Appendix 1
ORDER

entitled

Tribunal of Inquiry (Evidence) Act, 1921 (Establishment of Tribunal) Order, 1999
WHEREAS a resolution in the following terms was passed by Dáil Éireann on the 2nd day of June, 1999, and by Seanad Éireann on the 2nd day of June, 1999:

"That Dáil Éireann,*

Bearing in mind the serious public concern about:

(a) the contamination of relevant products with HIV and hepatitis C,

(b) the number of infected persons, and

(c) the consequences of infection for the health of those persons,

RESOLVES that it is expedient that a tribunal be established under the Tribunals of Inquiry (Evidence) Act, 1921, as adapted by or under subsequent enactments and amended by the Tribunals of Inquiry (Evidence) (Amendment) Act, 1979, the Tribunals of Inquiry (Evidence) (Amendment) Act, 1997, and the Tribunals of Inquiry (Evidence) (Amendment) (No. 2) Act, 1998, to inquire urgently into, and report to the Clerk of Dáil Éireann and make such findings and recommendations as it sees fit in relation to, the following definite matters of urgent public importance:

(1) which relevant products caused, or probably caused, the infection,

(2) the adequacy of the criteria, standards and procedures applied by the Board for the purposes of its processing and manufacture of any relevant products found by the Tribunal to have or probably to have caused the infection with regard to-

(a) donor selection,
(b) donor screening,
(c) donor testing,
(d) plasma quarantine,
(c) virus inactivation,
(f) product recall,

and the timeliness of the application of such criteria, standards and procedures,

(3) the adequacy and timeliness of the decisions of the Board and other relevant persons in the State in the selection of any relevant products found by the Tribunal to have or probably to have caused the infection,

* in the Resolution of Seanad Éireann, the reference is to Seanad Éireann.
(4) the considerations that influenced the Board when deciding to implement a policy of self-sufficiency by using plasma collected or recovered within the State for the processing or manufacture by it or the manufacture by other manufacturers of relevant products, and the adequacy and timeliness of the implementation of that policy;

(5) the considerations that influenced the decisions of the Board and other relevant persons in the State in the selection of the manufacturers of any relevant products found by the Tribunal to have or probably to have caused the infection and the adequacy of the criteria, standards and procedures applied by those persons in such selection with regard to-

(a) donor selection,
(b) donor screening,
(c) donor testing,
(d) plasma quarantine,
(e) virus inactivation,
(f) product recall,

on the part of the manufacturers of those products and the timeliness of such application,

(6) the time when the Board and other relevant persons in the State became aware, or ought reasonably to have become aware, that relevant products had become, or that there was a risk that they would become, a source of infection,

(7) the adequacy and timeliness of the response of the Board and other relevant persons in the State to their becoming aware of the matters referred to in subparagraph (6) and, in particular (but without prejudice to the generality of the foregoing)-

(a) the actions taken by the Board and those persons to identify persons likely to have been affected by the matters aforesaid, to inform them of those matters and to offer them HIV or hepatitis C testing, and

(b) the action taken by the Board and those persons to reduce or minimise the risk of infection having regard to those matters,

(8) the adequacy and timeliness of the response of the Minister, the Department of Health and Children, and other relevant persons in the State, when they became aware of the fact that there were infected persons,

(9) the adequacy of the donor selection and donor screening procedures that-

(a) were employed by the Board from and including the year 1980 to and including the month of October, 1985, and
(b) were intended to exclude potential donors who had, or might have been exposed to infection with, HIV,

(10) whether the introduction by the Board in the month of October, 1985, of donor testing for HIV was timely, having regard to international experience and any other relevant circumstances,

(11) in respect of recipients of whole blood, blood components and blood products derived from donations made in the State prior to the introduction of HIV testing in the month of October, 1985, by donors who were subsequently diagnosed as positive for HIV, the adequacy and timeliness of the procedures adopted by the Board to identify those recipients,

(12) the circumstances surrounding the issue by the Board on an emergency basis in the month of December 1985, of untested platelet concentrate and the adequacy of the response of the Board when the donor of the platelets was subsequently diagnosed as positive for HIV,

(13) in respect of any relevant products found by the Tribunal to have or probably to have caused the infection, whether the Minister, the Department of Health and Children, the National Drugs Advisory Board and any other relevant person, carried out his, her or its functions (including, in the case of the National Drugs Advisory Board, advising the Minister on the granting of Product Authorisations and Licences for the manufacture, importation, distribution or sale of such products) adequately and properly and whether those functions were the appropriate ones having regard to international standards,

(14) whether the supervision by the Minister of the Board and the National Drugs Advisory Board, in so far as relevant to any matter referred to in the foregoing subparagraphs was adequate and appropriate having regard to the functions, duties and responsibilities of the Minister,

and for the purposes of the inquiry the Tribunal shall investigate anything arising outside the State that it considers relevant to any of the matters set out in the foregoing subparagraphs in so far as the Tribunal considers it practicable, appropriate and reasonable to do so and considers that the procedures adopted for that purpose can be carried out without unduly delaying the completion of the inquiry and with a substantial expectation of being able to obtain the evidence necessary for the investigation.
AND FURTHER RESOLVES that-

(I) in performing its functions, the Tribunal shall have due regard to relevant medical and scientific opinion and practice prevailing at the relevant times,

(II) bearing in mind the desirability that the interests of persons with haemophilia, their immediate families, and their next of kin, who wish to be represented at the Tribunal by the Irish Haemophilia Society ('the Society') should, if possible, be so represented, the Tribunal shall, if it is satisfied that it is just and convenient to do so, accede to any application made by or on behalf of the Society for such representation and the Tribunal shall in its discretion determine whether such representation should be full or limited,

(III) the Tribunal shall report to the Clerk of Dáil Éireann on an interim basis not later than four months from the date of establishment of the Tribunal and also as soon as reasonably may be after the tenth day of any oral hearings of the Tribunal on the following matters:

(a) the number of parties then represented before the Tribunal,

(b) the progress which will then have been made in the hearings and the work of the Tribunal,

(c) the likely duration (so far as that may then be capable of being estimated) of the proceedings of the Tribunal,

(d) any other matters that the Tribunal considers should be drawn to the attention of the Houses of the Oireachtas at the time of the report (including any matter relating to its terms of reference),

(IV) the inquiry shall be completed in as economical a manner as possible and at the earliest date consistent with a fair examination of the matters referred to it,

(V) all persons employed in the Departments of State and State agencies concerned shall give their full co-operation to the Tribunal and those Departments of State and agencies shall themselves fully co-operate with the Tribunal by providing it with all the documents and information requested of them that are in their possession or power, and
(VI) the anonymity of persons with haemophilia, other recipients of whole blood, blood components or blood products, donors, and their next of kin shall be preserved, if they so wish, unless the Tribunal considers it would be unjust to do so.

In this Resolution-

'infected person' means a person with haemophilia or any other blood clotting disorder who has been infected with HIV or hepatitis C through the administration in the State of a relevant product, and 'infection' shall be construed accordingly;

'the Minister' means the Minister for Health and Children;

'infection' includes a body corporate and an unincorporated body of persons as well as an individual;

'relevant product' means a blood product or a blood component for administration to persons in the State to treat them for haemophilia or other blood clotting disorders in respect of those conditions;

'the Board' means the Blood Transfusion Service Board.
NOW I, Brian Cowen, Minister for Health and Children, in pursuance of those Resolutions, and in exercise of the powers conferred on me by section 1 of the Tribunals of Inquiry (Evidence) Act, 1921 (as adapted and amended), hereby order as follows:

1. This Order may be cited as the Tribunals of Inquiry (Evidence) Act, 1921 (Establishment of Tribunal) Order, 1999.

2. A tribunal is hereby established to inquire urgently into and report and make such findings and recommendations as it sees fit to the Clerk of Dáil Éireann on the definite matters of urgent public importance set out in subparagraphs (1) to (14) of the Resolution passed by Dáil Éireann on the 2nd day of June, 1999, and the Resolution passed by Seanad Éireann on the 2nd day of June, 1999, and referred to in the Recital to this Order.

3. Her Honour Alison Lindsay, Judge of the Circuit Court, is hereby appointed to be the sole member of the Tribunal.

4. The Tribunals of Inquiry (Evidence) Act, 1921 (as adapted and amended), shall apply to the Tribunal.
GIVEN under my Official Seal,

this 8th day of September, 1999.

Brian Cowen

Brian Cowen,

Minister for Health and Children
Appendix 2
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Appendix 4
Tribunal of Inquiry into the infection with HIV and Hepatitis C of Persons with haemophilia, and related matters.

MEMORANDUM ON PROCEDURES

1. GENERAL:

1.1 This memorandum contains an outline of the procedures which the Tribunal will follow. It is not exhaustive or definitive. The Tribunal may add to, alter, or amend these procedures in the course of its work. The Tribunal may depart from these procedures to avoid unfairness or to achieve the efficient discharge of its business. If the Tribunal departs from these procedures it will state that it is doing so and why. Nothing in this memorandum shall have the effect of limiting or removing any powers, functions or discretions vested in the Tribunal by law.

2. INVESTIGATION:

2.1 The tribunal will carry out a preliminary investigation in private of the possible evidence available.

2.2 The Tribunal will seek to ascertain, as appropriate, from interested persons and bodies the names of potential witnesses who may be able to give relevant evidence in regard to the subject matter of the inquiry or who may have documents relevant to such subject matter.

2.3 The Tribunal will make orders of discovery as necessary against persons or bodies who may have documents relevant to the subject matter of the inquiry. Such persons or bodies or other persons affected will be given an adequate opportunity to make representations to the Tribunal prior to the making of any such order.

2.4 The Tribunal may invite persons who may be in a position to assist the tribunal to do all or any of the following things

(a) To furnish a statement of proposed evidence
(b) To answer questions in writing
(c) To attend a meeting with legal representatives of the Tribunal

In all cases the person requested shall under no obligation to comply with the request. A person requested to attend a meeting with legal representatives of the Tribunal shall be invited to have his or her legal representatives present if he or she so wishes.

2.5 The Tribunal will determine what it considers to be evidence relevant to the matters into which it obliged to inquire having regard to the documents which it has received; any statements furnished to it and any other relevant information.
2.6 The Tribunal will serve copies of proposed evidence on parties with full representation; on relevant parties with limited representation and on other persons likely to be affected thereby.

3. **INTERPRETATION:**

3.1 It is the function of the Tribunal to interpret its Terms of Reference as necessary. It is difficult to give a meaningful interpretation without reference to the relevant facts. It may not be possible for the Tribunal to do so until it has completed its preliminary investigation. The Tribunal intends, if necessary, to explain in public its interpretation of the Terms of Reference before the commencement of the hearing of oral evidence.

3.2 Any interested person can seek clarification from the Tribunal at any time as to its interpretation of a particular provision in the Terms of Reference. Such requests should be made in writing to the solicitor for the Tribunal.

3.3 The Tribunal may as its work progresses add to, alter or further clarify its interpretation of the Terms of Reference in the light of facts or information that have emerged.

4. **ORAL HEARING:**

4.1 The Tribunal will hold oral hearings as necessary to allow it to carry out its work. Such oral hearings shall be in public save as may be otherwise decided by the Tribunal in accordance with law. The Tribunal may ask Counsel for the Tribunal to make an opening statement or statements.

4.2 The Tribunal shall decide which witnesses shall be called to give oral evidence to the Tribunal. Persons are encouraged to suggest to the Tribunal witnesses who they feel would be in a position to give relevant evidence. In deciding which witnesses shall be called the Tribunal will consider all such suggestions.

4.3 Oral evidence shall be given on oath or by affirmation.

4.4 All witnesses will first be questioned by Counsel for the Tribunal. Parties are encouraged to inform Counsel for the Tribunal before the evidence of a witness is given, of matters or questions which they feel should be raised with that witness. The witness may then be cross-examined by the legal representatives of parties affected by such evidence. The right to cross-examine any witness shall be determined by the Tribunal having regard to all the circumstances including inter alia the nature of the evidence given, the extent to which such evidence affects any other person and the obligation to adopt fair procedures. Following cross-examination a witness shall be entitled to be examined by his own legal representative. Counsel for the Tribunal may further examine the witness in regard to any new matters that have arisen during cross-examination.
4.5 A witness may be given the opportunity of adopting his or her statement, if any, as part of his/her evidence subject to any modification or clarification which he or she may wish to make.

4.6 The Tribunal may ask Counsel for the Tribunal to make a closing submission. The legal representative of any party granted representation before the Tribunal will be entitled to make a closing submission to the Tribunal in which he or she will be given an opportunity to deal with and to comment upon any evidence which may affect his or her client.

5. EVIDENCE:

5.1 It shall be a matter for the Tribunal to decide whether any particular piece of evidence is relevant and/or admissible.

5.2 In the course of oral hearings the Tribunal may not necessarily apply strict rules of evidence and may on occasion receive evidence which would be inadmissible in a court of law. However the Tribunal will be mindful of the dangers of reliance upon evidence not admissible in a court of law.

6. ANONYMITY:

6.1 Unless it would be unjust to do so, the Tribunal will take all appropriate steps in accordance with law to preserve the anonymity of persons with haemophilia, other recipients of whole blood, blood components or blood products, donors, and their next of kin, if they wish their anonymity to be so preserved.

7. DOCUMENTS:

7.1 A person making discovery shall make available to the Tribunal all documents other than those in respect of which a claim for privilege is asserted and accepted by the Tribunal.

7.2 Where documents are to be made available to the Tribunal either pursuant to an order for inspection if necessary or voluntarily, the person doing so shall normally retain the original and make a photocopy available to the Tribunal. The original should be kept available for inspection if necessary.

7.3 All documents made available to the Tribunal are potentially liable to be put in evidence in the course of the public hearing of evidence before the Tribunal.

7.4 Documents received by the Tribunal shall be treated as confidential unless and until they are put in evidence in the course of the public hearing of evidence.
7.5 The Tribunal may make copies of documents received by it available to such persons as it considers necessary for the purposes of the Tribunal on the strict basis that the documents will be used solely for the purpose of the Tribunal and that neither the documents nor any material contained in them will be disclosed to any third party without the express permission of the Tribunal. This requirement will no longer be of any force in respect of any particular document or part thereof if and when that document or part thereof is put in evidence in the course of the public hearing of evidence.

7.6 The Tribunal recognises that documents may contain sensitive or confidential information. Persons making documents available to the Tribunal are invited to identify particular documents or portions of documents which they regard as being especially sensitive or confidential. The Tribunal will seek to avoid if possible putting such documents or portions of documents into evidence. This may not be possible if the sensitive or confidential information is necessary to the Tribunal's inquiries. If a document contains both relevant material and information which is irrelevant but sensitive or confidential the Tribunal will arrange for the irrelevant portions to be blocked out before the document is circulated or put in evidence. The Tribunal is particularly mindful of the provisions of clause VI of the Resolution establishing the Tribunal requiring that the anonymity of persons with haemophilia and other recipients of whole blood, blood components or blood products, donors, and their next of kin should be preserved. Persons making documents available to the Tribunal should if necessary contact the solicitor for the Tribunal to agree suitable arrangements to comply with this requirement.

7.7 On the basis set out herein, the Tribunal will endeavour to provide in advance to parties with full representation, to relevant parties with limited representation and to a proposed witness the documents which will be referred to during the course of that witness’ evidence.

7.8 A party or a proposed witness who believes that relevant document or documents has to have been omitted from documents provided pursuant to paragraph 7 should bring this to the attention of Counsel for the Tribunal at the earliest opportunity. If Counsel for the Tribunal does not agree to include any such document or documents in the documents provided pursuant to paragraph 7, an application may be made to the Tribunal for a direction that the document or documents should be included. Such an application should normally be made before the witness in question begins giving evidence.

7.9 A witness may not refer in giving evidence or to be referred in cross-examination to a document which is not included in the documents provided pursuant to paragraph 7 except by permission of the Tribunal. If the Tribunal decides to grant such permission it may require that arrangements are made for the witness and relevant parties to have an opportunity of examining and considering the document before it is referred to in evidence.
7.10 The Tribunal has become aware that some of the parties have agreed to make documents available to one another. These arrangements do not form part of the procedures of the Tribunal. Documents made available to the Tribunal will be dealt with as set out in this memorandum. Documents may only be referred to in evidence in the manner set out herein.

8. SITTINGS:

8.1 The Tribunal will carry on oral hearings at such times and dates as may be determined by it and will give suitable notice of such sittings. As has already been stated the Tribunal proposes to deal with the Terms of Reference in three sections, namely:-

1) Terms of Reference 1, 2, and 4; and 3, 5, 6 and 7 with reference to the Blood Transfusion Service Board, its servants, agents or employees
2) Terms of Reference 9, 10, 11 and 12
3) Terms of Reference 3, 5, 6 and 7 with reference to all relevant persons other than the Blood Transfusion Services Board, its servants agents or employees and 8, 13 and 14.

9. REPORT:

9.1 The Tribunal will prepare a report setting out its findings and recommendations on the matters specified in the Terms of Reference.

10. DEFINITIONS:

10.1 In this memorandum

"Document" includes any record in any form
"Person" includes corporate bodies and institutions
"Party" refers to a person who has been granted full or limited representation.
Witnesses to the Tribunal

1. **Dr. Emer Lawlor**
   Consultant Haematologist, Deputy National Medical Director, BTSB 1996 to date.

2. **Dr. Vincent Barry**

3. **Dr. Terence Walsh**

4. **Mr. John Keating**

5. **Dr. Helena Daly**

6. **Mr. John McStay**
   Chartered Accountant.

7. **Mr. Ted Keyes**

8. **Professor Ernest Egan**
   Consultant Haematologist, University College Hospital Galway 1974 to date; Board Member, BTSB 1976 – 1983.

9. **Mr. Brian O’Mahony**
   Chairman, Irish Haemophilia Society from 1987 to date; President, World Federation of Haemophilia from 1994 to date.
10. **Professor Ian Temperley**  

11. **Mr. John Cann**  
Chief Technical Officer, BTSB; Retired 1987.

12. **Ms. Cecily Cunningham**  
Principal Biochemist, BTSB 1975 to 1995.

13. **Ms. Bridgid O'Rourke**  

14. **Dr. Paule Cotter**  
Consultant Haematologist, 1979 to date; Director, Cork Regional Haemophilia Treatment Centre 1979 to date.

15. **Mr. Edward Ryan**  

16. **Dr. James Walsh**  
Deputy Chief Medical Officer, Department of Health 1974 – 1988.

17. **Mr. Michael J. Ryan**  

18. **Dr. Joan Power**  
Consultant Haematologist, Regional Director, BTSB, Cork 1989 to date.

19. **Dr. James Kirrane**  
Lecturer in Pathology, University College Dublin; Consultant Pathologist, Mater Hospital; Part-time Consultant with BTSB 1968-1985.
20. Dr. Frederick Jackson
Locum Consultant in Haematology, St. James’s Hospital and the National
Children’s Hospital October 1985 (1 month); Registrar in Haematology, St.
James’s Hospital March 1986 – June 1986; Consultant Haematologist, South
Eastern Health Board 1992 to date.

21. Ms. Maeve Foreman
Senior Medical Social Worker, St. James’s Hospital.

22. Sr. Eadaoin O’Shea
Haemophilia Sister, National Haemophilia Treatment Centre, St. James’s Hospital
1988 to date.

23. Mr. Paul Lynam
Chief Technologist in Blood Transfusion, St. James’s Hospital during the relevant
period.

24. Mr. Liam Dunbar
Acting Chief Executive Officer, St. James’s Hospital 1985 – 1987; Chief
Executive Officer, St. James’s Hospital 1987 – 1995.

25. Ms. Laurette Kieman

26. Ms. Brenda Mehigan
Head Medical Social Worker, Adelaide & Meath Hospital Incorporating the
National Children’s Hospital May 1990 to date.

27. Ms. Bema Reddin
Staff Nurse, National Children’s Hospital 1988 to 1994; Haematology Nurse
Specialist, National Children’s Hospital 1994 – 1996.

28. Ms. Bruinsha McGrath
29. **Ms. Bridie McNulty**  
Phlebotomist, National Children's Hospital 1975 – 1999.

30. **Mr. Desmond Rogan**  
Secretary/Manager, National Children's Hospital 1978 – 1985.

31. **Ms. Botty Brady**  

32. **Ms. Catherine McDaid**  
Matron, National Children's Hospital 1992 – 1994; Secretary/Manager, National Children's Hospital 1994 – 1997.

33. **Sr. Francis O’Hora**  

34. **Dr. Anne Murphy**  
General Paediatrician, Our Lady of Lourdes Hospital Drogheda 1975 to date.

35. **Dr. Dermot Long**  
Consultant Physician, Our Lady of Lourdes Hospital, Drogheda 1983 to date.

36. **Dr. Sheikh Mohammad Basheer**  

37. **Dr. Owon Smith**  
Consultant Haematologist, Director of National Centre of Inherited Coagulation Disorders at St. James’s Hospital 1995 to 2002.

38. **Dr. Fiona Mulcahy**  
Consultant Genito-urinary Physician, Department of Genito-urinary Medicine, St. James's Hospital 1987 to date.
39. **Dr. Anne Tobin**  

40. **Professor Shaun McCann**  
Consultant Haematologist, St. James’s Hospital.

41. **Mr. Paul Barron**  
Assistant Secretary, Department of Health & Children.

42. **Mr. Dermot Smith**  
Acting Assistant Secretary, Department of Health & Children.

43. **Mr. Michael Lyons**  
Former Principal Officer, Department of Health & Children.

44. **Dr. Rosemary Boothman**  
Deputy Chief Medical Officer, Department of Health & Children.

45. **Mr. Dermot Mulligan**  

46. **Mr. Jerry O’Dwyer**  
Former Secretary General, Department of Health & Children.

47. **Mr. Barry Desmond**  

48. **Dr. Rory O’Hanlon**  

49. **Mr. Thomas McGuinn**  
Pharmacist, Department of Health & Children 1977 to date.
50. *Ms. Mary Rafter*
Pharmacist, National Drugs Advisory Board 1983 – 1987; Pharmacist, Irish Medicines Board 1995 to date.

51. *Mr. Frank Bird*
Member and former Chairman and Honorary Secretary of the Irish Haemophilia Society.

52. *Mr. Shay Farrelly*
Member and former Committee Member of the Irish Haemophilia Society.

53. *Ms. Pamela Aldrich*
Member and former Committee Member of the Irish Haemophilia Society.

54. *Ms. Rosemary Daly*
Administrator, Irish Haemophilia Society.

55. *Dr. Marc Burns*
Deputy Medical Director, National Drugs Advisory Board (now The Irish Medicines Board) 1978 – 1992; Acting Medical Director, National Drugs Advisory Board (now The Irish Medicines Board) 1992 – 1995; Medical Assessor, National Drugs Advisory Board (now The Irish Medicines Board) 1995 to date.

56. *Dr. Mary McCarthy*
Medical Assessor, National Drugs Advisory Board (now The Irish Medicines Board) October 1981 – April 2000.

57. *Mr. Vincent Morley*
Pharmacist, National Drugs Advisory Board (now The Irish Medicines Board) 1983 to date.

58. *Mr. John Lynch*
Inspector, National Drugs Advisory Board (now The Irish Medicines Board) 1987 to date.
59. Dr. John Michael Morris  
Senior Pharmacist, National Drugs Advisory Board (now The Irish Medicines Board) from 1987-1995; Pharmaceutical Director, National Drugs Advisory Board (now The Irish Medicines Board) 1995 to date.

60. Mr. Brendan Murphy  
Secretary, National Drugs Advisory Board (now The Irish Medicines Board) April 1974 – 1995.

61. Professor William Keith Hoots  
Paediatrician & Professor of Paediatrics in the Division of Paediatrics at the University of Texas; Paediatric Haematologist Medical Director of the Gulf States Haemophilia & Thrombophilia Centre 1982 to date.

62. Dr. Alfred Prince  
Virologist, Head of Laboratory & Senior Investigator of the Lindsley F. Kimble Research Institute, a Division of the New York Blood Centre 1965 to date.

63. Professor Juhani Leikola  
Head of the Laboratory Services, Finnish Red Cross Blood Transfusion Services 1975 – 1982; Head of Blood Programme Department, League of Red Cross & Representatives Societies, Geneva, Switzerland 1982 – 1986; Director of the Finnish Red Cross Blood Transfusion Service 1988 to date.

64. Professor Willem Gerard Van Aken  
Medical Director, Central Laboratory of the Netherlands, Red Cross Blood Transfusion Service, Amsterdam 1981 to 2001; Professor of Medicine, Department of Biomedical Technology, Technical University, Twente Enschede, The Netherlands 1982 to date.

65. Mr. Seamus Dooley  
Laboratory Manager, Virus Reference Laboratory, University College Dublin.
66. **Dr. Alan Shatlock**  
Statutory Senior Lecturer, Department of Medical Microbiology, University College Dublin.

67. **Professor Richard Tedder**  
Professor of Virology, Royal Free and University College Hospital Medical School, London.

68. **Dr. Terence Joseph Snape**  

69. **Dr. Peter Jonos**  

70. **Dr. Brian Trevor Colvin**  
Consultant Haematologist and Director of the Comprehensive Care Haemophilia Centre, Royal London Hospital (Bart’s & the London N.H.S. Trust) 1977 to date.

71. **Professor Pier Mannucci**  
Director of the Angelo Bianchini Bonomi Haemophilia & Thrombosis Centre, University of Milan and Maggiore Hospital 1970 to date; Chairman, Institute of Internal Medicine, University of Milan 1970 to date; Medical Vice President, World Federation of Haemophilia 1978 – 1994.

72. **Dr. James Kemp Smith**  

73. **Dr. Peter Foster**  
74. **Professor Eric Preston**  
Professor of Haematology, Director Haemophilia Centre, Sheffield 1970 – 2000.

75. **Mr. Michael Kelly**  
Secretary General, Department of Health & Children, 2000 to date.

76. **Mr. John Collins**  
Principal Officer, Department of Health & Children

77. **Professor Christine Loo**  
Consultant Haematologist (1987) & Director Haemophilia Centre & Haemostasis Unit, Royal Free Hospital London from 1991 to date.

78. **Professor Paul Leo Francis Giangrande**  
Consultant Haematologist, Oxford Radcliffe Hospital 1991 to date; Director, Oxford Haemophilia Centre, Churchill Hospital, Oxford 1991 to date.

79. **Dr. Bernard Horowitz**  

80. **Ms. Jo Campion**  
Psychologist, Health Board appointed counsellor to persons diagnosed with Hepatitis C 1996 to date.

81. **Dr. James Au Buchon**  
Professor of Pathology of Medicine & Chairman of Department of Pathology, Dartmouth – Hitchcock Medical Centre, Lebanon, New Hampshire 1990 to date.

82. **Dr. Shelby Lee Dietrich**  
Director of Haemophilia Centre, Orthopaedic Hospital, Los Angeles 1962 – 1988; Director of Haemophilia Centre, Huntington Memorial Hospital, Pasadena 1988 – 1996; Chairman of the Medical Board of the World Federation of Haemophilia 1979- 1985.
83. **Dr. Donald Francis**

Centres for Disease Control ("CDC"). 1971 - 1992; President and co-founder of Vax Gen Inc.

84. **Ms. Susan Stapleton**

Solicitor, Partner, Ivor Fitzpatrick & Company, Solicitors.
List of Witnesses who gave Personal Testimony

1. Ms Karen Stevens
2. Mr. Raymond Kelly
3. "Dominic" (Pseudonym)
4. "Anne" (Pseudonym)
5. "Barbara" (Pseudonym)
6. "Catherine" (Pseudonym)
7. "Isabel" (Pseudonym)
8. "Oliver" (Pseudonym)
9. Mr. Bernard Smullen
10. "Trevor" (Pseudonym)
11. Mr. John Berry
12. "Vincent" (Pseudonym)
13. "Albert" (Pseudonym)
14. Mr. Joseph Healy
15. "Brenda" (Pseudonym)
16. "Ernie" (Pseudonym)
17. "Garrett" (Pseudonym)
18. "Mary" (Pseudonym)
19. "Peter" (Pseudonym)
20. "Larry" (Pseudonym)
21. "Felicity" (Pseudonym)
22. "Agatha" (Pseudonym)
23. "Julie" (Pseudonym)
24. "Martin" (Pseudonym)
25.  "Daniel" (Pseudonym)
26.  "Eoin" (Pseudonym)
27.  "Gary" (Pseudonym)
28.  "Damien" (Pseudonym)
29.  "Arthur" (Pseudonym)
30.  Nuala* (Pseudonym)
31.  "Siobhan" (Pseudonym)
32.  "Brendan" (Pseudonym)
33.  "Cecil" (Pseudonym)
34.  "Sharon" (Pseudonym)
34.  Ms. Linda Dowling
35.  "Una" (Pseudonym)
36.  "Frances" (Pseudonym)
37.  "Fred" (Pseudonym)
38.  "Luke" (Pseudonym)
39.  "Jackie" (Pseudonym)
40.  "Herbert" (Pseudonym)
41.  "Shirley" (Pseudonym)
42.  "Deirdre" (Pseudonym)
43.  "Eithne" (Pseudonym)
43.  "Veronica" (Pseudonym)
44.  Ms. Anita Googhan
45.  "Bridget" (Pseudonym)
46.  "Christopher" (Pseudonym)
47.  "William" (Pseudonym)
48.  "Jack" (Pseudonym)
49. “Amanda” (Pseudonym)
50. “Terence” (Pseudonym)
51. “Thomas” (Pseudonym)
52. “Anthony” (Pseudonym)
53. “Scott” (Pseudonym)
54. “Michael” (Pseudonym)
55. “David” (Pseudonym)
56. “Jason” (Pseudonym)
57. “Rebecca” (Pseudonym)
58. “Marion” (Pseudonym)
59. “Niamh” (Pseudonym)
60. “Frank” (Pseudonym)
61. “Fiachra” (Pseudonym)
62. “Edel” (Pseudonym)
Witnesses whose Statements were read into the Record

1. The Kilkenny Health Worker – statement read into the record by Mr. G. Durcan, Senior Counsel.
2. Intended statement of “James” read into evidence by Mr. Raymond Bradley, Solicitor.