Witness Name: **Michael CHILD**
Statement No.: **WITN0613001**
Exhibits: None
Dated: **29 March 2019**

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF Michael Child

I provide this statement in response to a request under Rule 9 of the I Inquiry Rules 2006 dated 19 September2018.

I, Michael Child, will say as follows: -

Section 1. Introduction

1. My name is Michael Child. My date of birth and address are known to the Inquiry. I am married with two teenage daughters at school, my two adult children having left home. I intend to speak about my experience at the Lord Mayor Treloar College (LMTC). In particular, I will go into detail about my interaction with the haemophiliac community there, the treatment the haemophiliac boys received and the impact it had on them and myself.

Section 2. How Affected

2. I attended LMTC in Alton, Hampshire, from around 1966 until 1970, when I was aged 13 – 17 years old. Through my attendance here, I became friends with many haemophiliacs who I believe were infected with either hepatitis C, HIV or possibly both as a result of being given infected blood and infected blood products. To the best of my knowledge, the haemophiliac friends I had at LMTC are now all deceased and I have not been able to contact any of them for years.

3. I was born in GRO-C 1953 in Oldchurch Hospital Romford, Essex.

4. I was infected with osteomyelitis as a newborn baby whilst at the hospital due to being put into a cot constructed partly of wire mesh that had become damaged, so that there was sharp metal exposed. I was diagnosed with osteomyelitis at 10 days old, and was apparently the youngest child to be treated for this disease with penicillin and survive. I think this impacted on my view of hospitals, doctors and the NHS during my stay at LMTC and afterwards.

5. I later contracted rheumatic fever. I do not remember exactly when this was, but I was probably around 5 – 8 years old. Unfortunately for me, my rheumatic fever went undiagnosed for a long time. I think this was as much to do with the way hospitals and doctors functioned around 1960 as it was to do with their fault. As I haven't requested my medical notes I don't know if it went undiagnosed or untreated, I assume that there was an area where my parents thought my illness was related to the osteomyelitis and this had some impact.

6. Rheumatic fever meant that I was ill and in pain for a lot of the time; the disease comes and goes in spates, so it feels a lot worse when you are having an attack. This of course had an impact on my schooling. I was more often absent from school ill than I was present at school, and I fell badly behind in my education.

7. As a result of not being diagnosed with rheumatic fever soon enough, the multiple attacks I suffered damaged my heart valves. This led to me developing a disease called Sydenham's chorea. The symptoms of this are that your body twitches about without you being able to control it; I was consequently unfortunately thought of as a very fidgety child. My primary school strongly encouraged very neat italic handwriting written with a broad nib fountain pen or a broad nib dip pen. Trying to achieve this style of handwriting whilst suffering from Sydenham's chorea has given me a phobia for writing anything with a pen that lasts to this day.

8. When I was around 9 – 11 years old, I had several stays in hospital and I spent some time living in convalescent homes. I know I was in a convalescent home from December of 1962 until April of 1963 at least, because I remember that winter had very deep snow. I think the home I was in had double-glazing; I remember the venetian blinds being double-glazed. However, there was no education and very little supervision, combined with some of what I took to be medical experimentation on children from orphanages.

9. Also around this time when I was about 10 years old, I was diagnosed with a slipped capital femoral epiphysis. My understanding of what they told me was that the top part of the femur had slipped, so I was

given an operation that inserted metalwork into my right hip. I was unable to walk well at this time, so I was on crutches and in wheelchairs around the periods I was operated on. However, the problem was with pain and instability in my left knee whereas the metal was inserted into my right hip so it certainly didn't appear to help.

10. I think there were a lot of children in the convalescent home who did not have anything wrong with them. But the staff in the home used treatments that seemed unrelated to anything the childrend could have wrong with them. I remember a lot of children having to stay in bed a lot of the time even though they were able-bodied. My own treatment was to be kept in bed for about a fortnight and then being told that I could get up for an hour a day, then progressively two hours a day and so on. I used to help the nurses a lot with bedding and I know the bedding had to be weighed.

11. I must point out that we are going back some 55 years and my memory may not be completely reliable.

12. I'd had a fairly religiously-orientated childhood and I saw helping people as being a good thing to do. Therefore in the convalescent homes and hospitals, I would help them do all the various rounds with food, bedpans and bottles. By this point in my childhood, I already assumed that once I became ambulant, I assisted the staff and talked to staff about other people's problems. I think the treatments being done on children there were terribly primitive, but I got used to the operations happening in the background, and being expected to help and talk to people. I don't remember a great deal more about what was happening in the convalescent homes or hospitals.

13. Having failed my eleven-plus in 1963 or 1964 – I believe it was given to me without warning when I was in a convalescent home – my parents decided to send me to a private school, St Probus in Salisbury, around 1965. I remember that around the time that I started, there had been a merger between St Probus School and Cholderton College. The two school sites were about six miles apart and operated by ferrying students between the two sites. I think this would have been my first academic year of secondary school 1964/65.

14. For a child with Sydenham's chorea such as myself, this did not create a good school environment. The economies at the school were severe; the heating was turned off, we had to cluster around oil heaters during lessons and there was a fair amount of bullying. It was not a happy school.

15. **GRO-D**

16. Therefore when I first arrived at LMTC in 1965 or 1966, I thought I'd arrived at some sort of heaven. My first year at LMTC was very much one of recovery for me, both physically and mentally. There was no corporal punishment or bullying, and the school was well maintained and properly heated. I saw that the treatment of the disabled children was so much better than that of the children in the convalescent homes and

hospitals that I had previously resided in. The atmosphere in the school was very good and students were very supportive of each other. I was happy; I spent a lot of my academic time in the electronics workshop and was no longer being forced to write on paper.

Awareness of medical experimentation and use of blood products

17. However, things changed during my second and third academic years at LMTC. Firstly, I was made a Prefect for my second academic year, which involved taking practical and pastoral care of other students. Most of the practical care involved would be helping less able-bodied students to dress, undress, bathe and use the toilet. I already had experience of doing most of these things from my time in the convalescent homes. On the pastoral care side, my responsibilities involved taking students' issues up with staff.

18. The school also went through considerable changes prior to the start of my second year, following a major building project. My memory is not 100% on the layout. The new building complex consited of, a new school hall fitted as a small theatre, a music centre with practice rooms, an art centre with carpentry workshop and pottery and a new sickbay, which looked like a small hospital.This included the new haemophilia centre.

19. The new sickbay was substantial, over 100 pupils could turn up for medication at some sort of counter. A ward for pupils recovering from treatment or who were ill with coughs, colds, upset stomachs, haemophilics recovering from plasma transfusions etc. The haemophilia centre, with something like consulting rooms was connected to the

sickbay and shared the same ward for haemophiliacs recovering from transfusions. When I spent time in there with a stomach upset haemophilicas were also recovering from treatments in there. I think doctors would arrive at the haemaphillia centre and haemophiliacs would have appointments, rather in the way a doctor's surgery would work. After the treatment they would be treated by the same nursing staff in the same ward as non haemophiliac students.

20. I do not know exactly how many doctors were associated with the haemophilia centre treating the haemophiliacs, because I never went in there. However, nearly all my friends at LMTC were haemophiliacs, so I was very much part of the conversations and aware of what was going on, although I was not involved with the treatments.

21. I think during my first year, haemophiliac students would be taken in one of the schools minibuses from the LMTC site at Froyle to Treloar Hospital at Alton, about 6 km away, this would normally have been for a blood plasma transfusion. After the building changes I think the plasma transfusions would have occurred in the new sickbay ward, with various injected blood products becoming part of and progressively taking over from the plasma transfusion treatment. I think that with a severe internal bleed then some sort of blood injection or transfusion treatment would have been essential, I don't however think the balance between essential and experimental treatment was right.

22. I am unsure whether the injections administered by the haemophilia centre at LMTC actually made the boys suffering from mild haemophillia better or worse. To a mild haemophiliac boy there, I think it was a minor aside because I got the sense that they enjoyed the attention from their doctors and thought they were contributing to medical science. However, I suspect they were over-treated.

23. My recollection is that (at least from a treatment perspective), non-haemophiliacs were of little interest to the haemophilia centre medical staff at LMTC; mild and moderate haemophiliacs were the main focus of interest and I would liken the relationship between the doctors and the mild haemophiliacs to that of a scientist with lab rats.

24. I think that the severe haemophiliacs had an established treatment pattern and they were regularly being given plasma transfusions to control their conditions. However, I knew the mild haemophiliacs better because I shared living space with them and I think they were often treated for no purpose other than as an experiment.

25. I think it was during my second year (1967-68) that I distinctly remember discussions relating to a "factor"; I think this was factor 7 and or factor 8. The haemophiliacs treated with the new injections found that their bleeds were cured almost immediately. In hindsight, I believe that these boys were being treated with factor 7 or 8 and my understanding of the chronology of events is that this treatment would have come a number of years before factor concentrates were officially licensed for use in the UK.

26. Although I never went into the new haemophilia centre, I was allowed to enter the wing of Burnham House that had been the old sickbay (which after the new sickbay had opened this was used as accommodation for haemophiliacs undergoing experimental treatment) on various occasions. I suspect that this was in some way related to my being a Prefect. I remember that the nursing staff did not want people to go into the old sickbay. But because I was allowed to go up there, I discovered that there were experiments being done exclusively on the haemophiliac boys who were housed in that wing.

27. The new sickbay, which was in the new building complex seemed like a small and very modern hospital. From memory the new sickbay had two entrances one being that of the new haemophilia centre and the other the general school sickbay. I think that there was only one ward, which was shared by both.

28. The old sickbay housed in Burnham House adjacent to the dormitory where I slept and the prefect's room is where some of the haemophilic students slept and where the contraceptive pill experiment occurred. Looking back over 50 years is difficult with this one and goes into the area where while there would be obvious advantages having totally separate statements from different students who were there at the time. I think I would have better recall discussing this with the other students who survived and slept in the upstairs dormitories in that end of Burnham house. However, due to the circumstances I have not been able to do so.

29. I was familiar with the old sickbay and I have a vague memory of going in there after the new one opened and finding it pretty much as it was before i.e. a ward full of beds with a nurse in attendance, as opposed to ordinary dormitories. Only a few of the haemophilic boys slept in the wing that was the old sickbay and that while I was a Prefect I did a round of all of the dormitories apart from that part of the house.

30. I cannot remember everything relating to the experiments, but I do remember that one experiment involved the drug, Oestrogen and a birth control pill containing it. I think that the idea was something along the

lines of the birth control pill encouraging the clotting process as it did within the womb, making it more difficult for the egg to be fertilised or for the fertilised egg to be viable. I think that is what the nursing staff told me at the time.

31. As a result of the Oestrogen in the birth control pills, the boys that were being experimented on developed breasts. I remember they were fairly cagey about the whole business, and I don't think I would have known about it had not all my friends been haemophiliacs. I'm pretty sure that one of my friend's brothers was a victim of this experiment. The nursing staff with whom I discussed this matter came to view it as an unsuccessful medical experiment.

32. My memory is pretty hazy, however I'm sure that one of the haemophiliacs who grew breasts was called GRO-A. I should make clear that the boys who were being given the pill knew precisely what they were taking and the logic behind it – I remember this because I remember there being jokes about getting hold of some of the pills for local girls. That said, I am also sure that the boys who developed breasts were negatively affected, both physically and psychologically.

33. On one occasion during my second year, I had to go up to the dormitories or Prefect room and found one boy wheeling himself up and down in the corridor outside the old sickbay wing. I can't remember his name, but I remember that he had gone yellow, particularly at the whites of his eyes. I seem to remember that he told me that he had got Hepatitis from some sort of blood product. This is the only time I can clearly recollect seeing someone with hepatitis whilst at LMTC.

34. However, I know that there was awareness of Hepatitis at LMTC; it was something that was talked about then because of the many injections that the boys had.

35. Sometime around 1970 (after I had left) I know from my own research that the staff started marking the china used by the students infected with Hepatitis, to keep it out of the normal washing. Even whilst I was at LMTC, there was a sense that Hepatitis was something that needed to be monitored. I think this was as much to do with cross infecting other students as with treating students infected with it.

36. I believe it was also during my second year that I had the metalwork removed from my hip. This was done at Treloar Hospital in Alton. When the metal was removed, the surgeon operating on me told me that the original surgery had been unnecessary and that there was nothing wrong with my right hip. Whether this information was right or wrong I do not know, but it added to my concerns about experimental medicine that had a detrimental effect on the victim. The operation to remove the metalwork put me back into a wheelchair and then onto crutches for a while.

37. Dormitory-wise, as a Prefect I was dormitory captain in the upstairs dormitory of Burnham East or West whichever was adjacent to the old sickbay . This building had not been renovated but its use had been modified slightly. One house had been split into two socially but not physically .

38. It had previously just been Burnham House, which was a U-shaped two-storey building but after the building works it was split into two houses. The upper floor of either Burnham East or West had been converted from the old school sickbay to the prefect's room at the bottom end followed by the old sickbay, which would have housed between 6 to 12 pupils.

39. This was where I first became aware that they were being experimented on. I seem to have blocked any memory of who else slept in those dormitories or anything else that happened in there.

40. In my third year at LMTC, I was moved to the senior house. I found that the attitude of haemophiliacs in the senior house towards medical experiments to cure or relieve haemophilia had parallels with political indoctrination. Many of the haemophiliacs would come back from the new haemophilia centre very enthusiastic about the work and treatments that were going on there. I think that to some extent, the group of teenage haemophiliacs were influenced by the haemophilia centre into thinking that they were deriving much more benefit and contributing to medical science than they were.

41. At some point, probably after leaving LMTC I remember hearing the term "blood virgins", and I think that referred to a people who had mild haemophilia and had not been treated with much blood product in the past. During my time at LMTC I was aware that haemophiliacs who had had nothing or little in the way of transfusion treatment were of special interest to the medical staff, but I don't think the term 'blood virgins' was used then.

42. I'm not sure if I heard the term blood virgins back then, or whether it was used then, but as I said previously, I am sure that there was a special status for mild haemophiliacs at LMTC who had had little or no injected blood treatment, which would have been mostly blood plasma transfusions I think.

43. I was becoming increasingly concerned about the treatments that often seemed to make pupils worse than they would have been had they avoided the birth control pills or injections of blood products, and just taken painkillers and used pressure bandages. The boy who I saw in the corridor had gone yellow because of the treatments but this did not seem to impact upon the boys' faith in the experiments which were being carried out upon them.

44. In my opinion, he was worse off yellow than with a knee bleed. That's because if you had a knee bleed in the late sixties and you were a mild haemophiliac, you would probably spend a week or so on crutches or in a wheelchair with a tubigrip (type of bandage) on your knee. The boys would perhaps have half a day off school to be treated, but other than that you wouldn't have known that they were ill. They were not severely disabled people; these were ordinary people who would be out and about.

45. I was further disillusioned about the treatments in the school by my own experience of treatment for my severe acne. My acne was the worst in the school, and at some period I was taken and bathed in the junior house by medical staff every two days. One of the doctors in the haemophilia centre was treating the haemophiliac students with some

sort of solution. The students were convinced that it was some miracle cure and I managed to get hold of some. I said to the nurse who was treating me that I'd managed to get this wonderful treatment, and asked her whether it was any good. She replied that it was good if I wanted a glossy coat. The solution turned out to be various forms of shampoo.

46. This incident confirmed my belief that the mild haemophiliacs were at LMTC were being used as guinea pigs. My acne was amongst the worst in the school but I was not offered or given the shampoo concoction – my belief is that the medical staff at LMTC had a standing authority to do whatever they wanted to the mild haemophiliacs. Of course from my point of view I was unaware as to whether or not I was part of another group being experimented on in some different way.

47. The ethical problems of medical experiments and treatments where the overall result was negative for the patient built up on me slowly. I guess at around 16 most teenagers wouldn't have developed an opinion on the subject in the 1960s. I think that I had developed something a bit more advanced than an, 'if you are going to die anyway approach' I think part of my issue was not really knowing if I was going to be the victim of an experiment or whether I already was one.

48. I think it was the shampoo experiments that really tipped the balance for me. Partly because it was evident that there was a group within the school that had been singled out for this type of experiment. What I mean here is that there was something worrying about treatments not relating to the severity of the condition, but an arbitrary preselected group. Partly because there was a sort of amateurish and unprofessional

aspect to it. In this sort of special school environment at that time I think the first I would have known about some sort of medical treatment would have been someone arriving to take me away for treatment.

49. Another more serious incident that happened in my third year, related to a boy whose surname I believe was GRO-A. He died.

50. He didn't appear to have much wrong with him apart from a pigeon chest, and a mild speech impediment but seemed very unhappy and uncommunicative.

51. He used to sleep in the bed next to me and he was having a bad day. He started complaining of chest pains and having difficulty breathing in the morning and had gone to the new sickbay. However, he was repeatedly refused treatment and was just given an expectorant.

52. I believe that the doctors in the haemophilia centre refused to treat him because he was not a haemophiliac. I think I remember him getting back into bed that night and then I fell asleep straight away or was already asleep when he arrived. I was a very heavy sleeper.

53. In the morning, I awoke to find the housemaster removing GRO-A's dead body. I heard comments from other people in the dormitory saying that they had thrown things at him in the night because he was making horrible gurgling noises. As a group of boys, we decided to get very drunk that night because of this incident.

54. I tried to find out what had happened to him afterwards I used to talk to the nursing staff a lot. As far as I understood it, the autopsy found that it was a death by natural causes following an internal bleed to the chest cavity – a hemothorax.

55. I believe that had this death occurred outside of this special school environment an ambulance would have been called. However, GRO-A had an internal bleed, and he was refused treatment by a leading unit related to internal bleeds. The irony of this is not lost on me.

56. Another person I cannot forget is a boy called GRO-A. He had feet that pointed down, like hands and I remember him bouncing around a lot of the time. The medical staff straightened his feet out at right angles and severed all of his toes. Then he could only get around by wheelchair and sometimes walking around very stiffly.

57. I should point out here that GRO-A is still alive.

58. While on the one hand I think that's GRO-A's return from hospital, seemingly so reduced, affected me, I think on the other hand it may have been the normal and accepted treatment for his disability. Mainly though I don't think I saw what happened to GRO-A as experimental medicine and I more used him as an example of why a lot of the non haemophiliac students would have had little interest in or knowledge of what was going on with the seemingly much less disabled haemophiliac students.

59. Having all your toes chopped off and the direction your feet point in changed, is more than a minor distraction.

60. I think that it is very important that the Inquiry team understand that LMTC was probably the best available option for a disabled teenager at that time. I think it quite reasonable to assume that the majority of non haemophiliac students who were at LMTC during the period I was there and presumably some of the later periods would have had no understanding that anything untoward was happening to any of the students. I think they would have assumed that the treatment they were getting was the best available, assumed to be world class, if treatment they received was experimental I don't think they would have necessarily known that it was and in most cases it probably wasn't.

61. I think it important to understand that when you are in an institution where you are aware that medical experiments are going on which aren't related to an individual's problem, but much more to furthering medical science in general, then you assume that you may be a victim without knowing. 'Something in the tea' becomes a significant issue. This worried me.

62. I managed to extricate myself from LMTC around the time I turned 16 to 17, mainly because I did not feel safe there anymore. I was also concerned rightly or wrongly that the NHS would just wipe me out if I sought treatment and they connected my past with issues, which could cause them difficulties sometime in the future.

63. Other than that boy with the yellow eyes who I cannot remember the name of, I do not know if any of the other haemophiliacs were infected with HIV or Hepatitis C through infected blood or blood products. I only know that when I tried to contact my old school friends in the 1990s, they were all dead.

64. An area I really want to stress is the guilt I feel associated with running away from the situation. I want everyone to understand how important this is particularly in terms of anyone else who knew what was going on at the time and has managed to survive.

Section 3. Other Infections

65. I do not know whether anyone who was infected with HIV or Hepatitis through blood or blood products developed any other illnesses.

Section 4. Consent

66. I cannot say for sure how much the haemophiliac boys knew or understood about the treatment they received. Like I said above, it seemed to me that they were indoctrinated by the haemophilia centre. I think to an extent they liked being part of investigations into a cure for an illness from which they were suffering.

Section 5. Impact

67. Within the situation of progressively recovering from and overcoming illness and disability with the prospect of a qualification in

electronics, which would have pretty much guaranteed a reasonable job regardless of disabilities affecting my mobility for the rest of my working life, to completely turning away from all forms of support was a big step for me. At the time I lacked confidence in my decision to do this and was concerned that there was something wrong with my own mental health rather than LMTC.

68. What I witnessed and what I thought and felt did have an immediate effect on me in that I felt the need to withdraw from LMTC at around 17. I really did not feel safe there because of the on-going medical experimentation.

69. By the time I turned 18, the age of majority had been lowered to 18. On leaving LMTC at 16/17 I managed to get myself a job at Kent University, after about a year working there my inability to write things down on paper was beginning to cause me difficulties. I believe that had I been employed with my disability accounted for and supported from LMTC then it would have had virtually no impact on my job or my career in electronics.

70. I have since found that one of the most irritating impacts on myself after leaving LMTC is that I have found it mostly impossible to remember people I like. I liken this to a Clockwork Orange type or reaction. The most profound aspect of this is not being able to recognise my ex-wife, the mother of my two children and to whom I was married for about ten years.

71. I also find that I cannot remember anything about the people who I shared my dormitory with in my second year at LMTC, the year that I was a Prefect and became aware of medical experimentation. I cannot remember a single person who slept in that dormitory and I slept in there

for a year. I can remember the years either side of that in dormitories with reasonable recall, but my middle year is a whole blank area. I have repeatedly asked members of the enquiry team for some psychological support, particularly with respect to helping me remember the events at LMTC better. I have stress that I would want this support outside of organizations implicated in the infected blood issue and any reffural to treatment also outside of these organizations, e.g NHS, DoH, Red Cross.

72. By the late 1980s, I decided to make some tentative attempts to contact my LMTC friends. However, I did not succeed and I suspect they were all dead by then or keeping a low profile.

73. In the late 1990s, I made a more serious attempt to contact my school friends. This was a very very difficult period for me. The Internet made it possible to track people much more easily and I found out that a lot of people were probably dead. I haven't subsequently been able to contact anyone who I would call a friend from Treloar.

74. I came to the slow realisation that everyone was probably dead. When I was at LMTC previously, I had thought that perhaps I was being overly paranoid about the experiments. I had told myself before that what was going on at the school was probably reasonable and that I was being silly. However, with seriously trying to contact one person after another and finding out that they were all dead, it slowly became apparent to me what had happened at the school.

75. There are two aspects to this that don't' come across quite as expressed. One is that I think nearly all of the haemophiliacs who were at LMTC during the period 1965 to 1970 probably died fairly soon after being infected, as none of their names seem to appear anywhere I assume they all died in the 70s. The other is that phoning up the

relations of someone who has died much younger than expected isn't something one does repeatedly. Within the context of thinking there had been a lot of medical experiments and not knowing that the deaths were confined to haemophiliacs or what had caused the deaths. I should stress here that if at any time I had been contacted and told exactly which pupils had died and what had gone wrong then the impact on my life would have been considerably less. I should also stress that I have repeatedly asked the enquiry team for a list of the pupils at LMTC, who were contemporary to me and who have died.

76. Because of this, I developed quite severe alcoholism. I would say that I was consistently fairly drunk for about 12 years, I would have to pass out at night in order to sleep, I stopped drinking around 2010. Alcohol was the only way that I could cope with assuming that everyone was dead while not having any viable way of finding out what had happened; I don't think I could have coped otherwise. I was never able to find or catch up with anybody, although I cannot be sure if somebody has just kept a very low profile. I also began to feel somewhat guilty that I had survived or not done more to help others.

77. To be honest here I think if I had been contacted and had had what had happened conveyed to me in a reasonable way, with some sort of support I would have been able to manage the situation without a long period of alcoholism.

78. I'm not unreasonably frightened of medical treatment but of the doctors in question or the NHS in the sense of an institution connecting my history with me. From my point of view I am still unaware of the extent or legitimacy of medical experimentation carried out at LMTC I also have no idea if there are any other surviving witnesses to it.

79. Added to this I am aware that doctors in particular within the medical profession often run in families and that were it to be proved that illegal activity resulting in the death or deaths of students at LMTC occurred, then I don't want to find I am being treated by the relation of a perpetrator. Because of this I have used the NHS in a way that has been to my disadvantage. For example I left treating a growth in my sinuses until it was much later than I should have, I think this resulted in the tinnitus I have now and the associated accessibility issues.

80. I think probably an issue here is the lack of support relating to the disabilities that sent me to LMTC in the first place.

Section 6. Treatment/Care/Support

81. I have never received any treatment, care or support as a consequence of what happened. As I have stated above, I do not trust the NHS.

Section 7. Financial Assistance

82. I have never applied for any financial assistance from any of the Trusts or Funds set up to distribute payments to infected or affected people.

Section 8. Other Issues

83. I am very concerned about why all of this was allowed to go on happening for so long, with people being infected with Hepatitis. I can even understand why such things were allowed to happen, but I don't know why it was allowed to carry on for so long at LMTC. There were

many trained medical staff at LMTC who should have been able to do something.

84. There were medical experiments done that should never have happened. Or at least, they should have been done with a broader understanding of the implications. I do not think they were suitable for a school environment, particularly in relation to the experiments that caused schoolboys to develop breasts. What other experiments were being done, I do not know. I suspect in order for me to cope I may have blocked them out.

Statement of Truth

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

As I had Sydenham's chorea, signing my signature by hand is unreliable, please accept this electronic signature instead.
Signed

GRO-C

Dated 29.03.2019