could we focus on the
22	reference. We'll come back.	22	bottom paragraph under "Spread of the disease", please.
23	There's a further document which says in terms	23	It was noted that:
24	that what was discussed at that consultant advisers'	24	"The pattern was [emerging], is of a disease which
25	meeting in the summer there was a discussion on AIDS.	25	appears to be transmitted predominantly by male
	23		24

(6) Pages 21 - 24

I finish it says "means" and then says: As a secondary method of spread contaminated a medies used by drug addicts and the transfusion of blood and plasma taken from donors carrying the AIDS 5 gents. account for the courseroe of AIDS in intraversors 6 gents account for the courseroe of AIDS in intraversors 6 gents account for the courseroe of AIDS in intraversors 6 gents account for the courseroe of AIDS in intraversors 6 gents account for the courseroe of AIDS intraversors 6 gents account for the course of AIDS and the service of AIDS and service of AIDS and the service of AIDS and service of AIDS and the AID and the AID and the AIDS and t	1	homosexual activity but also by heterosexual"	1	no 'dumping' of high-risk plasma products on the
blood and plasmat taken from donors carrying the AIDS 5 discussed but there was at that stage no evidence that 3 discussed but there was at that stage no evidence that 3 discussed but there was at that stage no evidence that 3 discussed but there was at that stage no evidence that 3 discussed but there was at that stage no evidence that 3 discussed but there was at that stage no evidence that 3 discussed but there was at that stage no evidence that 3 discussed but there was at that stage no evidence that 3 discussed but there was one case of AIDS and been reported. 10 could we go be page 2, please, and look at the 10 paragraph that 1 discussed but there was not at 100 page 2. Please, and look at the 10 paragraph that 1 discussed but the paragraph that 1 discussed but the paragraph that 1 discussed but the paragraph that 1 discussed but there was not at 100 page 2. Please, and look at the 10 paragraph that 1 discussed but there was not at 100 page 2. Please, and look at the 10 paragraph that 1 discussed but there was not at 100 page 2. Please, and look at 100 page 2. Please, and and fair 1 discussed but the paragraph that 1 discussed but there was at 100 page 2. Please, and after 1 discussed but there was not at 100 page 2. Please, and from NHS 17 page 2. Please 3. P	2	I think it says "means" and then says:	2	UK market and seeking assurances from the
blood and plasmat laken from donors carrying the AIDS 5 discussed but there was at that stage nee vidence that agent account for the occurrence of AIDS in introverous 6 auch makeral would reduce the risk of transmitting drug abusers, heemophilises and recipients of blood 7 AIDS. So the method of framition was highlighted. 9 Could we go to page 2, please, and look at the 10 page? Sony, it was just the paragraph above that: 9 page? Sony, it was just the paragraph above that: 9 page? Sony, it was just the paragraph above that: 9 page? Sony, it was just the paragraph above that: 9 page? Sony, it was just the paragraph above that: 9 paragraph that lates owned to go to. 11 and it was noted that: 12 was noted that 12 may be paragraph above that 13 hat 12 confirmed cases of AIDS had been reported. 13 layed from the use of Facet VIII concentrate prepared from American plasma. 14 from American plasma. 15 heepenphilis. He had received the Fachor VIII concentrate made from USA plasma prior to 1981 and after 16 concentrate made from USA plasma prior to 1981 and after 16 work being done to redevelop the Blood Products 14 that had received NIHS factor concentrate made from NHS 17 that had received NIHS factor concentrate made from NHS 17 that was under the reverse of the page and plasma. 1990 If we could go to page 3, pleases, and look at the 2 imported from the USA. 1990 If we could go to page 3, pleases, and look at the 2 imported from the USA. 1990 If we could go to page 3, pleases, and look at the 2 imported from the USA. 1990 If we could go to page 3, pleases, and look at the 2 imported from the USA. 1990 If we could go to page 3, pleases, and look at the 2 imported from the USA. 2 imported from the U	3	"As a secondary method of spread, contaminated	3	manufacturers in relation to the quality"
blood and plasma taken from doors carrying the AIDS and agent, account for the occurrence of AIDS in initiavenous 6 such material would reduce the risk of transmitting 7 dug abusers, hearnohilation and recipients of blood 7 AIDS. It transfusion." 8 Could we zoom out again and look at the whole 9 So the method of transition was highlighted. 9 page 2. Please, and look at the 10 Could we zoom out again and look at the whole 9 second paragraph under "AIDS in the UK". 11 And it was noted that: 12 We can see at that time 0" Walford highlighted 12 " the greatest risk to hearnophiliac at present 14 that 12 continued cases of AIDS had been reported. 13 that 12 continued cases of AIDS had been reported. 13 the was noted that: 14 that 12 continued cases of AIDS had been reported. 14 There was not case of AIDS had been reported. 15 that 12 continued cases of AIDS had been reported. 16 concentrate made from USA plasma prior to 1981 and after 16 concentrate made from USA plasma prior to 1981 and after 16 concentrate made from USA plasma prior to 1981 and after 16 concentrate made from USA plasma prior to 1981 and after 17 that had received NHS factor concentrate made from NHS 17 Labornotory. 18 uncertainty over that patients' diagnosis. 19 that had received the 18 factor concentrate made from NHS 17 Labornotory. 18 work being done to redevelop the Blood Products 19 uncertainty over that patients' diagnosis. 19 the hammality over that patients' diagnosis. 19 that paragraph of that page, there's a discussion of 21 So it was both of those paragraphs that I wanted 22 FOA regulations governing the selection of plasma donors 22 to draw to your attention, sit. 19 the theory of the AIDS 19 that 19 to 19 the 19 that 19 to 10 tok at the annual 10 to draw to your detention, sit. 19 that 19 to 19 that 19	4	needles used by drug addicts and the transfusion of	4	
diug abusers, heemophiliacs and recipients of blood transfusion." So the method of transition was highlighted. Could we go to page 2, please, and look at the 10 second paragraph that "AllS in the LIV". We can see at that time Dr Wafford highlighted 12 we was one case of AIDS in a pleater with 14 to Mark was one case of AIDS in a pleater with 15 heemophiliac sees of AIDS had been reported. 13 the was one case of AIDS in a pleater with 16 concentrate made from LIDS in a pleater with 16 concentrate made from LIDS in a pleater with 16 concentrate made from LIDS pleaser point to 1981 and after 16 work being done to redevelop the Blood Products 17 that had received NHS factor concentrate made from NHS 17 become limit over the patient's diagnoses. 19 pleasme. But it's noted there was, at that stage, 19 resembling over the patient's diagnoses. 19 resembling over the patient's deginoses. 19 resembling over the patient's deginoses in 19 resembling over the patient's deginose in 19 resembling over the patient's deginoses. 19 resembling over the patient's deginoses of 21 So it was both of those paragraphs that I wanted to exclude high risk groups and it's noted there was, at the stage, 19 resembling over the patient's declines and Supply Divisions 21 to exclude high risk groups and it's noted there will be 25 report for 1982, which is at DHSCOGOTO04. 2 systematic investigation, of an immune deficiency 25 when it was drefaeld. If we look at the annual 2 report for 1982, which is at DHSCOGOTO04. 2 systematic investigation, of an immune deficiency 3 that is declined and in the manual 3 report for 1982, which is at DHSCOGOTO04. 2 systematic investigation, of an immune deficiency 3 the declined back, in one of the documents that 4 the discussion of 4D is the contract of the surface of 1981 to lowing the consultant 3 report for 1982, which is at DHSCOGOTO04. 2 systematic investigation, of an immune deficiency 3 the declined back, in one of the documents that 4 the declined back, in one of the documents that 5 report is a page	5	blood and plasma taken from donors carrying the AIDS	5	discussed but there was at that stage no evidence that
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25 is reference to the CDC in Atlanta having been aware, 25 what Sir Henry says in his introduction, this was		, -		• • •
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	25		25	

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1	compiled and edited by somebody other than him. But	1	SIR BRIAN LANGSTAFF: And on. And on. It's under the
2	there we are.	2	"Communicable diseases" section.
3	There is an earlier reference actually I think in	3	MS BARRETT: So the next page is the start of the relevant
4	the report ten pages earlier.	4	chapter, and then in this chapter if we could just go
5	MS BARRETT: Could we go back please.	5	forwards slowly page by page while we look for the
6	SIR BRIAN LANGSTAFF: About ten pages earlier I noticed.	6	reference that Sir Brian has in mind.
		7	
7	MS BARRETT: To page 60.		SIR BRIAN LANGSTAFF: And on, please. And on. And on.
8	SIR BRIAN LANGSTAFF: Just go back to it. It's I'm not	8	That's it, "Kaposi's sarcoma and AIDS", 53.
9	sure if it's the problem is the electronic numbering	9	MS BARRETT: Thank you. So that dates 1982 as the beginning
10	but I think go back to 51 just to check.	10	of surveillance.
11	MS BARRETT: Go back one page. The electronic numbering is	11	SIR BRIAN LANGSTAFF: That's by the CDSC (so that's the UK
12	eight pages on from the internal page numbering.	12	surveillance of what was an American discovery or
13	SIR BRIAN LANGSTAFF: And on, I think. Because there is a	13	realisation) and it then describes how the data was
14	description of AIDS. And on. Right could we just take	14	collected, which is a matter of some interest, and then
15	it through page by page. I think we may come to some	15	the paragraph:
16	description.	16	"During 1982 and the early weeks of 1983, case
17	MS BARRETT: So we're at the start of the chapter.	17	reports suggestive of the classical type of Kaposi's
18	SIR BRIAN LANGSTAFF: Up the numbering scale towards 100	18	Sarcoma were received" which suggests that in the UK
19	rather than down.	19	there had been a number of reports of something which
20	MS BARRETT: So from page what page electronically are	20	might be the syndrome, and:
21	you on now.	21	"It is now believed there is under-reporting of
22	SIR BRIAN LANGSTAFF: 48 internal.	22	these conditions, although research is proceeding in
23	MS BARRETT: So are you on 56 electronic? So go back to the	23	a number of scattered centres."
24	page you were just on a moment ago. Go forwards. Just	24	So you then have what's to be done in terms of
25	go forwards page by page, please.	25	surveillance. It it's a little more informative I think 30
4	then what some later in 4.40	4	Have it is said that ille sected that there's
1	than what comes later, isn't it?	1	Here it is said that it's noted that there's
2	MS BARRETT: Yes, and thank you for taking us there. It	2	over 1,000 cases reported in the United States, that
3	does show that measures were being taken in terms of	3	there's a death rate of over 40 per cent, that it's
4	surveillance which were within the purview of the Chief	4	a serious and often fatal syndrome. Where it says
5	Medical Officer at least by this stage this report was	5	"Cases are now being reported in England and Western
6	compiled.	6	Europe", I think it is helpful, Sir Brian, that you took
7	SIR BRIAN LANGSTAFF: So the information he had, as	7	us to the earlier point where we could see the context
8	reflected in this document, was that the information	0	
9		8	of the reporting that was being set out in the report in
	that was being collected by the regulatory or the	9	of the reporting that was being set out in the report in relation to the UK.
10	that was being collected by the regulatory or the surveillance authority in the UK was not properly		
10 11		9	relation to the UK.
	surveillance authority in the UK was not properly	9 10	relation to the UK. But what's interesting here is that the cause of
11	surveillance authority in the UK was not properly reflective of the full extent of what was actually	9 10 11	relation to the UK. But what's interesting here is that the cause of the serious and often fatal syndrome is unknown, which
11 12	surveillance authority in the UK was not properly reflective of the full extent of what was actually happening, and that might be important if one's looking	9 10 11 12	relation to the UK. But what's interesting here is that the cause of the serious and often fatal syndrome is unknown, which was correct at that point, but the information that we
11 12 13	surveillance authority in the UK was not properly reflective of the full extent of what was actually happening, and that might be important if one's looking at the degree of prevalence and, therefore, any supposed	9 10 11 12 13	relation to the UK. But what's interesting here is that the cause of the serious and often fatal syndrome is unknown, which was correct at that point, but the information that we saw in the internal briefings, which was a lot more
11 12 13 14	surveillance authority in the UK was not properly reflective of the full extent of what was actually happening, and that might be important if one's looking at the degree of prevalence and, therefore, any supposed risk.	9 10 11 12 13 14	relation to the UK. But what's interesting here is that the cause of the serious and often fatal syndrome is unknown, which was correct at that point, but the information that we saw in the internal briefings, which was a lot more detailed, about modes of transmission aren't at this
11 12 13 14 15	surveillance authority in the UK was not properly reflective of the full extent of what was actually happening, and that might be important if one's looking at the degree of prevalence and, therefore, any supposed risk. MS BARRETT: Yes and the measures that it would be	9 10 11 12 13 14	relation to the UK. But what's interesting here is that the cause of the serious and often fatal syndrome is unknown, which was correct at that point, but the information that we saw in the internal briefings, which was a lot more detailed, about modes of transmission aren't at this stage being set out in the public report.
11 12 13 14 15	surveillance authority in the UK was not properly reflective of the full extent of what was actually happening, and that might be important if one's looking at the degree of prevalence and, therefore, any supposed risk. MS BARRETT: Yes and the measures that it would be proportionate to take in response.	9 10 11 12 13 14 15	relation to the UK. But what's interesting here is that the cause of the serious and often fatal syndrome is unknown, which was correct at that point, but the information that we saw in the internal briefings, which was a lot more detailed, about modes of transmission aren't at this stage being set out in the public report. This is the last document that we have identified showing personal involvement from Sir Henry Yellowlees
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	24	But he notes that:	24	were two overlapping CMOs. So with that health warning,
35	25	"Nevertheless, the transmission of non-A, non-B	25	could we have a look, please, at the second paragraph
		35		36

(9) Pages 33 - 36

1	we're there already which notes:	1	viral aetiology"
2	"CMO will already be well aware of the general	2	MS BARRETT: Yes.
3	background to AIDS"	3	SIR BRIAN LANGSTAFF: So that's the briefing note which has
4	Sir Brian, it goes back to your point that this is	4	been given.
5	also a live issue in the press and it would have been	5	MS BARRETT: Yes, absolutely. It's not a definite certainty
6	something that was part of the general fabric of	6	at this stage. They are saying the possibility of other
7	knowledge and discussion as well as specific briefings.	7	causes has not been dismissed but that is the generally
8	It says:	8	accepted theory.
9	" there is little to report in the way of	9	SIR BRIAN LANGSTAFF: So most people think it's a virus.
10	scientific developments."	10	MS BARRETT: Yes, yes. If we look at the previous sentence
11	The definition is broadly accepted, although it	11	as well, the question is also being asked is whether the
12	has been modified in some countries, and goes on to see	12	pre-existing immune dysfunction allows infection by an
13	that no specific marker test has been developed. It	13	AIDS virus or whether the agent itself causes the immune
14	says that cases continue to rise with 24 notifications	14	defect. So there was also a question about whether an
15	by then in Britain, including two people with	15	inherent susceptibility played part of the causation of
16	haemophilia.	16	the syndrome, which of course we know later was not the
17	If we look at the fourth paragraph, towards the	17	case but that was still something that was being
18	bottom of what's on screen, we know that there's	18	considered at the time.
19	intensive research activity in the USA and elsewhere	19	In terms of internal briefings, if we could next
20	directed at searching for the causative agent as well as	20	go, please, to DHSC0001966. So this is in
21	the basic immunology of the syndrome.	21	February 1984, we've got another communication from
22	So that was the state of DHSS internal briefing in	22	Dr Gunson. This time he's writing to Dr Harris, who's
23	early November of 1983.	23	one of the Deputy Chief Medical Officers, rather than
24	SIR BRIAN LANGSTAFF: It's, what, five lines down:	24	directly to the CMO. He appended a report which I don't
25	"Although there is a fairly general acceptance of 37	25	think we need to go to entitled "Plasma supply for 38
1	self-sufficiency in blood products" and essentially what	1	warning as with respect to Sir Henry Yellowlees: we
2	he was doing was recommending that additional blood	2	don't know what that signifies. It may have been that,
	-		-
3	collection should be financed through the CBLA. So it	3	as this letter reflects, he was having verbal
3 4	collection should be financed through the CBLA. So it was a request for financing to increase the collection	3 4	as this letter reflects, he was having verbal conversations with his DCMOs and other personal in DHSS.
3 4 5	collection should be financed through the CBLA. So it was a request for financing to increase the collection of plasma in support of the goal of self-sufficiency.	3 4 5	as this letter reflects, he was having verbal conversations with his DCMOs and other personal in DHSS. It may be that there are documents we haven't identified
3 4 5 6	collection should be financed through the CBLA. So it was a request for financing to increase the collection of plasma in support of the goal of self-sufficiency. Then the reply is at DHSC0046942_114, and this is	3 4 5 6	as this letter reflects, he was having verbal conversations with his DCMOs and other personal in DHSS. It may be that there are documents we haven't identified yet or it may be that his focus was elsewhere, but we
3 4 5 6 7	collection should be financed through the CBLA. So it was a request for financing to increase the collection of plasma in support of the goal of self-sufficiency. Then the reply is at DHSC0046942_114, and this is Dr Harris' reply of 15 February 1984, and we can see in	3 4 5 6 7	as this letter reflects, he was having verbal conversations with his DCMOs and other personal in DHSS. It may be that there are documents we haven't identified yet or it may be that his focus was elsewhere, but we can't draw that as a conclusion. There's just a gap in
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(10) Pages 37 - 40

1	If we go back up to the answer under (a), please,	1	the second question about what's the position about
2	Dr Smithies responded to the question about, "When can	2	blood transfusion and plasma related AIDS in the UK and
3	we expect that no blood/plasma will be donated without	3	its control. She told the CMO that they had yet no
4	prior testing", that so far only pilot studies had been	4	known case of AIDS reliably related to blood
5	carried out into blood donor testing for the HLTV3	5	transfusion. There were about 40 cases in the
6	antibody and that there was a limited supply of test	6	United States. Officially there were three cases by
7	re-agents so that the time-frame for universal testing	7	this point of haemophiliacs who had contracted AIDS and
8	was uncertain.	8	then just going over to the top of the next page please,
9	She said in the second paragraph, in the bit that	9	one of them had sadly died. She said that in the view
10	someone has drawn brackets round, at the end of that	10	of the prevalence of HTLV antibody in haemophiliacs,
11	paragraph could we highlight it that:	11	which was about 35 per cent, that it was likely that
12	" it is felt that there is a danger in making	12	there would be more; so likely there would be more cases
13	this too public in the event of high risk groups using	13	of AIDS in people with haemophilia.
14	blood donations as a means of finding at their HTLV	14	She notes that the two cases which had arisen long
15	antibody status."	15	enough ago to be well documented had received
16	So that was something that was raised as a concern	16	Factor VIII from the United States and the recipients of
17	internally at DHSS at that time, that introducing	17	the same batches of Factor VIII were being followed up
18	antibody testing for prospective blood donors at blood	18	through Dr Craske of the Public Health Laboratory
19	transfusion centres could create an incentive for people	19	Service. DHSS had allocated research funds to assist
20	who were at high risk to donate blood in order to access	20	Dr Craske in that study.
21	the tests.	21	She also noted there was a concern about recent
22	It's not stated that there was any evidence that	22	batches known to be associated with AIDS donors, one of
23	that was likely to happen, but it was flagged as	23	which came from the United States and one of which was
24	a concern.	24	contaminated by a donor from Wessex.
25	At the bottom of the page, we have the reply to 41	25	She told the Chief Medical Officer, and this is 42
1 2	something that we see he took on board seriously, that: "The only protection recipients of blood and blood	1 2	SIR BRIAN LANGSTAFF: Yes, we will take a break now until 11.45 and then we'll hear the next part of the saga.
	-		·
2	"The only protection recipients of blood and blood products [had] from contracting AIDS from donors [was] the publicity given to the possibility of transmission	2	11.45 and then we'll hear the next part of the saga.
2 3	"The only protection recipients of blood and blood products [had] from contracting AIDS from donors [was]	2 3	11.45 and then we'll hear the next part of the saga. MS BARRETT: Thank you, sir.
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(11) Pages 41 - 44

1	Transfusion. Such Consultant Adviser appointments	1	The next document, going back to that part of the
2	existed for only a few other specialties."	2	narrative, is at DHSC0002249_034.
3	That evidence is set out in paragraph 22 of the	3	This is a further minute which Dr Smithies
4	written presentation for those following at home.	4	submitted on 20 November 1984 for the attention of
5	So what we know or what we have is Dr Walford's	5	the CMO.
6	evidence that there are few other specialties in	6	In the first paragraph she updated him that
7	addition to blood transfusion as at the beginning of	7	the Central Blood Laboratory authority had announced the
8	the 1980s, and we have the evidence we looked at of	8	day before that they planned to heat treat all
9	Donald Acheson's statement to the BSE Inquiry in 1998	9	Factor VIII manufactured there from April 1985 onwards.
10	that, by that time, there were over 80 consultant	10	In the last paragraph that's up on screen she noted that
11	advisers. But what we don't have is a complete list of	11	the use of heat-treated Factor VIII sorry, if we
12	the specialties as at the early 1980s.	12	could just zoom out yes, it is that paragraph, that
	•	13	the pilot trials had shown that the heat treatment did
13	Sir, I apologise for giving that impression of	14	not inactivate non-A, non-B hepatitis and that there
14	this document and correct the record in that respect.		
15	SIR BRIAN LANGSTAFF: It leads to this question, I think,	15 16	would be a programme of intended introduction of
16	which is, do we know if there was any consultant	16	heat-treated Factor VIII in order to make that available
17	specifically in public health as you might be thought	17	to haemophiliac patients in the UK, but there wasn't
18	such as a communicable disease specialist, or for that	18	a time-frame given at that time.
19	matter a public health specialist?	19	If we next go then to the annual report for 1983,
20	MS BARRETT: That's something I don't know now but we will	20	which is at DHSC0007005, and could we look at page 16,
21	look into.	21	please, which is the last page of the introduction
22	SIR BRIAN LANGSTAFF: Thank you.	22	section. You'll see, sir, that it's signed by Donald
23	MS BARRETT: Before the break we had looked at a briefing	23	Acheson but he acknowledges in the paragraph above that
24	from Dr Smithies during October of 1984 and the response	24	throughout 1983 Sir Henry Yellowlees was in post and
25	from the CMO. 45	25	that the report describes the events that took place 46
1	during his term of office and he had helped in the	1	"Expert opinion suggests that there is no risk of
2	preparation of the report. This report can be seen to	2	contracting AIDS as a result of casual or social contact
3	some extent as a joint production between the two of	3	with AIDS patients, eg on public transport, in
4	them.	4	restaurants, or in private dwellings. The spread of
5	Could we go back to page 13 in this document,	5	AIDS appears to require intimate contact."
6	please. We can see that within the introduction section	6	The relevance of that thematically, we'll see some
7	there is a part on communicable diseases and the second	7	other documents as well, is that Sir Donald Acheson
8	paragraph there on the page refers to AIDS. We can see	8	appears to have seen part of his role as addressing
9	that it's being foregrounded as an issue by the	9	misinformation and stigma. So as well as providing
10	1983 report, which we know the introduction to which was	10	information about AIDS there are places in the documents
11	written in December 1984; the same caveats apply as to	11	where he corrects misinformation and so that is an
12	we don't know exactly when all parts of the report were	12	element of the CMO role which also is developed
13	drafted.	13	thematically through the presentation.
14	Then if we go to page 54 within the document,	14	SIR BRIAN LANGSTAFF: The purpose of the document, the
15	please, we are within the "Communicable diseases"	15	report on the health of the nation, who was it intended
16	chapter, so this is the equivalent chapter we went	16	should be the readership?
17	through for the previous year's report, and we can there	17	MS BARRETT: That's a really good question. It was a public
18	see that there is now a page and a half devoted to AIDS.	18	document, so it wasn't just for doctors. Anybody could
19	Can we look at the penultimate paragraph on that	19	read it.
20	page, please. It refers to "AIDS and the UK blood	20	SIR BRIAN LANGSTAFF: The reason I ask is because of the
21	donor" and explains that a leaflet had been distributed	21	language. If you look at the very top of that page and
22	in blood transfusion centres and sexually transmitted	22	the sentence, "The spread of AIDS appears to require
23	disease clinics.	23	intimate contact", there may be a number of people who
24	Then the bottom paragraph on that page is "AIDS	24	would understand that to mean sex. Others might have
25	and the general public", and what is said that is:	25	a different idea about what "intimate contact" might be,
	47		48

(12) Pages 45 - 48

1	and it may not transmit the meaning which I take to be	1	presentation but I think it is also a theme that
2	sex. Am I right?	2	gradually develops in that the language used becomes
3	MS BARRETT: I would assume you are right, looking at the	3	more specific as that problem is realised and those
4	page, yes.	4	conversations are had.
5	SIR BRIAN LANGSTAFF: But "intimate contact" could be other	5	SIR BRIAN LANGSTAFF: I mean, it might be thought important
6	contacts. Is kissing intimate contact, for instance?	6	that a public health message, if this is one, is put in
7	MS BARRETT: I don't know if I'm qualified to opine.	7	the most obvious and plain language.
8	SIR BRIAN LANGSTAFF: It's a rhetorical question, really, as	8	MS BARRETT: Yes.
9	to the quality of the language in transmitting its	9	SIR BRIAN LANGSTAFF: But there we are. That's a comment
10	information to an audience who will have different	10	rather than anything else.
11	ideas.	11	MS BARRETT: In terms of public statements, the next
12	MS BARRETT: The imprecision of language is something that	12	document we're going to go to is BART0000814, which is
13	comes back later as well. When we're looking at the	13	a press release of 20 well, this is the front page
14	later public education campaigns, we'll come to a part	14	enclosing a copy of the Chief Medical Officer's press
15	of Sir Donald Acheson's autobiography where he talks	15	release on 20 December 1984 and the context was it
16	about the difficulty he had in persuading ministers,	16	followed media enquiries after a report in the Guardian
17	including the Prime Minister Margaret Thatcher, to use	17	newspaper on that date about two cases of suspected or
18	blunt enough language that people would know what they	18	alleged AIDS transmission through blood donation.
19	were talking about, because there is a tendency to use	19	If we could go to the second page of the document,
20	euphemism because it's politer but the problem is if	20	where the press release is set out, we can see from the
21	people don't understand what that really means then the	21	second paragraph onwards there is a quote from
22	public health message and in particular people	22	Sir Donald Acheson. He says that:
23	understanding what they can and cannot do, is lost or	23	"Donations of blood and blood plasma have been
24	muddied.	24	given by a person who was subsequently to hospital in
25	I hadn't picked up on that when preparing the 49	25	Wessex in October and later diagnosed as suffering from 50
1	AIDS."	1	This is an example of a public statement
2	And that:	2	portraying a reassuring or somewhat reassuring message
2 3	And that: "His donations of both blood and blood plasma have	2 3	portraying a reassuring or somewhat reassuring message to the general public in relation to media concern about
2 3 4	And that: "His donations of both blood and blood plasma have been traced, and all possible remedial action taken."	2 3 4	portraying a reassuring or somewhat reassuring message to the general public in relation to media concern about transmission of AIDS.
2 3 4 5	And that: "His donations of both blood and blood plasma have been traced, and all possible remedial action taken." Then if we skip the next two paragraphs and focus	2 3 4 5	portraying a reassuring or somewhat reassuring message to the general public in relation to media concern about transmission of AIDS. SIR BRIAN LANGSTAFF: What's fascinating perhaps about this
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1	it was Scotland that it didn't feature? But it's still	1	other unknown agents."
2	relevant one would have thought to his expression of how	2	Could we look at the penultimate paragraph on
3	the risk of getting contaminated blood is extremely	3	the page. It's noted in that indented citation that the
4	small.	4	incidence of HLTV III seropositivity in 800
5	MS BARRETT: Yes, I haven't seen a document that briefs him	5	haemophiliacs screened in the UK was about 35 per cent
6	on that issue. We will check and see if there's	6	and in patients with severe haemophilia it was
7	anything else that could help illuminate that point.	7	75 per cent.
8	SIR BRIAN LANGSTAFF: Thank you.	8	Could we go to page 3.
9	MS BARRETT: The next internal briefing document we have is	9	SIR BRIAN LANGSTAFF: Where do we get the 75 per cent?
10	at DHSC0001693 and it is another briefing from	10	MS BARRETT: Yes, I've got it in my note as this page but is
11	Dr Smithies dated 31 December 1984, setting out the	11	just want to check over at page 3. I might have got
12	current position with regard to AIDS as requested by the	12	myself out of order.
13	Chief Medical Officer.	13	SIR BRIAN LANGSTAFF: It doesn't seem to be there.
14	At page 2 of the document, we can see the position	14	MS BARRETT: Could we go to page 7, please.
15	paper itself "AIDS and its prevention in the	15	Yes, here we go.
16	United Kingdom". She reports that cases in the UK since	16	Sorry, I'd mistranscribed the reference. So it's
17	1981 to the end of November 1984 had reached 102. Four	17	in the section "AIDS in Blood Products". The case
18	people had died. She noted that there were three cases	18	numbers are given, then about halfway down the paragraph
19	in people with haemophilia A of whom two had died and	19	is the statistic that I cited: 800 haemophiliacs had
20	there's an annex setting out the statistics.	20	been tested and the incidence was 35 per cent, and with
21	Under "Causative Agent", we can see at the bottom	21	severe haemophilia it was 75 per cent.
22	of the screen now:	22	Could we go back to page 4, please, and look at
23	"It [was] now accepted that the isolates of	23	section 6, "Blood Transfusion and AIDS". Dr Smithies
24	retrovirus HTLV III [were] probably the causative	24	noted that:
25	agent of AIDS, either singly or in association with 53	25	"Although no-one has yet contracted AIDS from 54
1	a blood transfusion in the UK there were three	1	the 1980s. He says in the second paragraph on the page
2	seropositive recipients of blood from a donor in	2	that on his arrival in Whitehall, so that was
3	Wessex"	3	October 1983, a handful of cases of a mysterious new
4	And the donor had AIDS, and that:	4	disease had already occurred.
5	"There may well be other donors who are unaware	5	It was probably more than a handful by that stage
6	that they are infected."	6	but that's what his recollection is of what he knew.
7	Then in the final paragraph of that page, please,	7	He recollects that these had not been shown to be
8	she wrote four lines down that:	8	due to an infection and their significance was
9	"The only way to prevent [further infections] is	9	uncertain, but he remembers two developments striking
10	to institute screening of all blood donations."	10	him particularly. The first, in 1984, was the discovery
11	If we could go to the next page, please, page 5,	11	that AIDS was due to a retrovirus and likely to prove
12	and look at section 7, we can see that the NBTS Working	12	incurable, and the second was that it could be
13	Group on AIDS, a panel of expert advisers, had agreed	13	transmitted by vaginal as well as anal intercourse.
14	that a screening test for HTLV-III antibody should be	14	Then over on the next page, please, he says that:
15	introduced to all Regional Transfusion Centres as soon	15	"Perhaps due to wishful thinking [he] did not at
16	as possible. That was the advice that was being	16	first grasp the full implications of this. But the
17	provided to Sir Donald Acheson as at 31 December 1984.	17	defining moment was not long delayed. It occurred early
18	I'm going to go now back into Sir Donald Acheson's	18	in the following year and came from a different
19	autobiography to look at his recollection of what he	19	continent."
20	made of the information that he was being given about	20	He goes on to describe that hearing about the
21	AIDS in late 1984 and early 1985. That's	21	situation at that time in Zambia and then in Uganda made
22	at WITN0771088. It's the sideways front cover again.	22	him realise the severity of the situation that could
23	Then could you go to page 13, please.	23	unfold in the United Kingdom.
24	This is the chapter of Sir Donald Acheson	24	He says in the second paragraph there that he was
25	autobiography touching on the response to AIDS in 55	25	horrified and that he immediately sought or that he 56
			(14) Dogge 52 - 56

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1	sought rather an urgent appointment with his political	1	a screening test for AIDS antibodies in the National
2	boss, who was Lord Fowler, the Secretary of State for	2	Blood Transfusion Service."
3	Health, whose reaction was one of deep concern. For the	3	She goes on to describe the test and the necessity
4	rest of his time, Sir Donald Acheson's time in	4	of scaling up the production of the reagent so that the
5	Whitehall, he found Lord Fowler's unfailing	5	test can be applied more widely. So there was
6	encouragement and support enabled him to give the AIDS	6	a submission requesting approval for the introduction of
7	epidemic a place close to the top of his priorities.	7	universal testing in national Blood Transfusion
8	So he describes there in around early 1985 coming	8	Services. We don't have the final submission. We do
9	to a personal realisation as to the severity of the	9	know that it was sent to it was endorsed by
10	unfolding risk and taking steps to prioritise the issue	10	Sir Donald Acheson and he put it to ministers on
11	as amongst we've hearing he had a broad and heavy	11	15 January 1985 and, from contextual documents, it's
12	workload as CMO, but it's at this point that he decides	12	understood final submission was in identical or near
13	that this is a priority. His recollection in his	13	identical terms to Dr Smithies draft which we have here.
14	autobiography is consistent with the contemporaneous	14	We do have the Minister of Health,
15	documents which do show that increasing prioritisation	15	Kenneth Clarke's, reply to that submission, which is at
16	of the issue in his personal workload from early 1985	16	DHSC0002482_012. This is Kenneth Clarke, then Minister
17	onwards, and we're going to come to some of those	17	for Health, replying to that submission on introduction
18	documents.	18	of testing. He says:
19	The first one we'll take, please, is DHSC0000562.	19	"Thank you for your submission of 15 January."
20	This is a draft ministerial submission which Dr Smithies	20	So we have the date it was sent. This is his
21	sent to the CMO's private office with a covering	21	reply on 22 January. He says:
22	summary. She says:	22	"This looks inevitable, I suppose.
23	"CMO wished to consider this submission prepared	23	"Could I have drafts please of the proposed public
24	with administrative colleagues for Ministers to obtain	24	announcement of both points.
25	approval in principle for the introduction of	25	"Could I also have a draft of a letter to go to
20	57	20	58
1	all Chairmen of [Regional Health Authorities] explaining	1	distribution list
1 2	all Chairmen of [Regional Health Authorities] explaining	1 2	distribution list. We have
2	our proposals."	2	We have
2	our proposals." Asks about Wellcome who were developing the test.	2	We have SIR BRIAN LANGSTAFF: Could I just pick up on what's
2 3 4	our proposals." Asks about Wellcome who were developing the test. He asked whether the cost would:	2 3 4	We have SIR BRIAN LANGSTAFF: Could I just pick up on what's happening in the background to this. As at 31 December,
2 3 4 5	our proposals." Asks about Wellcome who were developing the test. He asked whether the cost would: " be met from the income now going to the blood	2 3 4 5	We have SIR BRIAN LANGSTAFF: Could I just pick up on what's happening in the background to this. As at 31 December, if you go to that particular part of the memo from
2 3 4 5	our proposals." Asks about Wellcome who were developing the test. He asked whether the cost would: " be met from the income now going to the blood transfusion service from the charges introduced for the	2 3 4 5 6	We have SIR BRIAN LANGSTAFF: Could I just pick up on what's happening in the background to this. As at 31 December, if you go to that particular part of the memo from Dr Smithies to the CMO, but I think there's
2 3 4 5 6 7	our proposals." Asks about Wellcome who were developing the test. He asked whether the cost would: " be met from the income now going to the blood transfusion service from the charges introduced for the handling of blood products to private hospitals?"	2 3 4 5 6 7	We have SIR BRIAN LANGSTAFF: Could I just pick up on what's happening in the background to this. As at 31 December, if you go to that particular part of the memo from Dr Smithies to the CMO, but I think there's a description in it of how it was proposed that Wellcome
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some interest as far as the CMO papers may reveal it. The CMO's lending his shoulder, is he, to getting testing done? MS BARRETT: We'll see in his response, which is at DHSC0002311_051. Just to answer your question, Sir Brian, we'll come on in more detail through the documents but he does homosexuals will desist from donating the additional publicity alerting them of the additional publicity alerting	blood even with
testing done? MS BARRETT: We'll see in his response, which is at DHSC0002311_051. Just to answer your question, Sir Brian, we'll There may be considerable social pressindividual to continue donation. Additionally, and individual to continue donation.	
MS BARRETT: We'll see in his response, which is at 5 DHSC0002311_051. 5 heterosexual contacts of bisexual men 6 Just to answer your question, Sir Brian, we'll 6 and other risks groups may be unaward	•
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G Just to answer your question, Sir Brian, we'll G and other risks groups may be unaward	•
been contacts with the detail through the decaments but he decament but he decaments but he	•
8 push for the introduction of testing. Then we'll come 8 that in view of the fact that 2 million uni	-
9 to a question about the timescale for the introduction 9 are used annually without a test it will be	
of that testing, and he agrees that the Wellcome 10 that further transmission of the virus wi	
development process should be followed through and there 11 as a result of blood transfusion."	iii take place
12 is a period during which he is supporting submissions 12 Then you will recall he was ask	ed specifically
13 about making sure that the time-frame is sufficient to 13 whether there was any case of transmi	
14 allow for the testing to be properly developed before it 14 transfusion in the UK and he says as fa	•
15 is implemented in all of the Regional Transfusion 15 there are no cases of the actual diseas	
16 Centres. So that's a summary but we'll come through via 16 having arisen following blood transfusion	
the documents. 17 three haemophiliac patients with AIDS	
18 So this is the reply to Sir Kenneth Clarke on 18 imported Factor VIII. He says:	naa received
19 31 January 1985, and he answers the queries raised that 19 "However, there are three the fu	urther nationts to
20 we just looked at, and if we look under "AIDS from UK 20 whom the infection has been transmitted."	•
21 Blood and Blood Products", he reiterates his previous 21 in the UK who may yet develop the disr	,
22 advice in the submission. He says: 22 Then over the page, in the second	
23 "While as [Minister of State for Health] suggests, 23 document, please, under "Heat Treatm	
24 it is hoped that the revised leaflet will substantially 24 he says that:	icht and coreening ,
25 reduce the risk, we cannot guarantee that all 25 "The proposed antibody test is	not infallible but
61 62	not infamble but
1 it is the best at present we can do for whole blood. 1 an antibody test.	
2 Blood products are made from pools of many thousands of 2 "2. As the Minister knows, bloo	ad for transfission
donations and so the risk of contamination is very much 3 once it has been tested for its blood great the state of the st	
4 increased." 4 evidence of infection is delivered stra	•
5 He says: 5 hospital blood banks for use."	aight to
6 "It is believed that heat treatment will reduce 6 He says:	
7 this risk, and therefore until a specific test is 7 "This is the blood which we wisl	h in addition to
8 generally available (and this will take time) [he 8 screen for AIDS antibody. Heat treatm	
9 advises] that the heat treatment for pooled blood 9 transfusion is not possible because of t	
	ine damage it
products will continue to be necessary and should be 10 would do to the cells it contains." provided." 11 So making the point that heat tr	reatment is for
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both heat treatment and screening are required. 13 explain pooling and fractionation to ma Then he further proposed at the bottom of that 14 which needs heat treatment and the act	
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(17) Pages 65 - 68

1	Sir Donald Acheson's position as at around this time.	1	months prior to diagnosis. I shall be very surprised if
2	So if we could go first, please, to DHSC0000373	2	'native' cases of AIDS due to blood transfusion do not
3	and go to page 2 of that document, we can see that in	3	appear in the next year."
4	April 1985 the coroner for Inner North District Greater	4	That is Sir Donald Acheson's comment in April
5	London wrote to Sir Donald Acheson describing an inquest	5	of 1985 and, just for context, when he says he agrees
6	which had been conducted into the death of a child who	6	with everything Mr Arthur says, could we go to
7	had died from AIDS-related pneumonia caused by a blood	7	DHSC0000375, please.
8	transfusion he had received in Washington DC.	8	This is the briefing note on the death of the baby
9	The coroner wrote to the CMO stating that the case	9	that was circulated internally in DHSS.
10	fell within the rule concerning reporting on prevention	10	If we go to the next page, please, there's a
11	of future fatalities, so very politely and obliquely	11	"Summary of Line[s] to take", and it's signed by
12	requiring Sir Donald Acheson to reply with a report on	12	Mr Arthur. So these are the lines to take, which
13	prevention of future deaths. Sir Donald Acheson	13	Sir Donald Acheson is saying he agrees with, but he
14	received that letter and viewed it, as well as an	14	added to those lines to take his belief that almost
15	internal briefing on the case in DHSS.	15	certainly others who had received donated blood from
16	Can we go back to page 1 of the document, please.	16	patients who had gone on to develop AIDS might go on
17	Here we have a note from the CMO's office to Dr Harris,	17	themselves to suffer from the illness.
18	who was one of the DCMOs, on 17 April 1985, and it says:	18	Then to round off this episode, the report back to
19	"I agree with everything Mr Arthur says."	19	the coroner is at DHSC0000372 and he replied personally.
20	I'll take you to the contextual document to make	20	It's not from his office, it's a personal letter to the
21	sense of that in a moment. He goes on to say that:	21	coroner in response to the request for a report and he
22	" three people have already been infected with	22	sets out the measures which are being taken. So at
23	HTLV III as a result of blood transfusion in the	23	paragraph 2 or the second paragraph he says:
24	United Kingdom. Almost certainly others have as we know	24	"You will be interested to know that we are taking
25	that several AIDS patients have donated blood in the 69	25	active steps to try to prevent the possible transmission 70
			, •
1	of the AIDS virus via blood and blood products."	1	Medical Officer was from time to time to circulate what
2	He says it is an advantage that blood is donated	2	are referred to colloquially as "Dear Doctor" letters,
3	voluntarily in the UK, unlike in the United States.	3	and his recollection that it wasn't for him to provide
4	He goes on to describe circulating leaflets in	4	direction to doctors, but they do provide what could be
5	regular regional blood transfusion centres for potential	5	described as guidance.
6	donors requesting those at high risk do not donate. He	6	This is the first "Dear Doctor" letter that
7	says they are acting as quick as possible to introduce	7	related to the topic of AIDS, sent on 15 May 1985. It's
8	a screening test.	8	sent enclosing a paper, "AIDS - General Information for
9	He adds:	9	Doctors", which sets out information on groups at risk,
10	"Unfortunately these tests have not been evaluated	10	presentation, diagnosis, measures taken to control the
11	and we have therefore asked the Public Health Laboratory	11	spread, and other information which includes
	Service to carry out full evaluation before any test is	12	recommendations about counselling.
12 13	approved for use."	13	If we go over to the next page, please, at the
14	So that comes back, sir, to the issue of timing of	14	sign-off of the covering letter you can see he says:
	introduction of the tests.	15	"I take the liberty of sending this information
15		16	, ,
16	He goes on to describe heat treatment, and in the		because AIDS is a new disease (the first UK case was
17	final paragraph he says he will be sending out to all	17	diagnosed in 1981) about which information has not yet
18	doctors in England information on AIDS and advice on how	18	got into text books but which has been widely discussed
19	to counsel patients that either have the disease of have	19	in the media often in an inaccurate and misleading way.
20	a positive antibody test, and he refers to the expert	20	Although at the time of writing only 159 cases have been
21	advisory group EAGA constantly reviewing the problem.	21	reported, AIDS will undoubtedly become substantially
22	The information for doctors that he there refers	22	more frequent in the immediate future and cases will
23	to was published on 15 May 1985 and that is	23	occur more widely throughout the country.
24	at DHSC0105232. I mentioned in the opening of this	24	"I hope you find the information helpful."
25	presentation that a part of the function of the Chief 71	25	Sir, it might be taken from the tone of this that 72
	• •		· -

(18) Pages 69 - 72

1	it's a tone consistent with the role being to provide	1	development of AIDS is prolonged and has been found to
2	guidance but not direction. He's not ordering anyone or	2	vary from between 15 and 58 months."
3	telling them what to do but he is providing guidance and	3	At page 7, please, just at the top of the page you
4	information.	4	can see he says that:
5	The enclosed paper is at page 3 of the document	5	"The risk of infection as a result of blood
6	onwards. So it's "AIDS - General Information for	6	transfusion is extremely low."
7	Doctors".	7	He goes on to say at page 12, at the top of the
8	Could we go to page 5, please. At the bottom of	8	page, under "Special Investigations" that:
9	page 5 you can see there's a sub-heading "The Cause".	9	"An HTLV-III antibody test should become more
10	So the CMO is telling doctors as at May 1985 that it now	10	widely available in 1985. It indicates, if the result
11	seems almost certain that the cause of AIDS is the virus	11	is positive and confirmed, that the patient has
12	which is now known as HTLV-III and that he will use that	12	definitely been infected with HTLV-III."
13	term.	13	He reiterates that:
14	Then could we go to page 6, please. Under the	14	" this does not imply that the patient
15	first heading he notes about halfway into that paragraph	15	concerned will develop AIDS, but on the basis of present
16	that:	16	knowledge they should be regarded as being capable of
17	"It is important to point out that the majority of	17	transmitting the disease."
18	the infected individuals are asymptomatic.	18	That was the state of the information being
19	Unfortunately there is at present no method of	19	circulated by the CMO to doctors widely in May 1985.
20	distinguishing those asymptomatic individuals who are	20	The next document in our narrative is at DHSC
21	infectious, from those who are not."	21	SIR BRIAN LANGSTAFF: Just before you do that, if you flick
22	But he also goes on at the end of that section,	22	back to the page we were looking at before this
23	just what we can see at the bottom of the page, to note	23	MS BARRETT: So that was
24	that:	24	SIR BRIAN LANGSTAFF: And the page before that, and again,
25	"The incubation period between infection and 73	25	and again, and again that's it. It was the table
1	which just caught my eye as we went past, the number of	1	"Resources"
1 2	which just caught my eye as we went past, the number of AIDS cases as at 28 February 1985. So the number which	1 2	"Resources" Sorry, I'm just looking for my reference.
2	AIDS cases as at 28 February 1985. So the number which	2	Sorry, I'm just looking for my reference.
2	AIDS cases as at 28 February 1985. So the number which had been reported earlier in the hundreds in the States	2	Sorry, I'm just looking for my reference. (Pause)
2 3 4	AIDS cases as at 28 February 1985. So the number which had been reported earlier in the hundreds in the States is now in the thousands: 6,293 amongst homosexuals,	2 3 4	Sorry, I'm just looking for my reference. (Pause) Do you have WITN0771099? Yes, this is the
2 3 4 5	AIDS cases as at 28 February 1985. So the number which had been reported earlier in the hundreds in the States is now in the thousands: 6,293 amongst homosexuals, bisexuals 8,697 altogether. You can see there the	2 3 4 5	Sorry, I'm just looking for my reference. (Pause) Do you have WITN0771099? Yes, this is the document. Sorry, apologies, I gave the wrong reference
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2 3 4 5 6 7	AIDS cases as at 28 February 1985. So the number which had been reported earlier in the hundreds in the States is now in the thousands: 6,293 amongst homosexuals, bisexuals 8,697 altogether. You can see there the blood transfusion recipients, 104 in the States, 62 haemophiliacs.	2 3 4 5 6 7	Sorry, I'm just looking for my reference. (Pause) Do you have WITN0771099? Yes, this is the document. Sorry, apologies, I gave the wrong reference before. This is 31 May 1985 communication, "Resources for
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(19) Pages 73 - 76

1	SIR BRIAN LANGSTAFF: So this is suggests that the finance	1	this document:
2	to cover evaluation has only just been made available.	2	"There is a finely balanced decision here but I am
3	MS BARRETT: Yes, and that discussions are ongoing at this	3	in favour of the suggested line."
4	point about evaluation of the testing kits.	4	I.e. he agrees with taking the time to evaluate
5	SIR BRIAN LANGSTAFF: So it hasn't started yet.	5	first. He says:
6	MS BARRETT: No.	6	"I think, however, that we must do everything
7	SIR BRIAN LANGSTAFF: This is in order to evaluate a test	7	possible to ensure that PHLS is able to keep to its
8	which it was common ground at the start of the year	8	schedule."
9	needed to be introduced as soon as possible.	9	He says:
10	MS BARRETT: Yes.	10	"As far as the option to introduce a partially
11	The next document also on this topic is	11	evaluated test forthwith is concerned I think the
12	DHSC0002311_021 and this is from Sir Donald Acheson	12	prospect of wasting a relatively small quantity of blood
13	himself to John Patten, Parliamentary Undersecretary for	13	from false positive tests is not the major objection.
14	Health, on screening of blood donations for HTLV-III,	14	The major problem is that scientists concerned at PHLS
15	and the context of this letter, it's about	15	do not yet have confidence that the suppliers could
16	a recommendation which had been sent on 7 June by	16	produce testing kits which are reliable on a large scale
17	Mr Harris, the recipient of the document we just looked	17	and which would continue to be reliable on the shelf."
18	•	18	He takes the view that:
19	at, to John Patten, and Mr Harris had recommended that a test ought not to be selected until after that PHLS	19	"It would be worse to be in the position of having
20	•	20	to withdraw a test once introduced than to be in our
	evaluation and field trials had been completed, which	21	
21 22	might take five months to implement. The other option for consideration was proceeding to select a test within	22	present position of carefully evaluating the tests. There could also be ethical problems in refusing to tell
		23	donors (who are volunteers in this country) the result
23	the next two months without undergoing that evaluation	23 24	of a test carried out on their blood if they wish to
24	process. The CMO wrote about that issue to John Patten in	25	have it."
25	77	23	78
,	II. and an in any first	,	
1	He goes on to say that:	1	rapidly to introduce screening for HTLV-III antibody for
2	"Ministers should recognise that support for	2	all blood donations."
3	a different view [i.e. in support of earlier	3	Notes that three commercial test kits have been
4	introduction of testing] is likely to appear in the	4	approved in America by the FDA:
5	medical press."	5	" and, although there may be a small number of
6	He says:	6	false positives, it is unreasonable to delay testing
7	" (see Professor Bloom's letter attached)"	7	until this possibility is eliminated."
8	We'll go there in a minute for context.	8	So we know that Sir Donald Acheson was alive to
9	He says that:	9	this argument, but he took a different view.
10	" considerable public pressure would develop if	10	His recommendation for evaluation first was
11	in the meantime a case of AIDS developed in a recipient	11	accepted and the announcement was made on 27 June 1985
12	of UK blood. Such a case or cases is likely to occur	12	that the screening test would be introduced once the
13	sooner or later due to infection one or more years prior	13	PHLS evaluation programme had been completed, and then
14	to our warnings to people at risk not to donate blood."	14	in that August it was announced that the screening would
15	So he is here siding with the argument for	15	be introduced on 14 October 1985.
16	evaluation first, but acknowledging that there may be	16	The next place we're going to go to are two
17	public pressure on the other side of the argument.	17	"Dear Doctor" letters to support the introduction of
18	I mentioned for context we'd look at the letter he	18	that screening.
19	enclosed. That's at DHSC00003828_191. You can see it's	19	So the first is at NHBT0057007_001.
20	a letter in a medical journal signed by Drs Bloom,	20	This is a letter of 23 September 1985. It was the
21	Forbes and Rizza on HTLV-III haemophilia and blood	21	second "Dear Doctor" letter which Sir Donald Acheson
22	transfusion. If we look towards the bottom of the	22	sent in relation to AIDS and you can see that he's
23	middle paragraph the screen is perfect at the moment.	23	titled it "HTLV III antibody testing outside the
24	So just at the bottom in the middle column, they say:	24	National Blood Transfusion Service". So this letter
25	"All these considerations underline the need	25	referred to general testing facilities which he sought 80
	79		

(20) Pages 77 - 80

1	to raise awareness of in advance of the introduction of	1	is that there is a press notice and a "Dear Doctor"
2	testing for blood donors. He says, if we go down,	2	letter sent out on 1 October regarding the introduction
3	please, in the bottom paragraph that:	3	of testing at blood donation sites. We can see there
4	"There is already evidence of widespread public	4	that to obtain maximum coverage for the letter and
5	interest in the introduction of the test and how it will	5	accompanying advice there was a media round and he was
6	be provided. It is important that doctors, particularly	6	invited on television programmes and promoted the
7	general practitioners, are fully aware of the local	7	introduction of testing for blood donors there.
8	facilities which have been established when they are	8	I'll come back then to the "Dear Doctor" letter at
9	approached by patients about the need for a test. May	9	the end of the presentation when we look thematically at
10	I therefore ask you to consider how your local	10	those as a category.
11	arrangements can be made known"	11	l've gone slightly out of chronological order to
12	This ties in with the concern that was flagged by	12	follow through to the introduction of testing. The next
13	Dr Smithies in her internal briefing that an incentive	13	theme that I'm going to address is the introduction of
14	might be created for people in high-risk groups to	14	the public awareness campaign of AIDS and how Sir Donald
15	donate blood if testing facilities were to be introduced	15	Acheson was involved in that from mid-1985 and through
16	widely in Regional Transfusion Centres first before	16	1986. As that is a new topic in itself, might it be
17	being widely available in sexual health clinics and	17	convenient to break a few minutes early for lunch so we
18	otherwise in the NHS and that was something which was	18	can start fresh with a new topic after lunch?
19	a factor in the way that testing was rolled out and	19	SIR BRIAN LANGSTAFF: Very well. We will take a break in
20	Dr Acheson publicised first the need for awareness of	20	that case until 2.00. So 2.00 and we start again on our
21	general testing facilities before, shortly before, the	21	
22	introduction of testing at transfusion centres.	22	new topic. MS BARRETT: Thank you.
	Then we can see he sent a further letter at	23	(12.56 pm)
23			
24 25	WITN0771110. Sorry, I've taken you to the publicity rather than the letter itself. But what this sets out	24 25	(Luncheon Adjournment)
23	81	25	(2.00 pm) 82
1	SID BDIAN I ANGSTAEE - Vac	1	reducing the frequency of transmission of infection
1	SIR BRIAN LANGSTAFF: Yes. MS BARRETT: As I mentioned before the lunch break, the payt	1	reducing the frequency of transmission of infection.
2	MS BARRETT: As I mentioned before the lunch break, the next	2	This will require the urgent development of a properly
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2 3 4	MS BARRETT: As I mentioned before the lunch break, the next topic to explore is the development of a public education campaign around the risks of AIDS.	2 3 4	This will require the urgent development of a properly surveyed and evaluated programme of health education and counselling with the assistance of experts and the
2 3 4 5	MS BARRETT: As I mentioned before the lunch break, the next topic to explore is the development of a public education campaign around the risks of AIDS. The first document I'd like to go to is at	2 3 4 5	This will require the urgent development of a properly surveyed and evaluated programme of health education and counselling with the assistance of experts and the active co-operation of the groups at risk."
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25 public health education, in addition to financial 25 HIV infection for every case of AIDS, which in the UK		·		
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1	would equate to 25,000 or more infected carriers.	1	spread of infection should take priority over all other
2	If we could go next to paragraph 3, please, he	2	calls on finance. Furthermore, in view of the
3	noted that at least 25 per cent of that group would	3	multiplying effect of the means of spread it is
4	develop AIDS, and said:	4	desperately urgent that action should be taken
5	•	5	
	" it is thought by some that this proportion		immediately. A proper centrally coordinated programme
6	will continue to be revised upwards as the years pass."	6	involving all the media and together with the
7	He warned that:	7	involvement of District Health and Local Authorities and
8	"Many experts believe that most of those people	8	the voluntary sector is urgently required and the
9	(almost all young) will eventually develop AIDS and die.	9	relatively small amount of money needed should not be
10	Unless the rate of spread of infection is curtailed the	10	[underlined], spared."
11	social and economic cost will be calamitous."	11	He said:
12	He advised, and if we could go to the second page	12	"There is no time for protracted evaluations."
13	now, please, and look at paragraph 6 and 7, that:	13	SIR BRIAN LANGSTAFF: Can you help with what it is about the
14	"From the medical point of view, the Government's	14	Government's response thus far that Sir Donald is saying
15	response has been inadequate and is now substantially	15	has been inadequate?
16	less to educate the public than some European	16	MS BARRETT: Could we go back up to the first page. So he
17	countries."	17	doesn't set there out what measures have been taken,
18	Perhaps there's a word missing, but what was being	18	I don't think. I'm just checking. Could we go down to
19	done was substantially less to educate the public than	19	paragraph 4 as well. No? What he's setting out is the
20	in some other European countries. He said:	20	rates of spread in infection but not what has been done
21	"It is increasingly difficult to defend in public.	21	and so it's a little difficult to trace what it is he
22	Pressure will mount as the numbers of cases increases."	22	says is inadequate. We know what was being done from
23	He says that he has:	23	the annual report which I just cited and there was
24	" advised Ministers that from the public health	24	a public health campaign already in place at this time,
25	point of view the education campaign to reduce the 89	25	but it seems, or you may infer from reading this letter, 90
1	that he thought that what he was doing in terms of the	1	quality and quantity of the information.
2	public health campaign was not sufficient or big enough	2	MS BARRETT: Yes.
3	or well funded enough to have the effect that he sought.	3	SIR BRIAN LANGSTAFF: And its timeliness.
4	SIR BRIAN LANGSTAFF: Or hadn't been previously.	4	MS BARRETT: Yes.
5	MS BARRETT: Hadn't been previously. This is dated	5	SIR BRIAN LANGSTAFF: So it may be something that is
6	SIR BRIAN LANGSTAFF: This is October '86.	6	relevant to that, I don't know. But if any further
7	MS BARRETT: October '86, and the 1985 report that we went	7	light can be shed on what he meant by that, I would be
8	to, his introduction to that report had been signed off	8	interested.
9	in July 1986. So as at July 1986 or previously and	9	MS BARRETT: We do have what happened next.
10	leading up to July 1986 we know that some public health	10	We have got at HMTR0000008_044, this is a letter
11	advection management had been taken and these are		
12	education measures had been taken and those are	11	from Sir Kenneth Stowe, discussing the matter with
	detailed, but we know that by October he was saying that	11 12	from Sir Kenneth Stowe, discussing the matter with Cabinet Secretary Sir Robert Armstrong, and you can see
13			
13 14	detailed, but we know that by October he was saying that	12	Cabinet Secretary Sir Robert Armstrong, and you can see
	detailed, but we know that by October he was saying that they weren't enough. I don't have a document that sets	12 13	Cabinet Secretary Sir Robert Armstrong, and you can see in the first paragraph it says:
14	detailed, but we know that by October he was saying that they weren't enough. I don't have a document that sets out any more specifically what it was that he thought	12 13 14	Cabinet Secretary Sir Robert Armstrong, and you can see in the first paragraph it says: "We discussed on Friday evening the issues that lie behind the troubled minute to me from Sir Donald
14 15	detailed, but we know that by October he was saying that they weren't enough. I don't have a document that sets out any more specifically what it was that he thought was inadequate. SIR BRIAN LANGSTAFF: So it may well be a reference to	12 13 14 15	Cabinet Secretary Sir Robert Armstrong, and you can see in the first paragraph it says: "We discussed on Friday evening the issues that lie behind the troubled minute to me from Sir Donald Acheson - copy at Annex"
14 15 16 17	detailed, but we know that by October he was saying that they weren't enough. I don't have a document that sets out any more specifically what it was that he thought was inadequate. SIR BRIAN LANGSTAFF: So it may well be a reference to the lack of or/and the lack of impact of anything which	12 13 14 15 16 17	Cabinet Secretary Sir Robert Armstrong, and you can see in the first paragraph it says: "We discussed on Friday evening the issues that lie behind the troubled minute to me from Sir Donald Acheson - copy at Annex" That's the letter we just looked at:
14 15 16 17 18	detailed, but we know that by October he was saying that they weren't enough. I don't have a document that sets out any more specifically what it was that he thought was inadequate. SIR BRIAN LANGSTAFF: So it may well be a reference to the lack of or/and the lack of impact of anything which had been said to the public, to inform the public	12 13 14 15 16 17	Cabinet Secretary Sir Robert Armstrong, and you can see in the first paragraph it says: "We discussed on Friday evening the issues that lie behind the troubled minute to me from Sir Donald Acheson - copy at Annex" That's the letter we just looked at: " and concluded that it would be desirable for
14 15 16 17 18 19	detailed, but we know that by October he was saying that they weren't enough. I don't have a document that sets out any more specifically what it was that he thought was inadequate. SIR BRIAN LANGSTAFF: So it may well be a reference to the lack of or/and the lack of impact of anything which had been said to the public, to inform the public previously about what the risks truly were.	12 13 14 15 16 17 18	Cabinet Secretary Sir Robert Armstrong, and you can see in the first paragraph it says: "We discussed on Friday evening the issues that lie behind the troubled minute to me from Sir Donald Acheson - copy at Annex" That's the letter we just looked at: " and concluded that it would be desirable for you to brief the Prime Minister for next weekend, with
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political measures." 10	7	times.	7	in Africa and that there was a difficult balance to be
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24 "At this stage, however, the spread to the 24 it said that: 25 population at large was relatively slow." 25 "In the absence of an effective vaccine or	23	But he says:	23	
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treatment, the principal means of reducing the spread of now about halfway down the big paragraph in the middle 2 2 HIV is to educate the public how the virus is of the page. It says: 3 3 transmitted and how to protect themselves and others." "In November 1986 the campaign was greatly widened 1 That's strikingly similar to what had been said in 4 and intensified, newspaper advertising was increased and 5 some internal documents about the importance of public 5 the campaign aimed at young people started through 6 education. It says: 6 magazines, cinema and radio advertisements." 7 "The public information campaign which began in 7 So it does seem that the concerns flagged resulted 8 8 1986 has continued to gather momentum and has attracted in a boost to what had previously been the public 9 much international interest. In the first two weeks of g education campaign and more resource was put in 10 January 1987 an AIDS leaflet was delivered to every 10 in late 1986. 11 household in the country. This was accompanied by 11 A "Dear Doctor" letter was sent to complement this acceleration of the public health campaign, and that is 12 television and cinema advertising. The broadcasting 12 13 authorities gave additional 'air time' to AIDS 13 at OXUH0002238 007. 14 14 It was sent on 2 December 1986 and it says that advertising on all channels and by broadcasting 19 hours 15 of television programmes in an 'AIDS Television Week'. 15 the letter has two objectives. To inform the doctors 16 In the same month a two-tier free telephone information 16 receiving it. You can see at the top of the screen it 17 and advice service was established ..." 17 is "All doctors in England": 18 It goes on to discuss that advice service. 18 "a. to inform [them] about the latest phase of the 19 19 public education campaign. This emphasises the Then at page 65, please, of the report -- so this 20 is within the "Communicable diseases" chapter in the 20 increasing risk of infection with HIV as a result of 21 subsection on AIDS -- there's further information about 21 vaginal intercourse and is likely to stimulate a number 22 the public education campaign under "Measures taken to 22 of patients to turn to you for advice." 23 prevent the spread of HIV infection", and it's 23 So it's a bit clearer about what it is that causes 24 explaining that a campaign was launched in March of 1986 24 the risk. 25 25 and goes on to give details. Then we can see -- so I'm And: 98 "b. to explain the current AIDS situation in the are mentioned, what you talk me to earlier was 1 2 2 UK, and to give further information [and] advice which October '86, where the CMO appeared to think that even 3 3 may be offered to those who think they have been at that response had inadequacy about it. 4 risk ..." 4 MS BARRETT: So the widening of the campaign took place in 5 5 the November of 1986 and we're now looking at Then it goes on to outline the measures that we've 6 also just seen in the annual report in terms of the 6 December 1986 and they are preparing for the leaflet modes of communication that were used in that campaign, 7 drop to all households which took place in the 8 8 including sending a leaflet to all households. January of 1987. 9 If we could just flip to page 4 of that document 9 SIR BRIAN LANGSTAFF: So that's the big change? 10 and look under the subheading "National Blood 10 MS BARRETT: Yes. You are quite right, the measures were 11 Transfusion Service", so at the same time as raising 11 already commenced from round about the March of 1986 and 12 awareness of the risks, the letter does also talk about 12 they had been in the pipeline since June of 1985 13 misconceptions and emphasises that there's no risk in 13 That's where the genesis of the idea came from that we 14 donating blood and goes on to say that within the UK all 14 traced through. 15 15 blood donations have been screened for HIV antibodies The public explanation of that campaign in the 16 since 14 October 1985. 16 1985 annual report, which was published in 1986, was 17 We can see that the leaflet referred to that was 17 quite positive but in the October of 1986 we saw the 18 sent to every household --18 deep concern being raised in the minute that was 19 SIR BRIAN LANGSTAFF: Just before we go there, can we just 19 circulated internally and discussed by Kenneth Stowe and 20 look at the chronology which is set out in the document 20 the Permanent Secretaries, and a month after that there 21 you have just taken me to because it talks about the 21 was a boost to the campaign, it was widened, more 22 campaign being launched in 1986 -- this is the media 22 channels of communication were used, the "Dear Doctor" 23 campaign, the making available of time on TV -- and in 23 letter then went out in the December, and what we're 24 November 1986, widened and intensified. But if the 24 just about to come to is the leaflet that went to all

25

households in the January of 1987.

campaign its launched in 1986 and had the features which

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1	SIR BRIAN LANGSTAFF: Thank you.	1	the Chief Medical Officer. So his evidence is that
2	MS BARRETT: So that is at MRCO0000554_005.	2	Sir Donald Acheson looked at each of the adverts that
3	This is the leaflet that went to all households.	3	went out, including this leaflet, and approved them.
4	We can see at the bottom of the page it says "Government	4	The next topic in the written presentation is the
5	Information 1987". It's quite hard-hitting. Probably	5	introduction of heat treatment. I don't propose to go
6	people will be familiar with the slogan "AIDS, don't die	6	in detail through that topic or the documents pertaining
7	of ignorance". And if we just look at the next page, to	7	to that topic. They are dealt with at paragraphs 153 to
8	give a flavour:	8	162 of the written presentation for those who want to
9	"Why are you being sent this leaflet?	9	look.
10	"This leaflet is being sent to every household in	10	What those documents show is that the Chief
11	the country."	11	Medical Officer kept abreast of the developments in
12	And it talks about matters of health and sex. If	12	relation to heat treated Factor VIII and there's just
13	we go to the next page, when asked, "How do you become	13	one document that I will pick up on which is at
14	infected?", it explains, "Because the virus can be	14	DHSC0000514.
15	present in semen and vaginal fluid", and talks about the	15	We can see that on 30 July 1985 Sir Donald Acheson
16	danger of sexual intercourse, vaginal or anal sex.	16	wrote to the Secretary of State, who was Sir Norman
17	So at this point Norman Fowler and Donald Acheson	17	Fowler, about AIDS and the treatment of haemophiliacs.
18	have won the argument about using clearer terminology in	18	He says, following their recent conversation he has
19	public health information.	19	checked on the position regarding the treatment of
20	We're looking at the details of a leaflet which	20	haemophiliacs with Factor VIII, and he has been advised
21	might be thought to be too forensic for a presentation	21	that all Factor VIII produced at the Blood Products
22	about the Chief Medical Officer who was responsible for	22	Laboratory has been heat-treated since April 1985.
23	policy advice but, in fact, we know from Lord Fowler, as	23	He talks about the importance of avoiding using
24	evidence he told the Inquiry, that every advertisement	24	any commercial unheat-treated Factor VIII which may
25	in this campaign was approved personally by himself and	25	remain from 1984.
20	101	20	102
1	Then in the final paragraph cause he's patisfied	1	shout the litigation brought between 1000 and 1001 by
1 2	Then in the final paragraph says he's satisfied that it's extremely unlikely that any patients with	2	about the litigation brought between 1988 and 1991 by people with haemophilia who had been infected with HIV
3	haemophilia treated in the UK will in future be infected	3	as a result of use of blood products.
4	with HTLV-III virus.	4	Sir Donald Acheson met with the Minister of State
5		5	
6	Then it is quite interesting to see that he added a personal manuscript addition. We know it's him	6	for Health to discuss that litigation on 30 August 1989,
7	·	7	but otherwise he doesn't appear to have been heavily
8	because in Norman Fowler's evidence he says this was the	8	personally involved in the Government's response to that
9	manuscript addition from Sir Donald Acheson. He says:	9	litigation. However, there is one letter he wrote which we'll
10	"- but sadly a very high proportion of the	10	
	haemophilic population already are infected due to		go to, which is at HSOC0017025_004. We can see that
11	previous use of non heat treated Factor VIII."	11	this is a letter from the Chief Medical Officer to the
12	So that was his personal reflection at that time.	12	Secretary of State, who was by then Sir Kenneth Clarke,
13	The next topic I will deal with similarly by	13	dated 20 July 1980 (sic), and if we could just zoom in
14	reference to the written presentation and that's the	14	on the paragraph he said that he hoped that the
15	topic of consent to testing.	15	Secretary of State would take
16	Paragraphs 163 to 172 of the written presentation	16	SIR BRIAN LANGSTAFF: 1980 or?
17	deal with the theme of consents to testing and	17	MS BARRETT: Sorry, 1990.
18	anonymised testing.	18	SIR BRIAN LANGSTAFF: It was wrongly put down in the
19	The documents show that Sir Donald Acheson sought	19	transcript.
20	advice and ultimately considered that this was an issue	20	MS BARRETT: 20 July 1990.
21	for ministers to decide, but I won't take us through the	21	SIR BRIAN LANGSTAFF: Thank you.
22	documents now.	22	MS BARRETT: Referring to the AIDS litigation, he was
23	I will pick up on a few documents relating to	23	commenting on an intervention of the trial judge,
24	Sir Donald Acheson's views on compensation for HIV	24	Mr Justice Ognall, who had urged all sides to consider
25	infection. The Inquiry has heard considerable evidence 103	25	a compromise and Sir Donald wrote: 104
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"I hope Secretary of State will take account of my accident and is very likely indeed never to occur again. 2 2 view that the problem of HIV infection in haemophiliacs Then what he is requesting in this letter he says 3 3 can in fact be regarded as a unique catastrophe. The in the final paragraph: 4 key feature which is not brought out particularly well 4 "I hope therefore, that for humanitarian reasons 5 in the memorandum of the Directors of Public Health is 5 the Government will find some way to make an ex gratia 6 that HIV infection in addition to almost inevitably 6 settlement to the infected haemophiliacs in relation to 7 causing a very unpleasant progressive illness and death, 7 this unique tragedy. I cannot personally see how these 8 8 could be regarded as implying any responsibility for results in a substantial proportion of cases in 9 infection of the female sexual partner and also on g other accidents such as benzodiazepine dependence, 10 average one quarter of the subsequently conceived 10 cerebral palsy following obstetric misadventure etc." 11 children. In both wife and children the infection will 11 So that was his request to the Secretary of State. also prove fatal; in the case of the children fatality We've got one more letter in relation to possible 12 12 13 takes place in infancy. The only remedy which will 13 settlement, which is at DHSC0004365 015. 14 certainly prevent the transmission by sexual contact is 14 This is a letter of 5 December 1990 which 15 the invariable use of a condom throughout the 15 Dr Hilary Pickles wrote to CMO. As I mentioned earlier, 16 partnership. Unlike the position in Hepatitis B which 16 Dr Hilary Pickles worked at DHSS in the AIDS unit and 17 can occur as the result of a therapeutic accident, there 17 she wrote to express her concern. She said she: 18 is no vaccination available to protect the sexual 18 "... spoke to him this morning about my concern at 19 partner. Furthermore, in Hepatitis B the outcome is 19 the possible implications of one of the options being 20 only rarely fatal and infectiveness is present in 20 considered for our [Secretary of State] to use in 21 a small minority of cases." 21 tomorrow's discussions with the Chief Secretary." 22 Then if we could go to page 2, please, he goes on 22 She said that: 23 summarise the particular aspects of infection with HIV 23 "... this presents the best arguments for 24 and says that the tragedy goes beyond anything which has 24 encouraging Treasury to cover settlement costs and could 25 ever been described as a result of a therapeutic 25 be used for 'ring-fencing' this deal, it may be very 106 105 difficult to present this line of argument in a way issue where we have documents showing Sir Donald 1 2 2 which does not damage the reputation of the Acheson's view on compensation. 3 professionals concerned. If there is said to be a risk 3 Can we go, please, to DHSC0004365_015. Is that 4 of losing which is sufficient to justify a settlement, 4 a wrong ... let me see. We'll go first then, I think, 5 then either the case is weak because there was 5 to DHSC0002862 006. 6 negligence or the judge and legal system [is] biased, 6 What this is, is a communication setting out yet neither of these reasons are ones we could/should 7 Sir Donald Acheson's view on a minute which I will find 7 8 8 use." the reference to and take us to next, if I can. But for 9 When asked about this letter in her oral evidence, 9 context the issue was whether to extend financial 10 Dr Pickles said that it was very unusual for her to 10 support to people who did not have haemophilia but who write to a Chief Medical Officer in this format and she 11 11 had been infected with HIV through the use of blood and, 12 said it was obvious that she had had a discussion with 12 in rare cases, blood products. 13 him and he said "put that in writing" so he could then 13 He says that he's seen the minute about that issue 14 put on the record that he felt there had been no 14 and about the cost that would be incurred if the 15 15 negligence. compensation scheme for haemophiliacs were to be 16 So we only have the letter to him and we don't 16 extended. He has commented that he thinks that: 17 have any reply from him, but we do have her evidence 17 "... the only tenable argument of 18 that he had asked her to put that in writing. So we 18 a differentiation from haemophilia of any weight is in 19 19 paragraph 3 of Annex A." have on the one hand a letter asking for a settlement to 20 be favourably considered by the Secretary of State and 20 And if I can, I will take you there momentarily. 21 then we have Dr Pickles' evidence that to some extent he 21 He said that: 22 supported her concern that that shouldn't result in any 22 "The number of cases arising from other types of

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clinicians.

implication of negligence or damage to the reputation of

Then there's a related although slightly different

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'tissue transplanting' eg organ transplants, and sperm

hands, maximum. CMO would be concerned with 'spread' to

would be unlikely to go beyond the fingers of both

1	hepatitis cases of various sorts."	1	hereditary nature of haemophilia can mean that more than
2	So he's there expressing some dubiousness about	2	one member of the family might be infected.
3	arguments being made to refuse the extension of	3	So he was there to an extent supporting an
4	compensation to victims of infected blood who did not	4	argument for a distinction in disadvantage, but I think
5	have haemophilia, but at the same time noting a concern	5	that's as far as I can probably take it from the limited
6	was spread to hepatitis cases of various sorts. So he's	6	response that we have from him.
7	not enthusiastically campaigning for widespread	7	So those are the documents chronologically that
8	compensation by any means.	8	I wanted to take you to. I mentioned that I would come
9	Then could we go, please, to DHSC0003560_051.	9	back towards the end of the presentation to two
10	This is the document with a note on the:	10	particular categories of documents and the first was the
11	" present position on compensation for people	11	what is referred to as "Dear Doctor" letters. So one of
12	infected with HIV through blood transfusion, and on the	12	the functions of the Chief Medical Officer, as we've
13	costs which would be incurred if we were to extend to	13	heard, is public guidance on health issues and one means
14	them a compensation scheme for haemophiliacs."	14	he had of disseminating advice and guidance was in
15	And if we go to annex A, please, which should be	15	letters to the medical profession, but we've seen in his
16	at page 2, and then go through to page 4 and look at	16	witness statement to the BSE Inquiry that he considered
17	paragraph 3.	17	himself first among equals and that it wasn't his place
18	So this is paragraph 3 of annex A. The only	18	to be directive.
19	argument which Sir Donald Acheson thought might tenably	19	We looked at the first letter that was sent out
20	hold any weight was a distinction between haemophiliacs	20	about AIDS in the May of 1985, which took a fairly
21	and those without haemophilia who were victims of	21	polite and humble tone in encouraging doctors to accept
22	infected blood, because haemophiliacs were doubly	22	his advice if it were to be helpful.
23	disadvantaged by the pre-existing haemophilia, which	23	Just a note on frequency. Set out at paragraph 31
24	affected their employment, mortgage and insurance	24	of the written presentation are all of the "Dear Doctor"
25	prospects, and by their HIV infection, and because the	25	letters pertaining to infected blood issues in the 1980s
	109		110
1	which the Inquiry has so far identified. Sir Henry	1	Information for Doctors" about AIDS. He also refers
2	Yellowlees sent three on the topic of hepatitis B in the	2	back to the information he'd previously circulated about
3	period from 1981 to 1984. Sir Donald Acheson sent nine	3	alternative facilities for providing antibody tests at
4	on the topic of AIDS between 1985 and 1990. So there	4	sexual health clinics and through GPs and, just below
5	was an increase in frequency of "Dear Doctor" letters on	5	the (a) and (b), we can see that he says:
6	infected blood topics. That doesn't mean to say there	6	"The synchronous provision of these arrangements
7	was necessarily an increase of "Dear Doctor" letters in	7	is to ensure that people who believe themselves at risk
8	all, because we haven't examined the letters which went	8	of infection do not donate blood in order to be tested.
9	on other issues.	9	This is crucial because even a reliable test cannot
10	We've looked at two letters so far. One was on	10	detect very early infections to which an antibody
11	the introduction of HIV testing in general facilities	11	response has not yet been generated."
12	and one was on the public education campaigner in the	12	Goes on to talk about arrangements for counselling
13	December of 1986 and I'm just going to pick up on two	13	those people.
14	more sorry, we've looked at three so far: one was the	14	Now this again relates back to the concern flagged
15	initial information on AIDS, the second was on the	15	in internal briefings about the possibility of creating
16	introduction of general testing and the third was on	16	an incentive for people from high-risk groups to donate
17	public education and I'm going to pick up on two more.	17	blood in order to get tested and that being a factor in
18	The first I want to pick up on is at DHSC0000177,	18	the way that testing was rolled out. He goes on to say
19	and could we go to page 2, please. So you will recall	19	that:
20	that we looked at a document showing the publicity round	20	"It is essential that all individuals who are
21	that Sir Donald Acheson engaged in on 1 October 1985	21	found to have positive tests receive
22	when HTLV-III testing was introduced in blood	22	counselling"
23	transfusion centres and it referred to a "Dear Doctor"	23	Then over the page he talks about counselling
24	letter of the same date. This is that letter. He	24	services, training services for counsellors, and he
25	refers back to his letter of 15 May with the "General	25	concludes by saying:
	111		112

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1	"The antibody test is an important tool, in the	1	If we look at the third paragraph on the page,
2	control of the spread of HTLV III infection. If it is	2	please, he says that:
3	to be used effectively, very strict confidentiality must	3	"Doctors also have an important role to play in
4	be maintained in respect of positive results"	4	achieving improved health education on the HTLV III
5	You may reflect on the tone of this letter when	5	infection. Members of the general public who have
6	compared to the very first letter he sent out to doctors	6	worries about AIDS and those who are directly involved
7	regarding AIDS. It is, or it could be inferred to be	7	with infected people need to be told about the nature of
8		8	• •
	more directive and more urgent in the way he sets out		the HTLV III infection and reassured about the limited
9	what must be done rather than saying here is some	9	ways it can be spread."
10	information for your benefit should you choose to look	10	So when you are thinking about stigma and
11	at it.	11	combating stigma I've also referred earlier in this
12	Then there's just one more "Dear Doctor" letter	12	presentation to occasions on which it might be inferred
13	that it would be interesting to go to.	13	that it was part of the CMO's role to address
14	It's at BART00000728.	14	misinformation as well as promote information. This
15	This is on 14 January 1986. So this follows on	15	letter is quite interesting because it's really geared
16	from the "Dear Doctor" letter that we saw in December	16	at the stigma that might be experienced particularly by
17	no, it doesn't, I'm sorry. There will be a letter in	17	children in schools.
18	December of 1986. I've got my chronology confused.	18	The other category of document which it would be
19	This is a stand-alone letter of 14 January 1986 entitled	19	interesting to look at is that of the annual reports
20	"Children at school and problems related to AIDS", and	20	which we have come to bit by bit as they are relevant to
21	it mentions that the previous autumn, so in autumn 1985,	21	the other themes that we have looked at. They are set
22	following publicity about a schoolchild who was found to	22	out from paragraph 45 onwards of the written
23	be infected with HTLV-III, the Government undertook to	23	presentation and what's interesting looking at them
24	issue guidance on AIDS as it affects schools and the	24	collectively in relation to the risk of AIDS is to see
25	letter appends an information booklet on that topic.	25	how the space devoted to the topic and the prominence in
	113		114
1	which that information is placed develops throughout the	1	Then at page 66, in the "Sexually Transmitted
2	1980s.	2	Diseases" section, there's a further two paragraphs
3	So we looked at the 1983 annual report. If we put	3	giving the statistics, noting that in the USA at that
4	it back up on screen, it's DHSC0007004, and if we could	4	point there had been a cumulative total of 3,000 cases
5	go, please, to page 61.	5	to the end of 1983, with a mortality rate of
6		6	•
	This was the part, sir, that you took us to in the		43 per cent. Noting the surveillance of AIDS in the UK
7	"Communicable diseases" section, on "Kaposi's sarcoma	7	by CDSC, to the end of 1983 there had been 31 cases and
8	and AIDS", noting the reporting to the CDSC.	8	16 of them had died 16 of those patients, sorry, had
9	So approximately half a page there, and then the	9	died and that the cause remained unknown, but this
10	brief section that we looked at was at page 70, please,	10	year it says:
11	just the paragraph that goes over to the top of the next	11	" [it] is likely to be a viral agent
12	page noting the appearance of this new and frequently	12	transmitted by sexual contact, transfusion of blood and
13	fatal syndrome and saying merely that the cause was	13	certain blood products. The incubation period can be as
14	unknown.	14	long as three years or more."
15	The next year, the 1984 annual report is at	15	So the difference between 1982 report and 1983
16	DHSC0007005. This was the year that we looked at that	16	report, bearing in mind they are each published the
17	Sir Donald Acheson signed off the report but	17	subsequent year, is that the cause is set out in the
18	acknowledged that the work had been done during the year	18	1983 report whereas in the 1982 report it was just said
19	of Sir Henry Yellowlees' tenure.	19	to be unknown.
20	At page 54, please, we can see that there is	20	Then in 1984 it's at DHSC0007006, please. This
21	a one-page section on AIDS. It just goes on to the next	21	annual report was published in 1986. The introduction
22	page as well and it notes the number of cases in the USA	22	by Sir Donald Acheson was dated the October of 1985.
23	and the steps taken in the UK.	23	For the first time, in this report, AIDS is featured in
0.4	There is a test as sent a the mass many war will IV was a real!	0.4	the distance of the first second and account of the second

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Then, just over to the next page, "UK research"

and the establishment of the MRC AIDS Working Party.

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the introduction to the report, so could we go, please,

to page 8. We can see there that under the public

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health section of the introduction it's noted that there had been three cases of people with haemophilia and 2 2 has been a major step forward in identifying the causal notes a number of patients with Kaposi's sarcoma, 3 3 agent, that there had been an increase in the number of pneumocystic carinii pneumonia and other opportunistic 4 cases and a reference to the need for the control of the 4 infections. 5 spread of the infection to be regarded as an issue of 5 If we can go over the page, please. From this 6 prime importance to the future of the nation. 6 report onwards, there are fairly detailed statistics 7 7 provided in relation to various aspects of the disease. So by the time Sir Donald Acheson signed off on 8 this introduction in October 1985, it postdates what he 8 So here we're looking at presentations and, if we could 9 said in his autobiography to have been the realisation 9 scroll down, please, there's a section on transmission 10 10 of the gravity of the issue in early 1985 and in his by blood and blood products in the UK and it's noted 11 annual report that was published subsequent to that 11 that: 12 realisation he is saying in a public document that the 12 "... three recipients were known to have become 13 need for the control of the spread of infection was to 13 HTLV III antibody positive following blood donations 14 14 from one donor who subsequently developed AIDS. The be regarded as an issue of prime importance to the 15 15 plasma from one on his donations also contaminated future of the nation. 16 There's also a much longer section in this report 16 a batch of Factor VIII. During 1984 there were no cases 17 in the "Communicable diseases" chapter. That's at 17 of AIDS arising from this or other blood transfusions." 18 page 41, please. It's the bottom two paragraphs in that 18 But three haemophiliacs had developed AIDS and two 19 page and we'll look here, before going on to the next 19 had died after receiving imported commercial 20 20 Factor VIII. couple of pages. 21 21 In the 1984 report, it's noted that 77 cases of Then the next section is "Measures Taken to 22 AIDS had been reported in the UK between 1 January and 22 Control the Spread of AIDS" and this really picks up on 23 31 December, that was on top of a previous 31 cases 23 some of the chronology that we have already looked at. 24 reported up to the end of 1983, and that by the end of 24 There's the establishment of EAGA. Then on the next 25 1984, 108 cases had been reported to the CDSC. There 25 page leaflets and guidance provided by the Advisory Committee on dangerous pathogens and the Health introduction, which is at page 12. 2 2 Education Council, and the introduction of -- or the If we just focus, please, on the "Communicable 3 3 work done on the introduction of screening and the use diseases" at the bottom, it's noted that: Δ of the AIDS and blood donors leaflet in transfusion 4 "The spread of HTLV III ... within the population 5 centres, work done on heat treatment, and the work 5 of the UK, and ... throughout the world, provides one of 6 towards self-sufficiency. So outlining the various 6 the greatest challenges in communicable disease control limbs or measures that were at that point being worked 7 in this century." 8 on to address the spread of AIDS. There's a section on 8 So the emphasis and tone in this report, as in the 9 international collaboration. Then over on the next 9 previous year's report, is really focused on the gravity 10 page, please -- oh, no, that's the end. 10 of the issue and is consistent with Sir Donald Acheson's 11 So it is two and a half pages in "Communicable 11 autobiography and what he says about the prominence and 12 diseases" and then the another section under the 12 priority which he accorded to AIDS. 13 "Sexually Transmitted Diseases", or the "Sexually 13 He goes on to say that the key feature which makes 14 Transmitted Diseases" chapter, which is at page 56. 14 control of spread difficult is that infection is usually 15 15 transmitted by sexual intercourse with persons who are It's a brief paragraph but it sets out there the 16 statistics and notes the uncertainty about how many 16 often unaware that they are carrying the virus and notes 17 people who are infected with HTLV would develop AIDS. 17 that there is a latent period of up to five years 18 It says at that point it is certain to be at least 18 between the date of infection and the development of the 19 19 illness, but also says that not all carriers of 10 per cent. 20 When it says "AIDS is discussed in more detail", 20 antibodies develop the syndrome. 21 21 that's the section we just looked at. Then at the bottom of the page it says: 22 The 1985 annual report is at DHSC007007. This 22 "In the absence of any antiviral drug or effective

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report was published the following year and Sir Donald

Acheson's introduction is dated July of 1986. This

report again featured a section on AIDS in the

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vaccine we have limited means at our disposal. The

three most important means to control the virus are

first informing public on how the infection is and is

1	not spread, providing a safe supply of blood and blood	1	similar information that we saw in the introduction as
2	products and advising infected persons on how they might	2	expanded in the chapter.
3	avoid infecting others."	3	Would that be a convenient moment to take an
4	Then it goes on to say:	4	afternoon break? I'm aware that we've got a few more
5	"Public education is essential. Programmes should	5	annual reports to go, but we won't take all of this
6	be aimed at the general public as well as persons	6	afternoon's allocated time.
7	actually or possibly at risk. It is essential that	7	SIR BRIAN LANGSTAFF: Yes, We'll take a break now in that
8	everyone receives accurate information and that myths	8	case until 3.40.
9	are exposed."	9	MS BARRETT: Thank you, sir.
10	So that's consistent with Sir Donald Acheson's	10	(3.11 pm)
11	preoccupation during 1986 with the need for effective	11	(A short break)
12	and efficient public health information on AIDS.	12	(3.39 pm)
13	It goes on to note testing and guidelines being	13	MS BARRETT: Thank you.
14	introduced.	14	The next document that we'll go to then is the
15	So that was just the introduction. There was then	15	1986 annual report, which is at DHSC0007008. This
16	seven pages on AIDS under the "Communicable diseases"	16	report was published the following year, in 1987, and
17	chapter, which is at page 49. I won't go through all	17	Sir Donald Acheson's introduction was dated
18	seven pages but it can be seen that the statistics	18	September 1987; so it must have been published towards
19	provided were broken down in a fairly detailed manner.	19	the end of that year.
20	So they include, if we go down please, under	20	In the 1986 annual report, Sir Donald Acheson
21	"Characteristics of AIDS patients", numbers of people	21	addressed AIDS as the first topic in his introduction
22	who are recipients of blood who have contracted AIDS.	22	and devoted two pages to it in the introduction.
23	If we scroll out again, please, and back out, please,	23	That's at page 9, please.
24	and then to the next page, please, the control methods	24	So we can see after the first introductory remarks
25	are then set out in a great deal more detail but it's	25	the first sub-heading towards the bottom of that page is
	121		122
1	"Acquired immune deficiency syndrome and HIV	1	mid-1987 in his 1986 report. He notes that almost all
2	infection". He noted the number of cases reported to	2	of those people were believed to be in high-risk groups.
3	CDSC that year in the first six months. So he's talking	3	Now, we've looked at what he said already in the
4	about the first six months of 1987 even though this is	4	middle of that page about the importance of a public
5	the 1986 annual report, just to add to our slight	5	information campaign. Could we next go, please, to
6	confusion about where the cut-off date is for the	6	page 63 of this document.
7	information in these reports.	7	Here we are in the "Communicable diseases" chapter
8	He notes that there were 281 cases of AIDS	8	of the report and we can see that more detailed
9	reported compared to 107 in the comparable period during	9	statistics were provided. There is a six-page-section
10	1986 and he notes the difficulty which arose because the	10	on AIDS under "Communicable diseases" in the 1986
11	nature of the definition of AIDS introduced an arbitrary	11	report.
12	element to the dating of diagnosis and the delays of	12	As a general note, when people are looking for
13	varying length between the diagnosis and reported of	13	statistics, these Chief Medical Officer annual reports
14	cases. He estimated that if the date of diagnosis was	14	are quite interesting because they year on year break
15	taken as the point of reference, the epidemic curve of	15	down the reported cases by transmission characteristics,
16	cases in the UK was at that time exponential, with	16	and so we can trace year by year what happened in
17	a doubling time of about ten months and he found	17	relation to and if we look at table 4.3 for
18	a similar curve, so a similar exponential curve, looking	18	example cumulative totals of reports of AIDS cases by
19	at deaths attributed to AIDS plotted by date of death.	19	transmission characteristics for people with haemophilia
20	He noted that the future trend of the epidemic	20	and recipients of blood both abroad and in the UK.
21	would depend on the number of people currently infected	21	So we can see that there were, for example,
22	and the rate of incidence of new infections, and that	22	six cases of transmission by blood transfusion abroad
23	there were no reliable estimates of either, but a total	23	and three in the UK as at December 1986 and 21 people
24	of 5,009 positive tests had been reported from England,	24	with haemophilia.
25	up to June 1987. So again he's looking at the data to	25	Could we go to page 64, please, and look at the
	123		124

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1	top of that page. Similarly, this is HIV positive cases	1	"During 1987 the Government devoted much time and
2	reported in England by transmission characteristics and	2	effort to the problems caused by the HIV epidemic. The
3	we can see that there were 405 people with haemophilia	3	intense public awareness which developed earlier has
4	who were HIV positive that year and 26 recipients of	4	been maintained."
5	blood. So that's the 1986 annual report.	5	And it talks about four main areas of activity:
6	If we could go next to the 1987 annual report,	6	public education, research, the development of services
7	please, which is at DHSC007009. So the 1987 annual	7	for care and treatment and I missed surveillance,
8	report was published the following year, in 1988, and	8	that's why I've only got to three. Four in total.
9	Sir Donald Acheson's introduction is dated August 1988.	9	It talks about international co-operation a little
10	In this report he again addressed AIDS in his	10	bit more.
11	introduction, and if we could go to page 15, please, we	11	Then if we look at the "Surveillance" section, we
12	can see that.	12	can see that reporting continued, then, down at the
13	So it's in the introduction but it's in a slightly	13	bottom of the page, that there was a cumulative UK total
14	less prominent position than the year before, and he	14	of 8,017 cases of HIV positive tests.
15	devotes one and a half pages towards the end of the	15	Then if we could go next, please, to page 125
16	section in his introduction. I don't need to zoom in	16	within the same chapter and zoom in on the table 6.1,
17	particularly, but if we just flip to the next page,	17	please.
18	broadly the focus is what's going on internationally at	18	Again, this year, detailed information is given,
19	this point.	19	"Cumulative totals of HIV-positive cases" this is
20	The more detailed information comes in this	20	just in England, not the UK "by transmission
21	report. For the first time there's a dedicated chapter	21	category", and they've got the cumulative totals then in
22	titled "AIDS HIV infection and sexually transmitted	22	brackets, the totals for the year.
23	diseases", with 12 pages devoted to AIDS, and that	23	So, for example, could we highlight the rows for
24	starts at page 123, please. This is that chapter. It	24	"Haemophiliac" and "Recipient of blood/blood products",
25	starts by saying that: 125	25	please. That's really helpful, thank you. 126
1	So we can see for people with haemophilia there	1	had had blood products, you might have thought they
2	was a cumulative total of 978 cases to the end of 1987	2	would have shown up earlier.
3	and, of that total, 573 had tested positive that year.	3	MS BARRETT: That's a good point. I don't have any more
4	For recipients of blood transfusions or blood products,	4	contextual information for comparison, but I do
5	that was a cumulative total of 63 and 37 people had	5	highlight that this is a helpful source and it might
6	tested positive that year.	6	bear more investigation and more weight could be placed
7	Could we next go to page 129, please.	7	on these figures to see how they do fit with the
8	SIR BRIAN LANGSTAFF: What's the distinction oh, I think	8	information we have from other sources in terms of
9	I understand it. I was just thinking the recipient of	9	testing and when those tests were carried out and when
10	blood and blood products, that could be somebody who's	10	the results were known. It is apparently, on the face
11	a transfusee, or it could be someone who is given blood	11	of this table, a majority of the cumulative total who
12	products not being a haemophiliac but in the course of	12	had received their results that year.
13	their treatment. I see.	13	SIR BRIAN LANGSTAFF: It may be some evidence of delayed
14	MS BARRETT: Yes, I think that must be right, because	14	reporting, but that's a question which has to be
15	otherwise the figures don't make sense. To be	15	answered by others and it can't necessarily be inferred.
16	completely accurate, all of the people with haemophilia	16	MS BARRETT: Yes.
17	would also fall under the category of people who are	17	SIR BRIAN LANGSTAFF: Thank you.
18	recipients of blood products, but it's clear from the	18	MS BARRETT: Thank you.
19	figures that that's not the way round that it's	19	So if we could go to page 129, please, we can see
20	organised.	20	that there's a section there on HIV and blood donations,
21	SIR BRIAN LANGSTAFF: What might be a bit surprising about	21	if we could zoom in a little. It's noted that that
22	the figures for the people who have haemophilia is that	22	year:
23	more than half of the total are said to have been first	23	"The NBTS [had] continued to screen all blood
24	reported during 1987 when what we have heard about	24	donations, and the standard of HIV antibody testing at
25	testing being offered to those who were haemophiliac and	25	the regional transfusion centres continues to be
	127		128

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1	regularly monitored"	1	Acheson's introduction was dated September 1989, so we
2	All the would-be donors were given the AIDS	2	can infer that it was published towards the end of 1989.
3	leaflet and it notes that by the end of 1987, a large	3	If we look at the introduction, again could we go
4	number of donations had been screened for antibodies	4	to page 18, please, and look at sorry, could we just
5	to HIV. 90 had been confirmed to be positive.	5	go to the page before. I might have given you the
6	The proportion of positives in 1987 was	6	wrong okay, thank you.
7	significantly less than it was in 1986, which was	7	So we can see at this page there's the beginning
8	considered to confirm that many donors had been screened	8	of the introductory section on HIV, AIDS and sexually
9	out and people who tested negative on their first test	9	transmitted diseases. It's noted that there's a longer
10	donated more than once since. So insofar as those	10	section in chapter 5. It's referred to the statistics
11	statistics go, that was a positive trend.	11	which are provided and then towards the end of the page
12	Then if we go to the section below, please,	12	he talks about an expert group working on statistics on
13	"Public education". We've looked at this, showing that	13	the incidence and cases of AIDS and other HIV-associated
14	in the autumn of 1986 it decided to expand the campaign.	14	conditions.
15	This just gives the finances that I don't think we've	15	Then on the next page if we could focus on the top
16	brought out so far today. A further 20 million was	16	half perfect, thank you we can see that:
17	allocated for the 12 months from November 1986. Between	17	"The group concluded that between 10,000 and
18	November 1986 and March 1987, 7.5 million were spent on	18	30,000 cases of AIDS would have been diagnosed by the
19	advertising in all the main media and on the	19	end of 1992 in England and Wales, and that over the next
20	distribution to the households of the leaflet that we	20	10-15 years, at least 16,000 to 40,000 cases of AIDS
21	looked at.	21	must be expected among people already infected."
22	So that was the 1987 report. Then just the very	22	But in the next paragraph it's noted that the
23	last document we'll look at today is the 1988 annual	23	numbers of new AIDS cases per month were by then, so by
24	report, which is at DHSC0007010.	24	1988:
25	So this report was published in 1989. Sir Donald 129	25	" increasing less rapidly than in earlier 130
1	stages of the epidemic. Past behavioural changes in the	1	"At the end of 1988, the cumulative total of
2	homosexual community, and current effects of therapeutic	2	reports of HIV-infected people in England was 8,156. In
3	advances [were thought to both have probably	3	1988, 1,630 new reports were received, considerably
4	contributed] to this welcome development. However	4	fewer than in 1987."
5	[Sir Donald Acheson says], it would be a gross error to	5	Again, it was noted that:
6	allow this change to engender complacency"	6	"It would be rash to assume from this evidence
7	He notes the need to maintain and for others to	7	alone that the incidence of new infections is falling."
8	adopt the safer behaviours because otherwise he thinks	8	But this was the last annual report where AIDS
9	that improvement will be temporary.	9	took such a prominent position and subsequent volumes
10	It's interesting that he notes that there's	10	showed that the flattening of the curve which began this
11	a trend downwards in other sexually transmitted diseases	11	year continued. They continued to refer to public
12	noticed in genitourinary medicine clinics, including	12	education campaigns at a local and national level, but
13	gonorrhoea, and he suggests that that shows changes in	13	the degree of prominence and priority that was placed on
14	sexual behaviour which have been brought about by the	14	AIDS began to decline from this report onwards.
15	public education campaign aimed at minimising the spread	15	SIR BRIAN LANGSTAFF: Is there a table in this report which
16	of HIV infection. So it's a knock-on effect but in some	16	corresponds to the table for the routes of transmission
17	ways it could be taken to be a proxy to show the	17	in the previous reports?
18	effectiveness of the public education campaign that	18	MS BARRETT: Could we go back to page 120 and then just flip
19	we've heard so much about today.	19	through that section because I can't remember off the
20	If we then go to page 120, please, this is the	20	tomorrow of my head, but it will be here if there is
21	section in the communicable diseases chapter on "AIDS	21	become.
22	and HIV infection". If we flip to page 121, or scroll,	22	Yes, so the equivalent table
23	we can see under AIDS cases, please sorry, under	23	SIR BRIAN LANGSTAFF: That is the cumulative total?
24	"The present state of the epidemic", please, just at the	24	MS BARRETT: Yes, that is right.
25			
20	bottom of that page that:	25	If we go forwards, it might be that there may be

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1	more information given the yearly figures.	1	investigation into.
2	SIR BRIAN LANGSTAFF: That's to 31 December.	2	SIR BRIAN LANGSTAFF: Thank you.
3	Can you just help me with this: Was it in 1988	3	MS BARRETT: Thank you.
4	that the writ was issued in the HIV litigation?	4	So that concludes the presentation on the role of
5	MS BARRETT: I can't immediately, but I'm sure we can find	5	the Chief Medical Officer. Tomorrow the Inquiry will
6	that information.	6	hear evidence from Carol Grayson.
7	Yes, I'm being instructed yes.	7	SIR BRIAN LANGSTAFF: Yes. Well, thank you very much,
8	SIR BRIAN LANGSTAFF: And that had over 960 claimants,	8	Ms Barrett.
9	plaintiffs, did it not?	9	Tomorrow, 10.00, Ms Carol Grayson.
10	MS BARRETT: I'm being instructed that the figure changed	10	(4.02 pm)
11	during the litigation. We'll investigate and get back	11	(Adjourned until 10.00 am the following day)
12	to everybody.	12	
13	SIR BRIAN LANGSTAFF: The other question, in the same vein,	13	
14	which all goes to the accuracy of reporting and its	14	
15	reliability, is that when the Macfarlane Trust was	15	
16	topped up by £24 million, which was in 1988 I think,	16	
17	maybe 1989, that was in respect of 1,200 people, each of	17	
18	whom would be given a flat sum of £2,000. Where do you	18	
19	get the 1,200 from if the total here is 965 in the end	19	
20	of 1988? It doesn't seem to fit easily if these figures	20	
21	are actually accurate. It looks as though there may	21	
22	have been some underreporting. That's the question: has	22	
23	there been underreporting? Because I'm not altogether	23	
24	sure how the figures fit.	24	
25	MS BARRETT: That's something that we will do some further	25	
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