

1 Friday, 22 July 2022  
 2 (10.00 am)  
 3 (Proceedings delayed)  
 4 (10.03 am)  
 5 SIR BRIAN LANGSTAFF: Good morning, Professor McQuiston.  
 6 Can you hear me?  
 7 THE WITNESS: Good morning, Sir Brian. I can hear you fine.  
 8 SIR BRIAN LANGSTAFF: Good. And you can see me?  
 9 THE WITNESS: I can.  
 10 SIR BRIAN LANGSTAFF: That's a good start. In a moment or  
 11 two I'm going to ask Mary to invite you to affirm. Let  
 12 me first, though, explain who you're talking to.  
 13 There's a small audience here in Aldwych, in  
 14 Aldwych House in London, but I imagine the bulk of your  
 15 audience today are going to be online, watching either  
 16 on YouTube or on live stream.  
 17 I can't tell you precisely how many there will be  
 18 but it may well be approaching three figures.  
 19 THE WITNESS: Okay.  
 20 SIR BRIAN LANGSTAFF: In a moment or two Ms Scott is going  
 21 to ask you the questions but first, Mary, please.  
 22 I should ask you, you're in the offices of your  
 23 lawyer, are you?  
 24 THE WITNESS: Yes, I am indeed.  
 25 SIR BRIAN LANGSTAFF: Very well.

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1 secretary to the Health Service Division of the  
 2 Department of Health and Social Services in  
 3 Northern Ireland?  
 4 A. Yes, that's right.  
 5 Q. And you held that post until 1988?  
 6 A. Yes.  
 7 Q. And I'm going to come back and ask you some questions  
 8 about your time in the Health Service Division.  
 9 A. Yes.  
 10 Q. You then moved from there to become the assistant  
 11 secretary of the Management and Personnel Division of  
 12 the DHSS Northern Ireland, between 1988 and 1990.  
 13 A. That's right.  
 14 Q. You then went on secondment to become the Director of  
 15 the Northern Ireland Centre for Healthcare Cooperation  
 16 and Development in 1990.  
 17 A. That's correct, yes.  
 18 Q. And that was a post you held until 1999.  
 19 A. Yes.  
 20 Q. And you say that's called Nicare? How do we pronounce  
 21 that?  
 22 A. Nicare, yes.  
 23 Q. Nicare. And what did Nicare do?  
 24 A. Basically helping other health services around the world  
 25 to improve their services, perform their services,

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1 DR ROBERT WHITFORD MCQUISTON (affirmed)  
 2 Questioned by MS SCOTT  
 3 SIR BRIAN LANGSTAFF: Ms Scott.  
 4 MS SCOTT: Can you see and hear me?  
 5 A. I can, Ms Scott, yes.  
 6 Q. Can I first of all start by asking you this: you have  
 7 given your name in your witness statement as  
 8 Dr Robert McQuiston but I see also that you have  
 9 a professorship, but you call yourself Dr McQuiston, do  
 10 you?  
 11 A. That was a time-limited professorship, so that expired  
 12 in 2011 (*inaudible*) a doctor.  
 13 Q. And your title, Dr, is not because you're a clinical  
 14 doctor but because you've got a PhD?  
 15 A. That's correct.  
 16 Q. I'm just now going to go through your -- and go over  
 17 your career, and give an overview of your career,  
 18 starting in 1970, where you had a number of roles,  
 19 principal officer, then deputy principal, then assistant  
 20 principal, in a range of divisions of the Department of  
 21 Agriculture for Northern Ireland; is that right?  
 22 A. That's correct.  
 23 Q. So that was between 1970 and 1984?  
 24 A. Yes.  
 25 Q. Then in 1984, you took up a role as the assistant

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1 mainly in Russia and Central and Eastern Europe, and in  
 2 the Far East. So they were countries where perhaps  
 3 there wasn't a satisfactory primary care service, maybe  
 4 no such thing as general practitioners, very centralised  
 5 services. So we were helping them to modernise and  
 6 reform their services.  
 7 Q. So you didn't have any role in decision making in  
 8 Northern Ireland over that period?  
 9 A. Not at all during that period, no.  
 10 Q. Were you keeping up with what was going on in Northern  
 11 Ireland during that period?  
 12 A. From a general interest point of view, yes, I was.  
 13 Q. Then in 1999, again still on secondment from the  
 14 Department of Health and Social Security, you took up  
 15 a role as the International Programme Director of  
 16 Nicare, a role you held until 2004.  
 17 A. Yeah. The reason for that was that I was spending more  
 18 and more time overseas and it was becoming difficult to  
 19 direct the organisation in Belfast and be overseas at  
 20 the same time, so we appointed a new director and  
 21 I became the International Project Director.  
 22 Q. Then you became a health and social services adviser to  
 23 Nicare between 2004 and 2006.  
 24 A. Yes, that was after my retirement from the Department in  
 25 2004.

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1 Q. And in that role, what were you doing?  
 2 A. Actually, the same work, but just with a different  
 3 heading.  
 4 Q. So again, looking at the international picture rather  
 5 than the domestic picture?  
 6 A. Yes, yes.  
 7 Q. Then between 2006 and 2011, you were a visiting  
 8 professor and health policy and management specialist at  
 9 the Healthcare Research and Development Group at the  
 10 University of Ulster; is that right?  
 11 A. That's right, yes.  
 12 Q. Were you teaching? Were you lecturing? What were you  
 13 doing in that role?  
 14 A. What happened was that Nicare ceased to exist in 2006,  
 15 and a number of us wanted to continue the work we were  
 16 doing, so we managed to organise this unit at the  
 17 University, and essentially -- there was no teaching  
 18 involved, it was purely research, and the same kind of  
 19 overseas work I had been doing before.  
 20 Q. So before getting on to your role between 1984 and 1988  
 21 in the Health Services Division, I'm just going to ask  
 22 you some questions to get an idea about the structure of  
 23 the Department at the time that you were there in the  
 24 1980s.

So is it right to understand from your statement

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1 Department up in that way work?  
 2 A. Well, it already had been divided by the time I arrived  
 3 so I didn't have the previous arrangement to compare it  
 4 with, but it seemed to work well and it seemed to make  
 5 sense, and actually I would have found it quite  
 6 difficult to imagine it working as a single corporate  
 7 unit, because I think it was the way to do it.  
 8 Q. To what extent were you able to or did you have any role  
 9 in ensuring that the policies that you'd formulated were  
 10 being implemented in the way that you had foreseen they  
 11 would be or should be?  
 12 A. Well, I can't think of anything specific but there was  
 13 quite a lot of interchange between the two sides, you  
 14 know, and I can imagine if something was happening in  
 15 a way that hadn't been envisaged, there would be  
 16 exchanges back and forwards, and there probably would be  
 17 adjustments made accordingly. At the end of the day,  
 18 the Permanent Secretary was responsible for both sides  
 19 of the Department, and if there was an issue like that  
 20 that couldn't be resolved, he would have been called  
 21 upon.  
 22 Q. So in terms of the management of the Department, then  
 23 the Permanent Secretary sat at the top, over both sides  
 24 of the Department?  
 25 A. That's right.

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1 that the Department was divided into a policy  
 2 directorate and a management directorate which was  
 3 known -- and you referred to in your statement -- as the  
 4 Management Executive.  
 5 A. That's correct.  
 6 Q. Broadly speaking, what was the difference between the  
 7 two, those two -- that -- those two parts of the  
 8 Department?  
 9 A. Well, basically the policy side, as the name suggests,  
 10 was responsible for policy and legislation.  
 11 Once policies were decided, and it was a case of  
 12 implementing policies, that was down to the executive.  
 13 They were sort of management -- they managed the four  
 14 health boards and they looked after the personnel issues  
 15 in the health boards and so forth. So they were more of  
 16 the hands-on operational side of the Department, whereas  
 17 the policy side was doing the thinking about how to do  
 18 things.  
 19 Q. We've heard from witnesses from the Department of Health  
 20 in London that the Department of Health had what they  
 21 call a sponsorship role for agencies like the Blood  
 22 Services and so on. Would that role have sat with the  
 23 management executive?  
 24 A. Yes, it would.  
 25 Q. How well, in your experience, did dividing the

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1 Q. Then below the Permanent Secretary was who?  
 2 A. There were Under-Secretaries and, as far as I recall,  
 3 there was one Under-Secretary for each side.  
 4 George Buchanan was the Under-Secretary on the policy  
 5 side, and I think it was -- Ronnie Sterling was the  
 6 Under-Secretary on the other side.  
 7 Q. And then below the Under-Secretary sat the Assistant  
 8 Secretaries of the divisions?  
 9 A. Yes. And on the policy side there were four divisions.  
 10 My own, which looked after community health services  
 11 family practitioner services, personal social services  
 12 and general hospital services. Then there was another  
 13 division headed by Jack Scott, looking after acute  
 14 hospital services, and then, bearing in mind that Health  
 15 and Social Services are integrated in Northern Ireland,  
 16 we also had two divisions dealing with Social Services.  
 17 One, health -- social care for the elderly, and the  
 18 other social care for children.  
 19 Q. In terms of meetings with the Under-Secretaries and the  
 20 Permanent Secretaries, was there a regular programme of  
 21 meetings or did you meet with them as and when you  
 22 needed to?  
 23 A. As and when required. On the management side there were  
 24 more sort of regular structured meetings but on the  
 25 policy side it was more ad hoc.

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1 Q. Does the same go for meetings with the heads -- with the  
2 other Assistant Secretaries sitting in the other  
3 divisions?  
4 A. Yes, indeed. I mean, there could be cross-cutting  
5 issues that would require, obviously, discussion and  
6 interchange, and there may have been issues that  
7 involved more than one division, or perhaps the  
8 Under-Secretary would be involved along with the  
9 relevant Assistant Secretaries.  
10 Q. You've set out in your statement a little bit more  
11 detail about the areas of responsibility that your  
12 division had, and I'm not going to go to those now, but  
13 you tell us you also had a role in relation to health  
14 promotion and disease prevention measures, including  
15 public education about the risks associated with  
16 infectious diseases such as AIDS; is that right?  
17 A. That's correct.  
18 Q. In that role, you attended and sat on and chaired, in  
19 fact, some committees and working groups?  
20 A. That's right.  
21 Q. I'll come back to ask you some questions about that  
22 a little bit later on this morning.  
23 A. Okay.  
24 Q. Do you know, or can you recall now, whether the  
25 management of long-term conditions like bleeding

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1 pressure, yes.  
2 Q. I'm going to ask you some questions now about how the  
3 Chief Medical Officer and his team fitted into the  
4 structure. So we've heard evidence that in England  
5 there were, at points anyway, dual structures in the  
6 Civil Service, so there was an administrative and  
7 a medical side. Was that similar in Northern Ireland?  
8 Was the Chief Medical Officer the head of his own team,  
9 sat outside what you've described to us as the policy  
10 division and the management division?  
11 A. I would say sat alongside rather than outside, yeah.  
12 Q. What kind of contact did you have or could you have with  
13 either the Chief Medical Officer or any of his  
14 clinicians?  
15 A. Well, quite regular contact. Most of the time it would  
16 be with his staff but, from time to time, it would be  
17 the Chief Medical Officer himself, and he was always  
18 quite accessible. There wasn't an issue there at all.  
19 Q. Did you have a particular member of his staff allocated  
20 to your division or a particular point of contact or  
21 could you just really ask advice from anyone that you  
22 wanted to?  
23 A. It depended on the issue. They had things divided  
24 between them as to who was responsible for what. I seem  
25 to recall that, in my case, most of the contact was with

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1 disorders came under the Acute Division headed by  
2 Jack Scott or under the Health Service Division?  
3 A. Issues relating to blood and blood products would have  
4 been on Jack Scott's side. He would have been  
5 responsible for accident and emergency, surgery,  
6 orthopaedics, things like that.  
7 The branch that I had, on general hospital  
8 services, would have been concerned more with general  
9 medicine, oncology, those kind of issues, cardiology and  
10 so forth. So really issues relating to bleeding  
11 disorders and bleeding diseases would have fallen on the  
12 other side.  
13 Q. How big was the staff team in your division?  
14 A. I had four principal officers, and I suppose that in  
15 each of those branches there might have been an average  
16 of about ten staff, something like that.  
17 Q. Was that a similar size to Jack Scott's division, can  
18 you recall?  
19 A. I would have thought probably in broadly similar -- he  
20 may not have had as many branches. I'm not sure.  
21 Q. What was the workload like?  
22 A. Err ... it was fairly substantial, because it's  
23 covering, you know, almost all of the Health Service,  
24 when you think about it. So yes, I mean, there were  
25 a lot of issues most of the time and a fair degree of

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1 Dr Nick Donaldson but we would have had contact with  
2 some of the other medical staff as well.  
3 Q. Was there a programme or a schedule of regular meetings  
4 between you and relevant staff from the CMO team or was  
5 it, again, an as and when, ad hoc arrangement?  
6 A. Ad hoc, as and when, yeah.  
7 Q. Now, I'm going to ask you some questions about contact  
8 with ministers. It's right to understand, is it, that  
9 during your time in the Health Services Division it was  
10 a period of Direct Rule in Northern Ireland by the  
11 Government in Westminster?  
12 A. It was.  
13 Q. So that means, is this right, that the UK Government had  
14 taken over direct responsibility for Government  
15 decisions in Northern Ireland --  
16 A. (The witness nodded)  
17 Q. -- with ministers in the Northern Ireland Office  
18 directing the Northern Ireland Civil Service?  
19 A. That's right.  
20 Q. During your time in the Health Service, Douglas Hurd was  
21 the Secretary of State followed by Tom King in  
22 September 1985; is that right?  
23 A. I think that's right yeah.  
24 Q. Then Richard Needham was the Parliamentary  
25 Under-Secretary of State for Northern Ireland from 1985

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1 to 1992.  
 2 **A.** He was.  
 3 **Q.** And --  
 4 **A.** Prior to that [audio distortion], I think it was.  
 5 **Q.** Sorry, I missed what you just said.  
 6 **A.** Prior to that it was Chris Patten.  
 7 **Q.** Did you have a particular point of contact in the  
 8 Northern Ireland Office?  
 9 **A.** Not at all, no. I didn't.  
 10 **Q.** Did you have much contact with the Northern Ireland  
 11 Office?  
 12 **A.** Not really with officials, no. Perhaps on occasions, if  
 13 you were over in London maybe a minister was answering  
 14 something in the House, he might have had contact with  
 15 some of the officials at that time, but normal  
 16 day-to-day running of the thing, no, not at all. The  
 17 Minister really was the only contact with the NIO.  
 18 **Q.** Sorry, I missed that. What it was the only contact with  
 19 the NIO?  
 20 **A.** The Minister, really -- the minister was the only  
 21 contact.  
 22 **Q.** When you say "the minister", do you mean Richard  
 23 Needham?  
 24 **A.** I do, yeah, yeah.  
 25 **Q.** In your witness statement you say that Westminster had

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1 be to sign off on the policy developed by the Department  
 2 in Northern Ireland?  
 3 **A.** That's correct, although he would have a role,  
 4 obviously, in developing the policy as well. At various  
 5 stages of the process, he would normally be involved.  
 6 **Q.** So is this right: that the Minister was involved in  
 7 development of policy in health in Northern Ireland over  
 8 the period that you were there?  
 9 **A.** He was.  
 10 **Q.** But you tell us in your statement that you don't recall  
 11 the Northern Ireland Office having any role in health  
 12 policy development. Do you mean by that officials in  
 13 the Northern Ireland Office?  
 14 **A.** Yes.  
 15 **Q.** You also tell us that you were able to discuss issues of  
 16 policy directly with the Minister, with Richard Needham.  
 17 Can you tell us a little bit about how you would go  
 18 about that, whether or not the decision to approach him  
 19 was the decision that you would make yourself, and how  
 20 easily accessible he was to you?  
 21 **A.** He was fairly accessible. What would happen normally  
 22 would be the issue would be developed, possibly in  
 23 discussion with the Under-Secretary and/or the Permanent  
 24 Secretary. A point would come when the Minister needed  
 25 to be involved. It would be a case of then writing

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1 an overall coordinating role on issues impacting on the  
 2 whole of the UK and that, in reality, the main policy  
 3 initiatives would come from the Department of Health in  
 4 London out to Northern Ireland; is that the right way to  
 5 understand it?  
 6 **A.** That's right, although there would be obviously issues  
 7 from time to time that were specifically local but, as  
 8 an overarching statement that would be correct, yeah.  
 9 **Q.** The way that those policies came out of the Department  
 10 of Health would be directly, would it, to you in the  
 11 Department in Northern Ireland, rather than via the  
 12 Northern Ireland Office?  
 13 **A.** Yes, directly. Not via the Northern Ireland Office.  
 14 **Q.** Then you also tell us that, once you'd received policy  
 15 initiatives from London, you would then consider whether  
 16 to adopt, reject or tailor that policy for  
 17 Northern Ireland?  
 18 **A.** That's correct, although there would be occasions where  
 19 there would be no choice in the matter, like, for  
 20 example, the one I mentioned of the Limited List, drugs  
 21 that could be prescribed. We wouldn't have had any  
 22 right to persist/assist? ^wd for that one, we had to  
 23 do it.  
 24 **Q.** Then you tell us that, once a policy was developed in  
 25 Northern Ireland, the role that the Minister had would

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1 a note to him through the Private Office, setting out  
 2 the issue and asking for his approval or for a meeting,  
 3 perhaps.  
 4 He would respond accordingly either in writing,  
 5 saying, "That's fine, go ahead" or "We need to discuss  
 6 this, we need to have a meeting". And it depended on  
 7 the issue, you know, what sort of mix of written and  
 8 verbal input there was.  
 9 **Q.** In what circumstances would you escalate a matter to the  
 10 Minister?  
 11 **A.** If it was a new policy, if it was something that perhaps  
 12 was likely to maybe lead to adverse reactions from  
 13 sections of the public, or indeed the reverse, if it was  
 14 likely to be a good news story, the Minister might want  
 15 to be associated with that. If it was a routine matter,  
 16 not a new area of policy and one which was unlikely to  
 17 create any controversy, it wouldn't be referred to.  
 18 **Q.** Would it be right to understand from that that many of  
 19 the decisions relating to HIV and Aids would have been  
 20 escalated to the Minister on the basis that they were or  
 21 could be controversial?  
 22 **A.** Yes. I think that's fair comment.  
 23 **Q.** How about policies with a budgetary implication? Would  
 24 they be escalated to the Minister?  
 25 **A.** Not necessarily. I think it would depend, if there was

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1 perhaps an issue of prioritising expenditure in one area  
 2 as opposed to another, he may have been consulted about  
 3 that kind of issue.  
 4 **Q.** Now you've told us that your Department -- your  
 5 division, rather, in the Department, had no role in  
 6 blood and blood products. So is it right to understand  
 7 that you had no particular relationship with the  
 8 Northern Ireland Blood Transfusion Service?  
 9 **A.** That is correct.  
 10 **Q.** And equally, you had no particular relationship with any  
 11 Haemophilia Centres?  
 12 **A.** Correct.  
 13 **Q.** So is it right to understand from that that you can't  
 14 give the Inquiry any evidence about issues such as  
 15 decisions made about self-sufficiency of blood  
 16 products -- of blood and blood products in  
 17 Northern Ireland?  
 18 **A.** I'm afraid I can't.  
 19 **Q.** Nor whether there were any Governmental policies  
 20 concerned with prescribing practices for those with  
 21 bleeding disorders?  
 22 **A.** No.  
 23 **Q.** Equally, is this right: did your division have any  
 24 role -- is it right to understand your division did not  
 25 have a role in the payment schemes for those infected

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1 "I am writing (I hope to the right person!) about  
 2 the future arrangements for the processing in Scotland  
 3 of Northern Ireland plasma."  
 4 Then it goes on to explain that that Scotland has  
 5 lost its self-sufficiency and asks questions of you, as  
 6 a representative of Northern Ireland Department, as to  
 7 whether or not you would -- we can see at  
 8 paragraph 4(a) -- withdraw your agreement to fractionate  
 9 plasma. And then, if we go over the page, (b), invest  
 10 in the PFC.  
 11 So we can see, at paragraph 5, two questions:  
 12 "Do you still want your plasma processed by the  
 13 SNBTS?"  
 14 And (b):  
 15 "Would you be prepared to contribute to the  
 16 capital cost of the upgrading at the Protein  
 17 Fractionation Centre?"  
 18 Now is it right to understand that while this  
 19 correspondence was addressed to you, in fact he hadn't  
 20 got the right person and that this was passed on to  
 21 Jack Scott?  
 22 **A.** That is correct. Yeah.  
 23 **Q.** And so --  
 24 **A.** And --  
 25 **Q.** Sorry.

19

1 and affected in Northern Ireland?  
 2 **A.** No role there, no.  
 3 **Q.** And your department had no role in licensing and  
 4 regulation of pharmaceutical companies?  
 5 **A.** No. We had a role, as I recall, in establishing  
 6 pharmacies, and there was a policy that pharmacies --  
 7 new pharmacies couldn't be set up close to existing  
 8 ones. There had to be a sort of reasonable network. We  
 9 had a role in that and -- just to ensure that pharmacy  
 10 services were available as widely as possible and not  
 11 concentrated in one location.  
 12 **Q.** You've told us a little bit about the Limited List in  
 13 your witness statement. Can you recall whether blood  
 14 products were on the Limited List?  
 15 **A.** I'm pretty sure they weren't.  
 16 **Q.** Are you able to help us with how budgets for those  
 17 treatments were set up or dealt with by the Department?  
 18 **A.** Budgets for blood products?  
 19 **Q.** Yes.  
 20 **A.** No, I'm afraid I couldn't.  
 21 **Q.** Can I then just take you to SCGV0000105\_021.  
 22 So this is a letter addressed to you dated  
 23 4 October 1988. We don't need to turn through, but it's  
 24 from Dr Macniven from the Scottish Home and Health  
 25 Department, and it starts by saying:

18

1 **A.** At that stage I'd also moved on to the other side of the  
 2 Department, I think in April of that year, so that's on  
 3 two accounts he got the wrong person.  
 4 **Q.** Yes, you weren't even in post in the Department by  
 5 October 1988.  
 6 **A.** That's correct.  
 7 **Q.** And it wouldn't, in any event, have been your successor?  
 8 **A.** It wouldn't have been, no, that's right.  
 9 **Q.** I'm going to turn now to ask you some questions about  
 10 AIDS and your role in AIDS and HIV.  
 11 Now, you have told us that you had a role in  
 12 health promotion and disease prevention generally for  
 13 Northern Ireland, in relation to infectious diseases  
 14 including AIDS.  
 15 **A.** (The witness nodded)  
 16 **Q.** I'll come on to ask you some questions in a moment about  
 17 the role you had in the public education campaigns on  
 18 AIDS, but just to try to understand whether anything  
 19 else fell into your remit. Would testing for HIV have  
 20 fallen into your remit?  
 21 **A.** No. I don't recall any involvement in testing.  
 22 **Q.** So that would have been dealt with by Jack Scott's  
 23 division?  
 24 **A.** Either Jack Scott's division or the management side of  
 25 the Department.

20

1 Q. How about treatment of those with HIV? So for hospital  
2 services for those with HIV?

3 A. Well, again, I think that would be on Jack's side.

4 Q. If there were community services for those, for HIV,  
5 would that have fallen within your remit?

6 A. It would.

7 Q. Do you recall any such services or any decisions having  
8 to be made about that?

9 A. I do. I recall, in the context of the Northern Ireland  
10 Committee on AIDS, various initiatives being discussed  
11 and agreed, including information packs and videos for  
12 GPs, so that, you know, they were -- to help them with  
13 dealing with the issue at their level.

14 Q. So a training and information dissemination role?

15 A. That's correct.

16 Q. Were you involved in any of the decisions taken by the  
17 Blood Services about the selection of those donors  
18 considered to be at risk of HIV?

19 A. No.

20 Q. Turning, then, to your role in the various -- well,  
21 first of all, the Ministerial Steering Group on AIDS, or  
22 sometimes referred to as the Interdepartmental Committee  
23 on AIDS.

24 If we can just do this by reference to a document,  
25 CABO0000221, and can we go to page 2, please.

21

1 Inter-Department Group would be set up following the  
2 Chief Medical Officer's presentation on the disease.  
3 The aim of the Inter-Departmental Group would be to  
4 develop a co-ordinated strategy towards the wider issues  
5 connected with the disease."

6 Then we can see that there is a presentation by  
7 the Chief Medical Officer, and that is summarised, and  
8 we can see just look at the headings there:  
9 "Definition", "Spread", "Epidemiology", and so on.

10 A. Then if we turn over the page, we can see, after the  
11 conclusion of the presentation, that there is  
12 a "Discussion", and we see, that first paragraph there:  
13 "Mr Hayhoe said that an announcement would be made  
14 that day about the allocation of a further £6.3 million  
15 devoted to AIDS measures including a major public health  
16 campaign."

17 Then there is a discussion about the form of that  
18 campaign.

19 Then if we go over the page, we can see at the  
20 end, "Conclusion":

21 "The terms of reference of the official group were  
22 agreed. Mr Hayhoe said that he hoped that this Group  
23 would meet early in the New Year and prepare a paper for  
24 the next meeting of the Ministerial Group."

25 Is it right to understand that Mr Hayhoe's hope

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1 So we can see that this is headed "Ministerial  
2 Steering Group on AIDS: 1st Meeting on 2 December 1985".  
3 And we can see a number of attendees: for the DHSS we've  
4 got Barney Hayhoe MP; the CMO, Dr Acheson; attendees  
5 from the Foreign and Commonwealth Office; we've got  
6 Lord Glenarthur and others from the Home Office;  
7 Lord Trefgarne from the Defence; Treasury attendees;  
8 Cabinet office; DES, which I understand is the  
9 Department of Education and Science; Employment; Welsh  
10 Office, an MP there; and there you are representing the  
11 Northern Ireland Office; and then Environment;  
12 Scottish Office; and DTI.

13 A. Yes.

14 Q. So is it right to understand that you were attending  
15 this meeting in the place of Richard Needham?

16 A. That's correct, yeah.

17 Q. Then if we go over to the third page, please, we can see  
18 from the first paragraph:

19 "Mr Hayhoe welcomed representatives from other  
20 Government Departments. He explained that the AIDS  
21 infection represented a serious public health problem  
22 which had wide implications for many Departments.  
23 A paper outlining some of these implications had already  
24 been circulated. Much had been done by the DHSS to try  
25 to limit the spread of the infection. He hoped that an

22

1 was realised, that, following the presentation from the  
2 Chief Medical Officer, a group was -- an  
3 interdepartmental group was set up and there were  
4 subsequent meetings?

5 A. Yes, that's correct.

6 Q. Then we can see here as well, at the end there, there  
7 seems to be another group being set up to advise the  
8 ministerial group.

9 A. Er ...

10 Q. So we see that Mr Hayhoe said that he hoped this  
11 group -- the terms of reference for the official  
12 group -- that this group would meet and prepare a paper  
13 for the next meeting of the ministerial group.

14 A. Yes, yes. I'd sort of overlooked the fact that there  
15 were two separate groups, I must say, but I would have  
16 been attending both, the interdepartmental group and the  
17 ministerial group, on most occasions. Richard Needham  
18 seemed to, you know, never be available on the occasions  
19 of those meetings.

20 Q. So we can see that that first meeting is 2  
21 December 1985. The second meeting is in April 1986 and  
22 we can see that at SHTM0001036.

23 Again, this is now chaired by Barney Hayhoe. And  
24 we can again see you attending -- towards the bottom of  
25 the page -- for Northern Ireland. Then I understand

24

1 that John MacKay is the Parliamentary Under-Secretary  
 2 for Scotland, and Mark Robinson Parliamentary  
 3 Under-Secretary for Wales; is that your understanding as  
 4 well?  
 5 **A.** Yes. Yes.  
 6 **Q.** If we can just turn over the page, we can see the  
 7 discussion seems to be focusing on the information  
 8 campaign. So 1.2.1:  
 9 "Mr Hayhoe said that the campaign had been  
 10 launched in mid March, with two rounds of advertising in  
 11 the national papers. The advertising was backed up by  
 12 the College of Health recorded telephone information  
 13 service and a Health Education Council leaflet."  
 14 Then if we go down to 1.2.2, there's more  
 15 discussion about newspaper advertising, and then:  
 16 "Mr Hayhoe said that so far there had been no  
 17 advertising in local papers and he agreed that this  
 18 should be considered."  
 19 Then there is discussion about the language of the  
 20 advert and so on.  
 21 And if we go over to page 3, we see your  
 22 contribution at 1.2.4. Mr Robinson makes a comment  
 23 about the pitch of the advert and reactions from his  
 24 perspective, and then you say that:  
 25 "... many in Northern Ireland had not seen the  
 26

1 sure. It looks to me as if it would be virtually  
 2 a full-page advert --  
 3 **Q.** Yes, I think what you're suggesting is that it would be  
 4 better to have a half a page advert.  
 5 **A.** Yeah, but that wouldn't make a lot of sense if this is  
 6 the advert we're talking about. Why would I want to  
 7 reduce it from a page to half a page? It may well be  
 8 that there was some other advertising that preceded  
 9 this, I'm not sure.  
 10 **Q.** Can you recall what the factual basis of your  
 11 contribution to that meeting was? How you had come to  
 12 understand that not many in Northern Ireland had seen  
 13 the national advertising campaign?  
 14 **A.** There must have been some discussion about it back in  
 15 the Department before I went to the meeting, and there  
 16 must have been, you know, some reaction generally in  
 17 Northern Ireland, that maybe people hadn't seen it, or  
 18 it wasn't eye catching enough, or -- I don't know.  
 19 I presume this appeared on all the national papers which  
 20 would be circulating in Northern Ireland, and so I'm  
 21 really at a loss as to what was behind that comment.  
 22 It's 35 years ago and I can't recall what specifically  
 23 it was that led to it.  
 24 **Q.** Now is it right to understand that issues about regional  
 25 or local campaigns wouldn't have been dealt with within  
 26

1 advertising ..."  
 2 And you suggested that a half page advert was more  
 3 likely to be read.  
 4 So before I ask you questions in relation to that,  
 5 it's probably helpful just to look at the advert that is  
 6 being discussed there.  
 7 So it's NHBT0007971.  
 8 So this is a covering letter -- just to date the  
 9 attachment, it's dated 13 March 1986 -- and it's said  
 10 that:  
 11 "Tom Murray already sent you ..."  
 12 This is to Dr Gunson, so I'm not suggesting you  
 13 would have seen this letter, but:  
 14 "... sent you a copy of the HEC leaflet and  
 15 details of the advertising campaign that is due to start  
 16 on Sunday. I now attach a copy of the proof of the  
 17 advertisement which will be shown to the press this  
 18 afternoon."  
 19 So that's from Dr Acheson.  
 20 Then if we go over the page we can see the advert,  
 21 the national advert, "Are you at risk from AIDS?"  
 22 Is this the advertisement you were talking about,  
 23 do you think, during that meeting?  
 24 **A.** I honestly don't know. I presume it is. And what it  
 25 was about this advert that wasn't eye catching I'm not  
 26

1 the ministerial group, that was concerned with national  
 2 matters, but it would have been picked up in the  
 3 Northern Ireland Committee on AIDS?  
 4 **A.** Yes.  
 5 **Q.** So if we can turn, then, to your work on that committee,  
 6 and if we can do so by looking first at RHSC0000041\_108.  
 7 We can see this is a letter from you to Dr McKenna  
 8 at the Eastern Health and Social Services Board, of  
 9 10 November 1985, and it's headed "Ad Hoc Group on  
 10 AIDS", and you say:  
 11 "In recognition of the many and rapidly emerging  
 12 initiatives" --  
 13 **SIR BRIAN LANGSTAFF:** It's 1986, I think.  
 14 **MS SCOTT:** I'm sorry?  
 15 **SIR BRIAN LANGSTAFF:** It says '86.  
 16 **MS SCOTT:** What did I say?  
 17 **SIR BRIAN LANGSTAFF:** '85.  
 18 **MS SCOTT:** I beg your pardon, it does say 1986.  
 19 **SIR BRIAN LANGSTAFF:** So this is 1986.  
 20 **MS SCOTT:** Thank you.  
 21 "In recognition of the many and rapidly emerging  
 22 initiatives which are taking place in other parts of the  
 23 United Kingdom in relation to AIDS, it has been decided  
 24 that a small informal ad hoc group should be established  
 25 in Northern Ireland. The Department would see the Group  
 26

1 primarily as providing a focal point for ensuring that  
2 a coordinated approach to this disease is adopted across  
3 all 4 Board Areas. The Group could also serve as  
4 a source of advice on specific aspects of AIDS where  
5 necessary."

6 Then it sets out the membership of the group,  
7 which of course includes yourself, representatives from  
8 the four health boards and Dr Mayne, we can see there,  
9 as well.

10 A. Yes.

11 Q. First of all, was this your idea, your initiative?

12 A. I can imagine that the issue was discussed in London,  
13 the idea of, you know, the need for this kind of  
14 coordinating activity in other parts of the country as  
15 well. So I dare say I probably would have initiated the  
16 thinking on it, yes.

17 Q. Does it follow from what you've just said that you think  
18 the prompt for it would have been what was being said in  
19 London?

20 A. Well, I think that there could have been -- obviously  
21 the issue would be under consideration anyway, but  
22 setting up formal groupings to look after these  
23 functions may well have come from the discussions in  
24 London.

25 Q. Now, it could be said that setting up group of this kind  
29

1 a question about the membership of the group. So we've  
2 got here a letter, again from you to the general  
3 manager, Mr J Lamb, of Southern Health and Social  
4 Services Board of 29 December 1986, and you are  
5 responding to a letter from him, in which he appears to  
6 have suggested that the membership of the Committee  
7 formerly known as the "Ad Hoc Group on AIDS" -- now it  
8 seems to be called the Northern Ireland Committee on  
9 AIDS -- might be extended to include representatives  
10 from the dental, nursing and social work professions.

11 You turned down that request; why was that?

12 A. Well, I think the feeling was that having the chief  
13 administrative medical officer from each board on the  
14 Committee provided a conduit for these other professions  
15 to make their input. Also, if there were specific  
16 issues, say dealing with pharmacy or dealing with  
17 nursing, the relevant officers (*inaudible*) to attend  
18 those particular meetings.

19 To increase the membership of the main committee  
20 to include all those professions would have resulted in  
21 a very cumbersome committee which would have been quite  
22 difficult to manage and difficult to reach decisions.  
23 So that was the real main reason for not going down that  
24 road.

25 Q. Now, the Inquiry has heard evidence that some dentists  
31

1 in November 1986 was quite late in the piece, given that  
2 HIV and -- not HIV -- HTLV-III and AIDS had been around  
3 and a matter of concern for some time by then. What  
4 would you say to that?

5 A. Well, I think, first of all, there would have been  
6 coordinating activity happening anyway on a more ad hoc  
7 basis prior to that. And I think it's -- I'm right in  
8 saying it was in '86 that the ministerial group was  
9 established, isn't that right, and the interdepartmental  
10 group? So activity was going on anyway but formalising  
11 the groups seemed to take place both in London and in  
12 Northern Ireland around that time.

13 Q. Yes, so the ministerial group was December 1985, that  
14 first meeting was December 1985.

15 A. The interdepartmental group then followed shortly after  
16 that, I think.

17 Q. In terms of the -- so in terms of the purpose of that  
18 group as you've said, it's to coordinate information  
19 exchange between the four health boards; that was its  
20 primary remit, was it?

21 A. That's correct. That's correct.

22 Q. That included potential risk from contaminated blood  
23 products?

24 A. Yes.

25 Q. Can we turn now then to RHSC0000041\_107. This is  
30

1 and healthcare professionals in the 1980s were refusing  
2 to treat people with AIDS. Were those allegations the  
3 sorts of allegations you were aware of at the time?

4 A. I honestly don't recall that at all. If that happened  
5 it must have been a very small number of cases, I don't  
6 recall it at all.

7 Q. We'll look at one meeting minute from the  
8 Northern Ireland Committee on AIDS, formerly the Ad Hoc  
9 Group on AIDS, DHNI0100055.

10 So we can see here that this is the minutes of the  
11 seventh meeting of the Committee and we can see that you  
12 are chairing it, with the other attendees there. If we  
13 could go over the page, please, I just want to pick up  
14 on two points, paragraph 4.6, "AIDS and Blood  
15 Transfusion":

16 "Dr McQuiston reported that the feeling at  
17 national level was that any advertising on this subject  
18 was best left to the National Blood Transfusion Service.  
19 Members accepted this view. It was noted that blood  
20 supplies in Northern Ireland were at a reasonable level  
21 but recent surveys amongst students had shown that  
22 a significant proportion still thought that HIV virus  
23 was transmissible by donating blood."

24 So is it right to understand from this that the  
25 question of what donors should be told about whether or  
32

1 not they were at high risk and should be excluding  
2 themselves from -- deferring themselves from giving  
3 blood was a matter not being dealt with by your  
4 committee but being dealt with by the Blood Transfusion  
5 Service?

6 **A.** That is correct. I think the feeling was that what we  
7 were trying to do in the Committee was to develop  
8 material for the general public which would inform them  
9 about how they could adjust their own behaviour to  
10 protect themselves and to avoid risk. I think that the  
11 risk from -- potential risk from blood transfusions of  
12 a different order was not something really that  
13 individuals can protect themselves against. They need  
14 to be advised, obviously, about the position, which we  
15 felt was more appropriate for the Blood Transfusion  
16 Service, not to sort of conflate the two issues.

17 **Q.** Then if we could turn to the next page, and pick up  
18 another point., which is -- if we could go down to  
19 paragraph 6, "Publication Education Strategy in  
20 Northern Ireland", and you were reporting on a smaller  
21 group meeting which had met following -- had met  
22 on 9 February, and, following this, a press conference  
23 to mark the launch of the new HEA advertising campaign  
24 that had been held in Northern Ireland. So that's the  
25 context. Then it says this:

33

1 probably a bigger problem for us with people travelling  
2 away on business, and so we would have focused in on  
3 that to a larger extent, advising people on their  
4 behaviour when they were out of the country on business,  
5 to avoid the behaviour that could result in infection.

6 **Q.** Were there sensitivities in Northern Ireland about  
7 messaging regarding the risk to men who had sex with  
8 men, given the fact that until just a few years before,  
9 that had been illegal?

10 **A.** Yes, probably it would have been a little bit more  
11 controversial in the Northern Ireland situation because  
12 of the more conservative attitudes to those issues.

13 **Q.** How did that impact on the messages that you were trying  
14 to get out there?

15 **A.** Well, I don't think it did impact. I think the message  
16 had to be got out, and there was no point in trying to  
17 be too subtle about it, because the message wouldn't  
18 have got across. So I think we appreciated that it  
19 probably ruffle a few feathers, but I think it didn't  
20 materially affect the line that was taken in the  
21 advertising.

22 **Q.** Now we saw you contributing in the ministerial meeting  
23 to the fact that the national advertising campaign  
24 hadn't been, you thought, very successful in  
25 Northern Ireland. Can you recall whether you took any

35

1 "He [I think that must mean you] indicated that in  
2 order to map out and develop a regional advertising  
3 strategy for Northern Ireland it would be helpful if  
4 Boards could submit details of any initiatives they were  
5 planning over the next year which could attract regional  
6 publicity and thereby help to maintain a continual  
7 awareness in the Province."

8 So is it right to understand from this that the  
9 more local regional advertising was being overseen by  
10 this committee, with the boards, the health boards,  
11 feeding into that strategy?

12 **A.** That is correct, yes.

13 **Q.** Can you tell us a little bit about what that advertising  
14 campaign, that public information campaign, consisted  
15 of?

16 **A.** Well, it would have been a -- covering many of the areas  
17 covered in the national campaign as well, but we had  
18 been tailoring messages to suit the Northern Ireland  
19 situation, which did vary a few small degrees. One  
20 fairly big aspect of difference was in relation to drug  
21 misuse, which was at a very, very low level in  
22 Northern Ireland at the time, due largely to the  
23 security situation, and we felt that in the local  
24 strategy we shouldn't be giving emphasis to that because  
25 it wasn't a problem. On the contrary, there was

34

1 steps to remedy that fact within this group? Or at all?

2 **A.** Well, obviously the issue we're discussing at the  
3 moment, of the local advertising campaign, would have  
4 had an impact there. I mean, if it was felt that the  
5 national advertising hadn't really hit the mark, then it  
6 was all the more important to have a local campaign that  
7 would do so.

8 **Q.** How effective would you say that the campaign and  
9 the information dissemination was during your time  
10 there?

11 **A.** I do recall that we did have an evaluation of the  
12 campaign, and I am pretty sure that as a result of that,  
13 we adjusted it as we went along, and I think the overall  
14 feeling was that it was successful, we were getting the  
15 message across, and it was affecting behaviour.

16 **Q.** In fact we can see, I think, some of that if we turn  
17 over the page, the "UK Public Education Strategy", and  
18 you -- there's a reference to a paper there about  
19 the HEA's UK advertising package which was designed to  
20 increase general awareness, and the point was made it's  
21 targeted at heterosexual populations and the younger age  
22 groups:

23 "TV and press advertisements were being used but  
24 difficulties had been experienced with the use of the  
25 advertisements in cinemas."

36

1 Then it says this a little bit further down:  
 2 "Dr Horner indicated that there was evidence from  
 3 patients attending the STD clinic at the RVH that the  
 4 middle class groups were changing their sexual behaviour  
 5 but there was no similar change apparent amongst lower  
 6 socio-economic groups and he suggested that it was  
 7 important to target the latter group in particular."  
 8 Then he makes the point that:  
 9 "... although the number of STD patients ...  
 10 remained high AIDS and HIV did not seem to be a reason  
 11 for this."  
 12 So is that the sort of information you were  
 13 talking about, the sort of, as you go along, evaluating  
 14 and working out what changes need to be made?  
 15 **A.** Exactly, yeah.  
 16 **Q.** Do you recall whether your group took into account or  
 17 had any information from the Expert Advisory Group on  
 18 AIDS operating out of London?  
 19 **A.** You mean the group chaired by Mr Hayhoe?  
 20 **Q.** No. It's a different group, not the ministerial group.  
 21 The Expert Advisory Group on AIDS. Does that ring any  
 22 bells with you?  
 23 **A.** Is that the one that arose from the ministerial group?  
 24 No?  
 25 **Q.** No, it's entirely separate.

37

1 How do you go about doing that? How did you go about  
 2 doing that?  
 3 **A.** Well, I can't honestly remember the details of that,  
 4 but, I mean, it would have been simply stating the facts  
 5 as they were. For example, the fact that AIDS can be  
 6 contracted by heterosexuals as well as homosexuals and,  
 7 therefore, you know, the targeting of a particular group  
 8 would be inappropriate.  
 9 **MS SCOTT:** Sir, those are the questions that I had.  
 10 I wonder whether we could take a break so that  
 11 Core Participants can suggest further questions to me.  
 12 **SIR BRIAN LANGSTAFF:** Certainly. Well, we're just about  
 13 ready for our morning break, a little bit early,  
 14 possibly, but we'll take a break for half an hour now,  
 15 and then come back and hope that that gives long enough  
 16 for those who want to suggest questions to you to do so.  
 17 Let me explain to you, Dr McQuiston, that there  
 18 are a number of Core Participants in the Inquiry  
 19 represented by legal representatives, whose  
 20 representatives have a right on their behalf to put  
 21 forward questions to counsel to ask you. Plainly, that  
 22 might reflect the evidence you have given, which they'll  
 23 be thinking about as you've been giving it, so we have  
 24 to give them time for that.  
 25 But, in any event, it's probably time for a coffee

39

1 **A.** Doesn't ring a bell to me at all.  
 2 **Q.** Now we've heard evidence in the Inquiry that AIDS wasn't  
 3 seen as a significant problem in Northern Ireland  
 4 because levels of transmission were low. Would you  
 5 agree with that?  
 6 **A.** The levels were low, but I don't think we were  
 7 complacent. I think we were aware that it was a looming  
 8 problem, and that action needed to be taken.  
 9 **Q.** Did you -- or were you involved in any links with the  
 10 Republic of Ireland during that time?  
 11 **A.** Yes, there were -- there were meetings between the  
 12 ministers north and south on a few -- at least one or  
 13 two occasions, I can recall, just comparing the  
 14 approach, and, again, it's conceivable that we'd maybe  
 15 learn things from that would have influenced our  
 16 approach as well, and perhaps vice versa.  
 17 **Q.** Were you aware of the stigma associated with HIV and  
 18 AIDS during this time?  
 19 **A.** Oh yes.  
 20 **Q.** Were there any steps being taken by the Department to  
 21 try to combat that to ensure that people were coming  
 22 forward to be tested and accessing services, and so on?  
 23 **A.** Yes, I think that would have been part of the campaign,  
 24 to try to counter that sort of attitude. Definitely.  
 25 **Q.** What strategies were put in place to try to do that?

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1 break or a comfort stop, and we'll come back no earlier  
 2 than 11.30. It may be a little bit later if some late  
 3 questions or a large number of questions come in.  
 4 I can't tell you how many that will be, and I can't tell  
 5 you quite how long that will take, because it depends  
 6 upon the questions, obviously.  
 7 This being a break in your evidence and your  
 8 evidence being on oath, what you mustn't do is talk  
 9 about any of the evidence which you've given to anyone,  
 10 whoever that person is.  
 11 I'll see you not before 11.30.

(11.03 am)

(A short break)

(11.30 am)

15 **SIR BRIAN LANGSTAFF:** Yes.  
 16 **MS SCOTT:** I have a few more questions for you,  
 17 Dr McQuiston. Was -- how far was -- how far was your  
 18 division involved in providing health promotion work to  
 19 the army stationed in Northern Ireland at the time?  
 20 **A.** I'm drawing a blank on that, I have to say. I wouldn't  
 21 have been surprised if that had been handled from  
 22 London.  
 23 **Q.** Or potentially by officials from the Northern Ireland  
 24 Office?  
 25 **A.** Possibly, possibly. I don't recall anything about that

40

1 at all.

2 **Q.** You told us that the differences or one of the

3 differences between the national and local AIDS

4 campaigns was that there was less emphasis on the

5 dangers of infection through drug misuse.

6 **A.** That's right.

7 **Q.** What did that mean in practice? Did that mean that it

8 was not set out as a risk in the information that was

9 being disseminated?

10 **A.** Um, it would not have been given prominence, it possibly

11 would have been referred to briefly, but the emphasis

12 was very much on the dangers from unprotected sexual

13 contact, and as I mentioned earlier, particularly in

14 relation to businessmen and travelling overseas.

15 **Q.** And was thought given to the fact that people travelling

16 abroad may need to know about the risks from drug

17 misuse?

18 **A.** Yes, that's what I was saying. They very much were one

19 of the target groups.

20 **Q.** But in relation to the risk of unprotected sex rather

21 than drug misuse?

22 **A.** Yes.

23 **Q.** And the question is, was thought given to the fact that

24 they may -- that those travelling abroad may need to

25 know the risk of AIDS from drug misuse?

41

1 for Northern Ireland.

2 Then within Northern Ireland, it's the usual

3 public expenditure survey, there's the usual round of

4 haggling.

5 First of all, at Departmental level, the different

6 divisions would be making their bid to the Finance

7 Division. Then our finance division and all the other

8 departmental finance divisions would be putting in their

9 bid to the Department of Finance and that's the way it

10 was developed.

11 There would be then from time to time one-off or

12 special areas of expenditure that weren't really

13 foreseen. I imagine the AIDS information programme

14 would be one such and, again, whatever amount of money

15 was earmarked for that, we would have got our share of

16 that in addition to the block grant or to add to the

17 block grant.

18 **Q.** And your role in that process was to put in your bid for

19 your division to the finance team in the Department; is

20 that right?

21 **A.** Yes, that's right.

22 **MS SCOTT:** Sir, those are the questions I have from

23 Core Participants.

24 **THE WITNESS:** Thank you.

25 **MS SCOTT:** I don't think there are any questions -- no, no

43

1 **A.** Well, I mean, we weren't silent on the issue. It was

2 simply a case of a degree of emphasis. So I mean the

3 message would have been there at a sort of less

4 prominent level. I don't recall re-emphasising that

5 issue for travellers, no.

6 **Q.** Did the Northern Irish Chief Medical Officer issue any

7 public health guidance or anything about HIV or AIDS

8 during your tenure at the Department?

9 **A.** I'm sure he did. I would imagine. I would be very

10 surprised if he didn't. You know, that would be one of

11 his roles: to issue those kinds of -- bits of advice.

12 He certainly would have on AIDS, yes.

13 **Q.** But you're not able to help us now with the details of

14 that?

15 **A.** Not on specifics, no. I'm afraid not.

16 **Q.** Then the last question is this: can you help us in

17 understanding how the Northern Irish Health Service

18 budget was set in Whitehall or within the Northern Irish

19 Office?

20 **A.** Well, as in the case of the other territorial

21 departments, it would have been based on the Barnett

22 formula, so whatever expenditure was identified for

23 England, there's -- a calculation is done to produce the

24 equivalent figures for Northern Ireland, Scotland and

25 Wales. So that would be the basis of the block grant

42

1 questions from Dr McQuiston's legal representatives.

2 Do you have any questions?

3 **SIR BRIAN LANGSTAFF:** Just one, really. You've spoken about

4 the problems caused by travellers from Northern Ireland

5 returning to Northern Ireland who might be infected

6 during their travels. What was the sense in the north

7 about the extent of sharing drug -- of needle drug use

8 in the Republic of Ireland, in centres like Dublin?

9 **A.** It was quite a problem in the Republic at that stage.

10 More akin to the situation in England as I recall.

11 **SIR BRIAN LANGSTAFF:** So does it follow that there would be

12 something of a possible problem of those from the north

13 who travel to the south --

14 **A.** Yes.

15 **SIR BRIAN LANGSTAFF:** -- within the island of Ireland?

16 **A.** Yes and, indeed, advice would have been developed to

17 include that possibility. Yes.

18 **SIR BRIAN LANGSTAFF:** So do you recall anything specific

19 being said about that?

20 **A.** I don't really, I don't really, but certainly --

21 whenever I mentioned earlier that we emphasised the

22 dangers to the people travelling out of the province,

23 that would include travelling over the border to the

24 Republic.

25 **SIR BRIAN LANGSTAFF:** Yes.

44

1 A. I don't remember anything specific.  
 2 **SIR BRIAN LANGSTAFF:** Well, thank you very much. That's all  
 3 that I ask.  
 4 **MS SCOTT:** Dr McQuiston, is there anything you would like to  
 5 add?  
 6 A. No. I hope it's been helpful to some extent. I know  
 7 that my position or location within the Department maybe  
 8 wasn't ideal from the point of view of the issues that  
 9 the Inquiry is addressing, but I hope, to the extent  
 10 possible, I've been able to offer some help.  
 11 **SIR BRIAN LANGSTAFF:** Well, thank you very much. You're  
 12 right that the extent of the help you can give is  
 13 limited, but nonetheless, it's been useful to us to have  
 14 the organisation of the Health Services in  
 15 Northern Ireland set out for us in the way you have, and  
 16 to understand the rather different context of  
 17 advertising and campaigning to reduce the spread of AIDS  
 18 in the north of Ireland compared to the other at the  
 19 territorial parts of the United Kingdom. And that's  
 20 been quite helpful. So thank you for that.  
 21 And that's, I think, the conclusion of our  
 22 business for today. So shall we say goodbye to you and  
 23 then I'm going to invite Ms Scott to tell me what those  
 24 of us who will be here next week have to expect from the  
 25 Inquiry next week.

45

1 Thank you very much.  
 2 A. Thank you very much. Thank you.  
 3 **MS SCOTT:** So we have the evidence of Dr Aileen Keel on  
 4 Monday and Tuesday, she will be giving evidence  
 5 remotely --  
 6 **SIR BRIAN LANGSTAFF:** Yes.  
 7 **MS SCOTT:** -- followed by the evidence on Wednesday of  
 8 Jeremy Hunt; Thursday, Malcolm Chisholm; and Friday  
 9 Susan Deacon.  
 10 **SIR BRIAN LANGSTAFF:** Yes. So a focus on Scotland and  
 11 Jeremy Hunt?  
 12 **MS SCOTT:** Indeed.  
 13 **SIR BRIAN LANGSTAFF:** Very well. Ten o'clock on Monday.  
 14 (11.40 am)  
 15 (The hearing adjourned until 10.00 am on  
 16 Monday, 25 July 2022)  
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<p><b>T</b></p> <p><b>Transfusion</b> [5] 17/8 32/15 32/18 33/4 33/15</p> <p><b>transfusions</b> [1] 33/11</p> <p><b>transmissible</b> [1] 32/23</p> <p><b>transmission</b> [1] 38/4</p> <p><b>travel</b> [1] 44/13</p> <p><b>travellers</b> [2] 42/5 44/4</p> <p><b>travelling</b> [6] 35/1 41/14 41/15 41/24 44/22 44/23</p> <p><b>travels</b> [1] 44/6</p> <p><b>Treasury</b> [1] 22/7</p> <p><b>treat</b> [1] 32/2</p> <p><b>treatment</b> [1] 21/1</p> <p><b>treatments</b> [1] 18/17</p> <p><b>Trefgarne</b> [1] 22/7</p> <p><b>try</b> [5] 20/18 22/24 38/21 38/24 38/25</p> <p><b>trying</b> [3] 33/7 35/13 35/16</p> <p><b>Tuesday</b> [1] 46/4</p> <p><b>turn</b> [8] 18/23 20/9 23/10 25/6 28/5 30/25 33/17 36/16</p> <p><b>turned</b> [1] 31/11</p> <p><b>Turning</b> [1] 21/20</p> <p><b>TV</b> [1] 36/23</p> <p><b>two</b> [14] 1/11 1/20 6/7 6/7 6/7 7/13 8/16 19/11 20/3 24/15 25/10 32/14 33/16 38/13</p>	<p><b>understand</b> [18] 5/25 12/8 14/5 16/18 17/6 17/13 17/24 19/18 20/18 22/8 22/14 23/25 24/25 27/12 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<p><b>whose</b> [1] 39/19</p> <p><b>why</b> [2] 27/6 31/11</p> <p><b>wide</b> [1] 22/22</p> <p><b>widely</b> [1] 18/10</p> <p><b>wider</b> [1] 23/4</p> <p><b>will</b> [6] 1/17 26/17 40/4 40/5 45/24 46/4</p> <p><b>with</b> [58]</p> <p><b>withdraw</b> [1] 19/8</p>	<p><b>within</b> [7] 21/5 27/25 36/1 42/18 43/2 44/15 45/7</p> <p><b>witness</b> [5] 2/7 12/16 13/25 18/13 20/15</p> <p><b>witnesses</b> [1] 6/19</p> <p><b>wonder</b> [1] 39/10</p> <p><b>work</b> [8] 5/2 5/15 5/19 7/1 7/4 28/5 31/10 40/18</p> <p><b>working</b> [3] 7/6 9/19 37/14</p> <p><b>workload</b> [1] 10/21</p> <p><b>world</b> [1] 3/24</p> <p><b>would</b> [100]</p> <p><b>wouldn't</b> [8] 14/21 16/17 20/7 20/8 27/5 27/25 35/17 40/20</p> <p><b>writing</b> [3] 15/25 16/4 19/1</p> <p><b>written</b> [1] 16/7</p> <p><b>wrong</b> [1] 20/3</p> <p><b>Y</b></p> <p><b>yeah</b> [11] 4/17 11/11 12/6 12/23 13/24 13/24 14/8 19/22 22/16 27/5 37/15</p> <p><b>year</b> [3] 20/2 23/23 34/5</p> <p><b>years</b> [2] 27/22 35/8</p> <p><b>yes</b> [52]</p> <p><b>you</b> [176]</p> <p><b>you'd</b> [2] 7/9 14/14</p> <p><b>you're</b> [6] 1/12 1/22 2/13 27/3 42/13 45/11</p> <p><b>you've</b> [10] 2/14 9/10 11/9 17/4 18/12 29/17 30/18 39/23 40/9 44/3</p> <p><b>younger</b> [1] 36/21</p> <p><b>your</b> [52]</p> <p><b>yourself</b> [3] 2/9 15/19 29/7</p> <p><b>YouTube</b> [1] 1/16</p>
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