Witness Name: Lesley Jennifer Mason
Statement No: WITN0667001
Exhibits: WITN0667002-004
Date: 9th April 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF LESLEY JENNIFER MASON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 14 January 2019.

I, Lesley Jennifer Mason, will say as follows: -

Section 1. Introduction

1. My name is Lesley Jennifer Mason and my address is known to the Inquiry. My date of birth is GRO-C 1948. My husband Chris and I were married on 10 August 1974 and we had two children together, a daughter and son. I live on my own. I worked as a teacher until 2005, when I took early retirement from teaching. I later worked as a registrar until I retired in October 2011. I intend to speak about my husband and the impact his illness had on him, our family and myself. In particular, the nature of if his illness, how the illness affected him, the treatment he received and the impact it had on our lives together. My husband did not have any tattoos or piercings and did not take drugs.

Section 2. How Affected

2. My husband, Christopher John Mason (referred to as Chris throughout this statement) had end-stage kidney disease from 1972 until he died in 2004. Between 1975 and 1984 Chris had three kidney transplants, but they all failed. He was infected with Hepatitis C (HCV) following his third failed kidney transplant in 1984, around this time he was given many transfusions of whole blood and blood products. It is impossible to say which one gave him the infection.

3. We lived together with our two children until they left home for university. Chris died on 24 January 2004 after complications developed following hip surgery and I have lived alone since his death.

4. Chris's kidney failure seems to have developed during his early 20s. My husband was born in 1946 and when he was 26 years old his kidney disease became acute and he was treated with dialysis, initially peritoneal dialysis, and subsequently haemodialysis for the rest of his life. He was a patient of The Royal Free Hospital's renal unit from 1972 to about 1994, though from 1972 to 1989 he had his dialysis at home. From 1989 Chris dialysed within hospitals; The Royal Free, Barnet, Milton Keynes and occasionally The Churchill Hospital, Oxford. From about 1994 Chris was a patient of the Oxford Trust Hospitals.

5. Chris had his third kidney transplant at The Royal Free Renal Transplant Unit in January 1984 and things did not go well. The donated kidney failed to function after the transplant operation. However, the method at the time was to wait to see if the kidney would start to work. The kidney failed to work, and Chris became progressively weak and sick.

6. In the second week in February 1984, Chris's renal surgeon, Mr Fernandes, called me into the hospital to tell me it was no longer a case of saving the kidney because Chris had developed a severe blood infection and was dangerously ill. The donated kidney was removed on

16th February 1984. The blood infection, however, remained and, as far as I understand led to abnormal platelet function and, therefore, lack of normal blood-clotting, leading to uncontrolled bleeding, both externally and internally. Any sudden drop in blood pressure indicated internal bleeding.

7. Chris always wanted to know everything about his treatment, and so, when he became so ill and, especially, once he went into a coma, I daily recorded aspects of his treatment in a diary from 15 February to 6 April. I still have that diary. **(WITN0667002).** My aim was to let Chris know what had happened once he regained consciousness. He was in a medically induced coma from the 22 February to the end of April 1984. I was at the hospital a great deal during those weeks.

8. I have summarised the key points from the diary I kept whilst Chris was so ill and in hospital, as follows:

9. Whether he had transfusions before the donated kidney was removed, I don't know. However, I do know what is written in the diary. Friday 17 February 1984, Chris was given haemophiliac clotting agents to control the bleeding around the site of the wound created by the removal of the donated kidney.

10. On 18 February 1984 he was given blood products, which had been processed in a centrifuge. This may have been immunoglobulin, as I recorded that he was given immunoglobulin on Sunday 19 February. He also had a further operation to try to stop the internal bleeding on 18 February. On 22 February Chris was moved to the Intensive Therapy Unit (ITU) of the Royal Free Hospital in an induced coma and he was put on a Cape ventilator. By this time Chris had pneumonia and fluid on one lung. In all Chris had five operations between 16th and 24th February to try to stem the uncontrolled bleeding. The situation was complicated as Chris had to have dialysis three times a week, during

which he received heparin to thin his blood to allow dialysis to take place.

11. In the later days of February there were attempts to wean Chris off the ventilator and restore him to consciousness, but further bleeding and adverse reactions prevented this. It is possible that further blood products were given at this time, though I did not record that at the time. On 1st March Chris's renal medical doctor, Dr Farringdon, who was very supportive throughout this period, explained that a full body scan was necessary to ascertain the extent of and damage, including possible brain damage, caused by extensive internal bleeding. Fortunately, there was no brain damage, though there appeared to be further internal bleeding.

12. Chris was given more blood on 3 March 1984, after a sudden drop in his blood pressure indicated renewed internal bleeding. On the same day Chris became seriously ill again with a very high temperature and blood diarrhoea, indicating further internal bleeding and was given haemophiliac clotting agents and platelets following dialysis.

13. Throughout March 1984 my diary indicates a pattern; the infection appeared to be abating, only for Chris's condition then to worsen, sometimes very rapidly. This happened repeatedly. During March Chris continued to be ventilated in the coma, though there were attempts to restore his consciousness. All these attempts had to be abandoned. He had a tracheostomy operation so that the Cape ventilator could be removed from his mouth and throat. This caused further bleeding.

14. Cultures were taken from infected areas where possible in order to treat Chris with specific antibiotics. He was given a stronger antibiotic, amphotericin, which we later discovered adversely affected his hearing. I know this was done to save his life so I'm not blaming anybody, but that is what happened.

15. Things worsened dramatically again during the night of Friday 30 March and the hospital phoned and told me to come quickly because they thought Chris was dying. All this time through March there must have been blood transfusions as I have noted that they stopped on the 31 March.

16. On the 1st April, Chris was given platelets, whole blood and clotting products. He received further platelets on Thursday 5 April. On 6 April 1984 he had a scan that showed only a small amount of fluid on the lung and that is where my diary stops. There was no recovery at this time; I think I just lost heart.

17. I believe there were probably more occasions when Chris received blood products, which I didn't record, perhaps because a pattern of platelets being given after dialysis, was established. There are also some references to internal bleeding, and I believe blood products, including haemophiliac clotting factors, may also have been given to counter poor clotting brought on by the heparin given to enable dialysis. However, I am certain he received blood and blood products on the occasions detailed in my diary.

18. Chris regained consciousness by the end of April 1984. Chris transferred from ITU in May and was discharged from hospital in July 1984. He continued a slow recovery at home, but he was not well enough to return to work until March 1985. Chris did not receive any further transplants, and so he had to continue to dialyse three times a week until his death in 2004.

19. With all the transfusions and infections and Chris being so ill for so long, I now question whether he was suffering from acute HCV at that time as well. Some of the symptoms of HVC are very similar to the symptoms of long-term dialysis. He was definitely jaundiced, it developed over time and the whites of his eyes were yellow, which continued into the 1990s and beyond.

20. Information and support were given to me by Chris's doctors in 1984. I was told about the blood infection and disorders he had at the time, the treatment he was being given and his prognosis, during the months when he was in the coma, as I have detailed above. However, there was no indication given to me that the blood products he received could be contaminated. I am unaware whether any information was given to Chris prior to the coma. At some stage I remember being told that the donated kidney Chris received in 1984 may have been infected, which could have led to the devastating blood infections and all the complications described above. I cannot now remember when I was told that, nor who told me.

21. Chris was infected with Hepatitis C. I am uncertain precisely when he found out, but I believe it was about 18 months to two years after the period of hospital treatment in 1984. He was told by his renal consultant Dr Bailliod, that he had been infected by hepatitis, not A not B, so it must have been before the designation of hepatitis C in 1989. I am unaware of the extent of advice and information he was given at the time of diagnosis. I do know that I was not contacted directly. At the same time Chris told me that it was possible that he may also have been infected with HIV, but there seemed to be a reluctance to test for HIV at the time, so he didn't receive a test initially.

22. I remember asking Chris why his renal consultant wouldn't have him tested, and he said she told him that if the result was positive, she would not know what to do about the dialysis. I speculated about a possible ruling not to allow HIV infected people onto the dialysis programme, but, obviously, without dialysis he would have died. I need to stress that I did not have that information directly from Chris's doctor.

23. Chris was still dialysing at home and only stopped in 1989 when he started going to the hospital to dialyse instead. Now I wonder if he did that to minimise the risk of cross contamination to us at home.

24. Chris was eventually tested for HIV in about 1991 and was not infected, but for about two years from 1989 it was a constant concern, for me, as to whether both of us were HIV positive.

25. I do not remember if it was Chris's request to be tested for HIV in the end but during the two years I did consider asking for a test for myself. However, I felt that I couldn't be tested in case it compromised dialysis for Chris, as if I had HIV, I could have contracted it only from him, and he would also be infected. Later I requested to be tested for HCV through my GP but no one from the hospital contacted me to offer a test. My test result was negative.

26. I think the way the results of the HCV diagnosis were communicated to me, as Chris's wife, was inadequate. At no time was I contacted by Chris's doctors regarding the positive result nor the possibility of further HIV infection.

27. I was given minimal information on the risks of others being infected with HCV. I assume Chris was told about the chance of cross contamination. Somehow we knew it could happen through blood-to - blood or sexual contact.

28. I knew more details on cross contamination and other risks associated with HCV from Haemophilia Society leaflets, passed on by a friend. I can remember more from those than any communication from Chris or the hospital.

Section 3. Other Infections

29. Nothing was ever mentioned about infection with vCJD and we didn't receive a letter about it. I have detailed the blood infection of 1984 above, though I have stated that I don't know how this was contracted. However, Chris did experience quite frequent bouts of infection of

various types from 1984 onwards, one of which I've detailed below. These infections could have been due to long-term dialysis or HCV may have been a factor.

Section 4. Consent

30. I don't know if Chris was told that he was being tested for HCV, but he did have to take weekly blood samples while dialysing at home so that his blood chemistry could be monitored. These were sent to the hospital and so it is possible that HCV was detected through these samples.

31. Chris was treated without his knowledge or consent during February to April in hospital in the 1984, but only because he was unconscious or in a coma. I do believe that the treatment, including the administration of blood products and antibiotics at that time was necessary to save his life.

32. Chris was willing to participate in clinical trials, as he had an interest in developments of treatment. He was not put on a clinical trial for the Hepatitis C without his consent. I am aware of some of the history but that didn't happen to Chris.

33. However, I think that the immunoglobulin, which Chris was given on 19 February 1984, was part of a clinical trial. We were all in the room together, the doctors, nurses and I, and we were told that the blood product which he was about to be given was part of a clinical trial of immunoglobulin from Edinburgh. He was conscious at that time and he agreed.

Section 5. Impact

34. As far as the physical impact of Chris's infection with HCV is concerned, there is some confusion with the symptoms of HCV and those due to long term dialysis. Chris certainly experienced common HCV

symptoms, including extreme fatigue, very itchy skin, joint pain, jaundice, evident in yellowing of skin and eyes and a decreased ability to fight infection. The latter, I believe, though cannot prove, contributed to his frequent and on-going bouts of infection, culminating in a resistant bone infection following a hip replacement operation. The complications of which led to Chris's death.

35. Chris experienced 'brain fog', another symptom of HCV. Chris was an intelligent man and was usually very astute, but there were times, in the 1990s, when he did not seem as mentally able as usual. His joint pain became progressively so considerable that he had to take increasingly strong doses of painkillers; another possible contributor to the 'brain fog.' However, some of the joint pain was also due to the build up of amyloids and crumbling bones due to long term dialysis. This affected his shoulder and hip joints and led to his spine crumbling and trapping the spinal cord. In addition, there were further physical problems, circulatory complications, leading to the loss of finger tips, loss of sight in one eye, increasing difficulties with mobility, leading to dependence on a wheel chair and inability to drive.

36. I am unaware of any treatment while Chris was a patient of the Royal Free Hospital for HCV, but I do remember him attending the John Radcliffe hospital Hepatology Department for monitoring and possibly treatment for HCV. By the beginning of the 1990s more dialysis centres were being opened and, as we were living close to Milton Keynes by then, he moved from the Royal Free Hospital to the satellite dialysis centre of the Oxford Hospital Trust at Milton Keynes. This was in about 1993 or 1994.

37. I am uncertain about any HCV treatment or monitoring he may have received at the Royal Free Hospital as I was not privy to the conversations he had there with his doctors. Chris tended not to discuss his condition. He did have a lot of medication and some may have been for HCV. However, after Chris transferred to the Oxford Trust from

1998, I began taking him to appointments at the John Radcliffe Hospital and became more involved in his treatment.

38. The issue of cirrhosis arose between 1998 and 2002 when we were going regularly to the John Radcliffe Hepatology department. There was concern that after fifteen years of being infected with HCV that cirrhosis could have set in. We were certainly aware that liver cancer was a possibility. I do not know the extent of that cirrhosis.

39. In 2002 at the John Radcliffe Hospital Chris was offered a course of Interferon, which at that time was being clinically trialled. I think this was pegylated Interferon. I particularly remember that appointment because I agreed to be trained to inject him.

40. Chris was keen to take part in the Interferon trial, but other problems occurred that prevented this. During the later 1990s, due largely to amyloids and crumbling bones Chris had four hip replacement operations. Chris developed a bone infection in his leg following the final operation. From October 2002, for over a year, he underwent treatment aimed at eradicating that infection, but it proved very resistant to any treatment.

41. In October 2002 the John Radcliffe hepatology consultant decided that Chris couldn't start on the Interferon because of the bone infection. We were told that in Chris's case there was only a 30% chance that it would work anyway, but he was eager to try anything and there was nothing else. For him, the trial was suspended but we were told it wasn't over, and that if Chris could clear the infection then he could start the treatment. Unfortunately, this didn't happen, and I have described what happened subsequently below.

42. I don't think Chris experienced any problems with accessing dental treatment and the dentist didn't treat him any differently. We had known

our dentist for years before Chris was diagnosed with HCV and he seemed happy to continue Chris's treatment.

43. Most of the time Chris was a very optimistic person. Even after three transplants he wanted another one. He maintained a stoic attitude in the light of many setbacks, disappointments and the additional and avoidable, contamination with HCV. He really did feel that, with a bit more perseverance, his broken body could be mended. He rarely talked about his condition and even more rarely expressed his emotions about his poor health. It was as if his condition was a personal matter and he would deal with it on his own. I wonder now if his reticence was partly an attempt to protect his family.

44. However, Chris did, on occasion express anger, when sometimes he would slam out of the house and drive off in the car. This was after the HCV diagnosis. He didn't show sorrow, not that it wasn't there, but he just got on with things and I was expected to do the same. I wonder now about the impact this had on our children.

45. In the 1990s Chris did become depressed. I remember phoning his consultant and telling her this. He was extremely down to the point of weeping, which was most unusual. Chris may have been offered counselling, but he was, initially, resistant to this, saying that talking could not help his medical condition. Eventually, in the early 2000s, he did accept some psychological counselling and treatment and he derived some benefit from it.

46. Chris tried to ignore his illness. This was his way of coping with an impossible situation. Perhaps that was not the best approach for everybody else, but he set the standard for not talking about it and we went along with it.

47. Chris's final days and death need some explanation. Due to his crumbling spine there were three separate occasions over the years

when the pressure on his spinal cord led, first, to an inability to walk and finally to becoming quadriplegic. Chris received three very delicate spinal operations to relieve this pressure and rebuild his spine. After each operation he regained, though not completely, his ability to move. However, by about 2000 walking was, once more, proving very difficult. This was obviously exacerbated by his hip problems. In order to treat the ongoing resistant bone infection referred to earlier, in early January 2004, Chris had an operation to remove the latest hip replacement and pack the resulting cavity with antibiotics. Shortly after that operation Chris experienced severe breathing difficulties. He had to have a ventilator inserted and this destroyed the rebuilding of his upper spine carried out previously and, therefore, rendered him quadriplegic again. At this point Chris said he wanted to stop dialysis. He always knew he had this 'out'. No one could force him to have dialysis and without it he would die. He was lucid when he requested it to stop. Chris told me that he didn't want me to have to look after him in his paralysed state. In the end he was persuaded to continue dialysis. However, it was just a matter of days before Chris developed pneumonia and died.

48. We didn't tell anybody about Chris's HCV, initially and certainly not in the short time that we thought he might have contracted HIV too. I had to say to the children that, "If daddy bleeds you must come straight to me, you mustn't help him yourselves." I don't know how many of my friends we told later and I think more of them know now than then. I don't know if Chris told his employer.

49. Chris was a senior sixth form teacher and was a very good physics and maths teacher. He worked in the same school from 1970 to 1993 and his head teacher and colleagues were well aware of his worth. Chris was unusual in continuing to work full-time while dialysing overnight, from 1972 to 1993. However, a new head teacher was not as forgiving about any time off needed for treatment and Chris was made redundant. He was served with a redundancy notice in 1993 when he was 47 years old.

50. Chris took advice from his union about fighting the redundancy. The best possible payment package at the time was redundancy plus a small sickness retirement pension, which he eventually accepted. He was told that if he fought the redundancy, he might be denied sickness retirement and then he would have had no income at all. As it was, our income was significantly reduced, and I decided that I had to apply for higher paid posts in order to offset some of that reduction.

51. Chris did not want to leave work, he was very bitter about it, as I was. He applied for other jobs but was unsuccessful and he didn't work again before he died. The redundancy was a severe blow to his self-esteem. It also destroyed his sense of purpose and the knowledge that he was helping others. Was the head's knowledge of HCV a factor? I don't know. Chris was not offered part-time work.

52. Financial matters, such as mortgages and insurance all had to be in my name, as Chris with all his medical conditions was considered a poor financial risk. At that time even having an HIV test could preclude insurance. All of those financial considerations must have affected him and made him feel less worthwhile.

53. Chris's fatigue, loss of hearing, diminution of self-esteem and the strain of keeping aspects of his condition secret took its toll. By nature, he was very gregarious, but over time this became eroded.

54. We didn't go out as much following his diagnosis with HCV. Socialising for him became more difficult and not always a pleasure. Inability to hear conversations, pain and poor mobility all had an impact. When he was with the people who understood his condition, he could relax and talk. Increasingly, if I wanted to socialise, I would go on my own.

55. Chris had been involved with a Kidney Patients' Association at the Royal Free in the early days, but he lost interest. He did meet and enjoy

the company of one other long-term kidney patient towards the end of his life. After he retired, I encouraged him to meet ex-colleagues, but once he was unable to drive, he felt he couldn't continue to join them.

56. My method of dealing with all of this was complex. I did collude with the denial, while trying to deal with the consequences. I did think, and say, that if he could carry on, then so could I. I'm not sure now that that approach was particularly helpful to anyone, but I think it kept me sane at the time.

57. I became my husband's carer and over time, my role as his carer increased. During the 1980s to 2004 I was working very hard. I had to maintain a full-time job, look after the family and provide increasing care for Chris. Hospital visits were frequent and there was the stress of his deteriorating health. At times I was resentful. Being aware of the risk of cross contamination, especially when Chris was dialysing at home, was also stressful.

58. I think my way through this was to suppress on my emotions. My doctor diagnosed 'reactive depression' during the 1984 crisis, but I think that was just in order to sign me off work so that I could continue to be at the hospital. Occasionally I felt very stressed, but I didn't seek professional help until after Chris died when I had a short session of bereavement counselling. The counsellor pointed out that I had suffered constant anxiety, interspersed with severe stress, for many years.

59. Fear of cross-contamination with HCV, and for a while HIV, did affect our sex life. Perhaps it might have helped at that point to talk to someone. In 2002 we were offered some relationship counselling during one of Chris's regular check-ups. We both refused; it was too late, because by then it was about 16 years after the diagnosis.

60. We remained together, but life wasn't all doom and gloom, as we had some very good times together and happy family occasions. Chris was

a much loved and loving father and we both also really had the best interests of our children at heart.

61. The HCV and the lack of sexual contact that followed to some extent informed my decision not to try to find another partner after Chris's death. I know I'm not infected, but I've never sought another partner partly because I've lived so long with this idea that maybe that's not a part of a relationship I can ever have again.

62. As far as the impact on our children is concerned, protection of the children especially when they were young, was paramount. When I started working on this statement, I asked my son and daughter if they would like to write down their memories and views about the impact their father's illness had on them. I think it is indicative that they both said independently, "I don't want you to think I didn't have a good childhood".

63. Throughout the 1984 crisis, when my daughter was 7 and my son was 5, I tried to give them a child's view of what was going on. I couldn't tell them every time I was told Chris was going to die, but I did tell them that he was very, very ill and I had to be at the hospital to make sure that everything was all right. My mother provided a great deal of support and practical help for me and my children at this time.

64. I thought I was handling the situation well during Chris's illness in 1984, until I found a lot of little notes that my small daughter had hidden in her clothes drawer asking, "When is daddy coming home?" "Is daddy going to die?" and other things. She had questions that I realised I couldn't answer, and it made me very aware of how much everything was affecting her and her brother and that she'd felt unable to ask anyone directly. For my son, at 5 years old, his feelings came out in sadness, frustration and anger.

65. Over the years our children learnt to cope with the fact that their father was ill and was not going to recover fully. The only positive thing from this is that I believe that my children had an early understanding about about disability and illness and were sympathetic to others who had these. In 1984 my small son asked me if he would need to dialyse when he grew up because he thought that was what men had to do. He had seen what happened to his father and thought that he would have to do that too. He had obviously worried quietly about it.

66. Subsequently both our son and daughter achieved highly at school and we encouraged them to go to university and not to remain near to home just because their father was ill.

67. After Chris's death, my daughter had a mental breakdown. I now know that from a fairly young age she felt, erroneously, that she had some responsibility for maintaining her father's health; even to the extent that she felt she had failed him when he died. I know my son felt a much greater degree of responsibility for his father's welfare than would have been normal too.

68. Chris's mother, who lived until 2015, must also have suffered heartbreak through all the various illnesses, treatments and operations her son had to endure. She also rarely spoke about her sadness, certainly not to me, but she did confide in my daughter after Chris died.

69. My daughter eventually did get treatment that helped her and through her own efforts and with support from her husband she has recovered to a large degree. She has written down her own views (**WITN0667003**).

70. My son also has the benefit of a supportive partner. He too has written his own views (**WITN0667004**).

71. Nowadays we are very aware of the mental health of youngsters and the damaging impact events can have. Now I question myself about why I spent all that time at the hospital in 1984 and I wonder if I could have alleviated things so that both my children didn't have to suffer in silence, both then and later.

72. While preparing this statement both my children have been very supportive and I think this process has helped us all to acknowledge the difficulties that all the family has all gone through. However, the process of preparing our reports has reopened very sad and painful memories. We are all deeply saddened by the suffering Chris had to endure and very much regret his early death.

Section 6. Treatment/Care/Support

73. I was given no advice nor information directly from the hospital regarding the risk of HCV infection at the time of Chris's diagnosis. I am unaware what information and advice was given to Chris.

74. I had some involvement with the Kidney Patient's Association. I found going to their meetings helpful and I carried on going for a few years after his death. They offered social support.

75. Chris was referred for counselling after he was diagnosed with depression. He did get treatment for depression and was given some anti-depressants in the late 1990s. Later he was offered, and took, some talking therapies as well. Chris rarely discussed any of this with me, but it did help him. He had plenty of reasons to be down-hearted.

76. Overall, for the whole family any support has come almost entirely from family and friends rather than from any organisation or official channels.

Section 7. Financial Assistance

77. During the summer of 2003 I found out from the Haemophiliac Society newsletter that there was a possibility of an ex-gratia payment for those infected with HCV coming up. On 24th January 2004, the day Chris died, I received news about the Skipton Fund, and I decided that I would apply.

78. The forms were easy to complete. I don't think I signed a disclaimer in connection with potential future action. The payment came through on the 4th November 2004. It was a one-off payment and I didn't apply for anything else. I read the terms for further payments and it seemed to say that if there had been considerable cirrhosis of the liver there could be a second payment. A liver biopsy seemed to be necessary, but that was impossible. Chris was definitely told that he could develop liver cancer. I had a rather ambivalent approach to it all, a feeling that this money wasn't really for us, as by that time Chris was dead. I also did not know until very recently that I could apply for Chris's medical records, through which I might have been able to prove the extent of his cirrhosis.

79. I have a copy of the Skipton Fund forms which were completed by Chris's doctors. They give 1984 as the accepted date that Chris was infected. The form records "not known" as to whether there was any record of this. Chris's death certificate lists the cause of death as pneumonia, with chronic renal failure and dialysis amyloid as contributing factors. There is no mention of HCV.

80. Chris and I both had some involvement with the Kidney Patients' Association. I understand the association does offer hardship grants, but we wouldn't have fallen into that category.

Section 8. Other Issues

81. I would like to state that I believe Chris's doctors, some of whom I have named in this statement, worked to the best of their ability for his health

and welfare. It is obviously for the inquiry to discover the reasons and responsibilities for the infection through contaminated blood, but I do not want to cast any blame on Chris's doctors in any way.

Statement of Truth

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

Signed GRO-C

Dated 9th April 2019