Witness Name: GRO-B

Statement No: WITN1578001

Exhibits: WITN1578002-4

Dated: March 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF

GRO-B

I, GRO-B will say as follows:-

Section 1. Introduction

1. My name is GRO-B of GRO-B GRO-B My date of birth is GRO-B. I am a GRO-B

2. I prepare this statement as the widow of GRO-B: H H who passed away on GRO-B as a result of receiving contaminated blood products.

3. **This statement has been prepared without the benefit of access to H's full medical records.** There are three huge envelopes of medical records from the Royal Free Hospital, received following my request GRO-B GRO-B, but it is difficult to make sense of the early records as they are all out of chronological order. Furthermore, I am of the view that some notes have been intentionally removed or altered from H's medical records.

Section 2. How Affected

4. H suffered with severe Haemophilia A at the age of 2 and he received Factor VIII from the age of 15.

5. **Exhibit WITN1578002** is one example of an extract from his medical records evidencing the blood products he received during the period 4th March 1980 to 28th February 1981.

6. H was infected with HIV and Hepatitis C as a result of receiving contaminated blood products.

7. He attended The Katharine Dormandy Haemophilia Centre at the Royal Free Hospital and was under the care of Dr Kernoff, Dr Tuddenham and Professor Christine Lee.

8. H's GRO-B or I usually accompanied H when he was given treatment with blood products and to the best of my knowledge he was never given any advice about the risk of being exposed to infection from blood products. He had strong antibodies and probably would never have questioned what he was given. If doctors advised H that something was necessary to treat his painful bleeds, though he always tried to minimise treatment for anything else, he would have agreed to it.

HIV

9. I am unsure as to the exact dates of his infection with HIV. There are much later letters in the medical records from the Royal Free Hospital referring to him being infected with HIV as early as 1979/1980 and **Exhibit WITN1578002A** is an example of one of these letters.

10. In relation to H's HIV infection, I recall that it was in or around the February of 1985, during a routine appointment, that he was told that he had been tested for AIDS (I don't think they called it HIV then). He was told that his test result was negative. He had attended at the clinic with his GRO-B and they came home and joyfully told his GRO-B and I the good

news. There had been a lot of talk and scaremongering about blood donations and suchlike by then and that AIDS was a killer, so we were much relieved.

11. The following week H was called in again and his GRO-B accompanied him. This time he was told the complete opposite in that he had been infected with AIDS. I got in from work that evening to find all the family in tears and anguish trying to make some sort of sense of this horrific news. I believe that H was told this dreadful news by Dr Kernoff.

12. Rather worryingly there is no mention of any of the above attendances or anything about H being told that he had AIDS in the medical records. These records must have been removed from H's notes. There is nothing contained within the medical records between 24th September 1984 to 9th March 1985. It was 9th March 1985 when H and I attended, at our own request, for genetic counselling and to discuss AIDS. I recall that this meeting was about a week after H had been given the devastating news of his HIV infection. **Exhibit WITN1578003** refers. This exhibit also appears to have writing (specifically the first three lines at the top right hand side of the page) that has been tippexed out.

13. In retrospect, and only now that I am writing this, I almost questioned whether H was hiding something from me just for this week. But, as he told a doctor later (this is mentioned in the medical records), he told me everything in life and always looked to me for support, so I do not believe this and strongly believe that H's notes had been purposely removed from his file.

14. The advice from the medical professionals about a careful sex life seemed to be the main and only advice about '*managing the infection*'. The only other information that was given in respect of HIV was that it was unlikely to be transmitted via day to day contact/life but to take care if blood loss was involved and that there was a small chance of passing on the infection in terms of sex.

15. The information was that it had come from contaminated Factor VIII but with no information about how and when to us face to face. I don't think that there was any hope of any kind of treatment at that stage or talk of it. It seemed to be mainly about managing any spread of the infection to others, which seems to me in retrospect to be as much as mitigating their own guilt as much as anything else. With H's life at stake, the rest of the immediate family and I were little concerned about our own safety although as a couple we did of course practice safe sex.

16. For H's sake we both tried to carry on as normally as we could but there was a huge cloud hanging over us and we were all watching for any signs of deterioration in H's health, with watching every bit of news about what at the time was called the '*AIDS epidemic*' and people being shouted at in the street, and the story of Rock Hudson's horrific death, and photos of Rock looking so terrible just before that; and with the fear of anyone we knew finding out. It was a huge cloud hanging over us, year after year, worrying how the disease would develop in H

17. It seems apparent now that the vast majority of haemophiliacs were infected. It is inconceivable how and why H was told one minute that he wasn't infected and then the following week that he was, unless this was part of some type of cover up. I find it hard to believe that a medical professional would have dared make a mistake such as that to one's patients, when dealing with such an extreme virus. It was shocking at the time and it is shocking to remember this now.

Hepatitis C

18. **Exhibit WITN1578004** is a letter dated 9th July 1990 addressed to H from Dr Christine Lee informing him of the existence of the new test for the disease now called Hepatitis C and advising that H's had tested positive for Hepatitis C on 24th April 1990. It is notable that this letter was sent nearly 3 months after the alleged "*first positive test result*" although I very much doubt that this was the first time that H had been tested for Hepatitis C. It is very difficult to say when the medical professionals first

became aware of H's Non A non B Hepatitis but it was definitely some time before they advised him of his infection.

Section 3. Other Infections

19. H was told that he may also have been infected with vCJD in 1998 when he was diagnosed with multiple myeloma. This was at a time when H was already very poorly with both HIV and Hepatitis C and this was extremely upsetting to deal with; on top of everything else.

Section 4. Consent

20. H was tested for HIV without his knowledge and therefore without his consent. H and I had no idea that the medical professionals had been testing him for HIV. H should have been told about the tests and given the opportunity to consent to the same. It is likely that H was infected with HIV as early as 1979/1980 and therefore there was a delay of at least 5 years before medical professionals told him.

21. H was tested for Hepatitis C without his knowledge or consent. I refer to **Exhibit WITN1578004** to evidence just one example of this. I strongly suspect that there were many other occasions when H was tested for Hepatitis C. Furthermore, H was found to have NANB Hepatitis in 1978 but as far as I am aware, he was not told that he was being tested for this.

22. H was treated without being given adequate information about the consequences for his life beyond the immediate medical consequences.

23. I do not know if H was subjected to any research without his consent or knowledge.

Section 5. Impact

24. H and I met in GRO-B during our GRO-B We were very much in love from the start and lived together from day 2GRO-B GRO-B until his death, GRO-B years later. Once he had GRO-B as a GRO-B and we had saved sufficient funds for a deposit on a house, we bought a short lease flat together in GRO-B I still live there. We married on the GRO-B.

25. I never minded that he was a haemophiliac, except when he was in pain from limb bleeds. Neither of us ever thought that the medicine stopping the bleeds was contaminated and would lead to his death.

26. We were both devastated when we found out that he was infected with HIV in 1985. It changed our lives completely. It also hung over the lives of H's parents, who doted on him, and watched him fade away from the mid 1990's onwards before their own deaths in GRO-B and GRO-B Prior to H's parent's deaths, the four of us went from being very outward people, hiding nothing about our lives and with a large circle of friends and family to suddenly feeling that we had a huge secret to hide. Our lives were shrouded in fear.

27. It at the request of both H and his parents and in memory of them, that I must remain anonymous. I am therefore forced to still keep our secret. H did not even tell his much loved GRO-B who saw him almost every day of his life whenever we were all in GRO-B until the final GRO-B of his life when she helped me to care for him. She still wants no one to know and I respect and support the family decision.

28. H died on GRO-B aged only GRO-B, after a long and painful final six years; the last 18 months of which were confined to his bed at home. I lost my soul mate before I reached the age of GRO-B

29. In the initial years, the main physical effects were when it seemed that something in the HIV virus was in some way taking hold, given there were weeks when H was feverish at night and mentally more depressed than

others. Generally in life he had a very upbeat and positive attitude to everything (this is even evidenced in one of the letters in his medical records as late as 1998) but sometimes you could really see that something was getting to him. I think, in some ways, he tortured himself trying to hide his despair by seeming outwardly coping.

30. Having seen the body deterioration of people dying with the AIDS infection, H desperately tried to put on weight, ballooning massively by the time we married in GRO-B to about 100 kilos instead of 70, I think. The extra weight of course was not good for his limbs and led to more bleeds and pain, but it made him feel safer. By the time he died, he looked just like any of the AIDS victims being so painfully thin. I still keep a photograph of him in those final days in our bedroom, lying in bed trying to smile nonetheless.

31. From 1993 onwards both H's health and life went downhill until his death in GRO-B He developed a growth in his back, which his doctors initially could not diagnose which destroyed the L5 bone in his spine and which was put down to HIV-related Mycobacterium avium-intracellulare infection (MAI). To me it had to have some sort of relation to his HIV and/or Hepatitis C and the many potent treatments, which had destroyed his strong antibodies. He also lost weight rapidly at this time, which carried on from 1993 to GRO-B eventually making him malnourished. There's a lot in the medical records about liver disease, some of which I do not understand. However, it is very odd how the doctors kept referring to liver disease and that it was all such a mystery to them.

32. The agony of his back led to him to utilising a wheelchair, in or around GRO-B then to pins and needles and partial paralysis eventually spreading to his legs; then his being forced to remain at home in bed, followed by a six month period in hospital in 1998 when then he was diagnosed with multiple myeloma. For this six month period, the Royal Free Hospital was trying cancer treatments but eventually told us that there was nothing more that they could do. Throughout this time, we were told that his HIV status

had become more stable, but we were convinced that it had done its damage by then.

33. During this time his GRO-B GRO-B I think his parents were both heartbroken on top of their own illnesses. Once his mother had died, his father moved in with us and helped care for H until he too, became too ill and passed away.

34. During H's six months in the Royal Free hospital in 1998, he was still obsessed with trying to keep his weight up but was losing it rapidly; which was of great concern to both doctors and myself. As well as protein drinks and the usual hospital food, I would normally cook for him at home and take it to the hospital or get a take away from local restaurants. He was in a special ward of course, with his own room because of his HIV status, and I was able to spend three or four nights a week in a sleeping bag on the floor to keep him company when he could not sleep, then going straight to work every day.

35. During his final 18 months at home, his GRO-B and I split his days up so that there was always one of us there. He was still able to work, with the two of us GRO-B, and did so until his final day, though he got weaker and weaker in his final week. He died halfway through the night; the morning of GRO-B GRO-B I woke up to his final heavy breaths at about GRO-B It was two days before my GRO-B birthday. I called our regular GP, who came out immediately and pronounced H dead. I begged him, as H wanted, not to put any mention of HIV or AIDS on the death certificate – the Hep C status was not on my mind at that point - and the main cause of death was listed as multiple myloema, but I did more recently obtain a letter from H's GP for the Macfarlane Trust confirming that HIV was a factor in his death.

36. I had not wanted a post mortem as H's body had suffered enough in life; I did not want him cut up in death, though in fact now it's hard thinking that we'd probably have known more if I had gone down this route.

37. H and his family never wanted any of this to become public. I'm not sure what they would have thought about GRO-B But as long as my GRO-B has always been anonymous, I think H would have supported me. It makes me cry just writing this. Indeed I fervently believe that, whilst my immediate financial status is okay, he would have wanted to provide for me more than he was able had he lived longer and to ensure I would have a roof over my head in my old age.

38. Having been the conduit, if not the primary source, of H s HIV and Hepatitis C status, the Royal Free Hospital and the NHS could not have done more for H s treatment in every respect in later years, particularly in relation to psychological support as to our desire to have kids. However, perhaps if H had been offered further sessions to discuss any deeper problems he would have declined this offer, wanting to deal with things himself.

39. There was one "*social worker type of person*" attached to the Haemophilia Clinic who we found invasive and tried to avoid so maybe if this wasn't the case, more support may have been offered. However, the nurses at the Royal Free haemophilia centre were very supportive and kind and answered any questions we had.

40. The hospital treatment which H received in the last five years of his life was incredibly thorough I think, even if ultimately fruitless. I must pay tribute to Dr Pasi at the Haemophilia Centre generally and to Dr Christine Lee just for her efforts in H s final five years. Both pursued every option for diagnosis, though ultimately it did not work. I could not therefore say that we had any difficulty accessing medical services. No treatments seemed unavailable and everything was tried though some of them may have done more harm than good. The early HIV drugs were very experimental I believe.

41. The very fact of having to start taking AZT in GRO-B was upsetting, as in many ways it showed the beginning of the end, but H always tried to fight being down about this. Physically it was very draining, but I cannot

remember details. In retrospect, I would question whether the AZT damaged his immunity, which had always been so strong against all the odds, including ironically against Factor VIII giving him an inhibitor which was why he was on porcine treatments for a while.

42. H 's infected status did not prevent him from accessing any other medical or dental care, though it may have impacted on our eligibility for the final stages of fertility treatment.

43. We kept it private and in the family of four, mainly leaving his GRO-B and family out of it until the final 18 months of H 's life. Going forward after that, only H 's GRO-B and her GRO-B know the truth. Socially, no one knew and we tried to keep on meeting up with our groups of friends from GRO-B and GRO-B until H was too ill to go out. However, when he first needed a wheelchair we did have a collapsible one which we put in the boot of the car and I would still take him out for a pint with friends or to meet the family after work.

44. He did miss very much not being able to drive in his final few years, as that was one of his great passions. GRO-B GRO-B GRO-B Of course we never made any trips to the US, which we blamed for the blood scandal but also because of the ignominy of H being classed as unacceptable to enter their country as a result of his HIV positive status. The sheer hypocrisy of this still angers me today. GRO-B GRO-B GRO-B

45. H especially suffered at night which was when his depression took hold and really set in as he worried about the future. I hugely regret that during his final five years was when my hormones and being in my mid thirties led to myself getting depressed over our failure to be able to have a family. I did not mean to, but obviously gave him a hard time over something he

had no control over. I recall one holiday dinner in 1995 when he was making an effort to have a good time, despite being in pain with his back. I cried throughout the evening for lack of our being able to have a baby. This still haunts me and I question how I could do that to him.

46. The impact on me was that I shared his depressed times and tried to cheer him up and vice versa. But I still found great joy in being with him, despite our hard times and most of the bad impact on me was the time afterwards, once I had lost him. I hated watching him in pain, but my job was to try and support him and alleviate that pain somehow, make him laugh, tell him about work, help him get his job done by acting as his secretary towards the end and cook nice meals to tempt him to eat. My purpose in life was H. Without him I was lost.

47. However to elaborate on the tragedy of our not being able to have children, apart from coping with H's ill health, that is what affected me most personally whilst H was alive and of course afterwards being completely on my own and with no centre to my life, which a child would have given me. We'd always planned to have a family. We knew that being male, no haemophilia would be passed from H to them so never thought there would be a problem. Like many young women, I would doodle names for them in the back of a diary or something at work and we planned that we would start trying for a family as soon as we had a home for them. Of course by then, in 1986, we knew of H's HIV diagnosis and were advised not to; indeed were told not to both because of likelihood of passing HIV on to me and to any future children. His status also made it impossible even to consider adoption.

48. This was a terrible blow. I watched all my friends marry and have children and we became outsiders to these groups who were raising and talking about their children. Again we had to pretend and found ourselves not providing people with the full picture, instead telling them that we didn't want children yet because we had so many things to do in life first. However, this was far from correct and it ate away at me inside.

49. Later in or around 1993, we raised the prospect of having children again with the medical professionals because by this time the advice became more lenient and it became possible to explore and try for a baby under very controlled conditions, only attempting it at the most fertile time of the month accompanied by my having painful injections and interventions. The hospital was very helpful at this time, but ten years on from when we would originally have tried, it proved too late. I lost one baby at the early stages (at GRO-B on GRO-B. Following this, we were then referred to Lord Winston, which gave us great hope. But in 1996, and with H already starting to get ill, we were advised that he probably ought to get his sperm frozen in case his treatment had affected it, and this did not prove possible. I then developed an early menopause at the age of GRO-B so we lost out on all fronts. I always put this down to stress because it was not like this with women in my own family. We felt a huge loss hang over us.

50. Then when H died, and despite great support from friends and family generally, I could not discuss anything that I wanted GRO-B GRO-B GRO-B It therefore took me a long time to get my life together again. I had a good job but was always in danger of blowing it with too much socialising and drinking. I sought company where I shouldn't, having a long term affair with a married man and, for the first time in my life, having one night stands and feeling totally ashamed and lost. Drinking led to depression which led to further drinking. It was an awful time and I do remember a period when heading home after a pub session after work that I would now and then stand at the end of the railway platform and wonder what it would be like to jump. I am not sure that I was thinking of suicide per se, just what it would be like to jump. It was seriously bad time. I do put this down to my widowhood and loneliness and not being able to talk to anyone about the particular way in I lost my husband. In fact, even now I've never told anyone the detail of this before and I have found preparing this statement a very difficult process.

51. GRO-B

52. GRO-B GRO-B subsequently realised that I had to get my health and sanity in hand and for the past ten years things have become more stable, with the help of medication and paradoxically with having to concentrate more on challenges at work until I finally took GRO-B At the same time I found a new challenge with a new focus on GRO-B GRO-B This GRO-B GRO-B It helped me start to make sense of it all. GRO-B GRO-B GRO-B I am now feeling even more positive now that the Inquiry is under way.

53. As well educated people, H and I and his parents were all very well aware of the stigma of HIV when he was diagnosed in 1985. We had all been dreading that there may be such a diagnosis. There had been so much horrible scaremongering and threatening headlines on the news and in the newspapers and for me in particular, GRO-B analysing the newspapers and television for my work, it was constantly in front of me. However, as we kept H's diagnosis secret, we didn't get

caught up in anything directly ourselves, just the huge weight of keeping the secret which definitely took its toll.

54. For H s parents, the news was just about the worst in every way. They GRO-B had great faith in the NHS as the protector of their little haemophiliac son. GRO-B GRO-B GRO-B GRO-B They doted on H and they looked forward to the fact he would keep the family name going, which was a big deal for H s father. Both his father and grandfather made a young H promise that he would have a large family. Even more important than that was the fact that H had become the entire centre of his parent's lives and therefore the likelihood of his being taken by the AIDS virus, which everyone said there was no cure for, was really the worst news. Then, when his health began to decline it really did not assist in their own battles against their resultant deaths in GRO-B and GRO-B

55. GRO-B

56. Educationally H of course had had many setbacks due to missing School, University and GRO-B because of his Haemophilia, but in terms of his HIV diagnosis and for me too, we were past this stage.

57. For him, the financial effects of the infections and treatments he had to endure in an attempt to combat these, were about reductions in his income for his final few years when he had to begin to take less work for his GRO-B GRO-B as his health declined. He had become GRO-B in the early nineties, but once he began having his MAI-related back pain problems in 1993, and had to take more time off than he ever had, it seemed best to move on. He therefore set up his GRO-B

GRO-B and based it in serviced offices in GRO-B He managed to bring in about GRO-B per year at the start. It was wound up after his death and I do not have any access to the figures now but in his GRO-B GRO-B he was not GRO-B very much, mainly because he was lying in bed, often in a lot of pain and weak, had given up the GRO-B GRO-B and had to GRO-B GRO-B He maybe made about GRO-B GRO-B although this is my best guestimate.

58. For me, whilst he was living, I was happy with our joint finances. I had helped support him a lot whilst he was at GRO-B assisting him with GRO-B and GRO-B over a couple of years and when he was GRO-B I had a good early career and then financially he overtook me, then towards the end I had to support him more again. I did not mind any of this and I was lucky that my job permitted me to work '*at home'* regularly during his long final illness, with no resultant financial loss.

59. However, on my own, it took me another 15 years to pay off our mortgage on our same first property. I had to extend the mortgage to manage this. I do now own the short lease flat, and the lump sum payment I received after H s death assisted me in this process. But what H, as a GRO-B would have done financially before we got to this point, was sometime during this period extend the lease. The flat would never now be sellable, as there are only GRO-B years left on the lease.

60. We did always say that we would sort it out one day. I know that when the lease does run out, I will be GRO-B if I make it that far, and would not be forced to leave, but I would have to pay the market rent. I would not be able to pay a market rent on a GRO-B flat whilst just drawing a pension. It is an ideal flat to live in for an OAP, being small enough to heat, GRO-B GRO-B GRO-B. I also won't ever want to leave, I think, it being my first and last abode, GRO-B without trying to sound sentimental. I strongly believe that H would want me to have real compensation for him having

been taken away and not able to properly provide for me and for this sum to be sufficient to permit me to extend the lease beyond GRO-B

Section 6. Treatment/Care/Support

61. I don't think that H ever had any difficulties obtaining treatment, care or medical support following his diagnosis. After the carelessness of administering the original contaminated Factor VIII, it always seemed that the NHS was doing its utmost to do everything to make it up to him. H's nurses at the Royal Free Hospital were particularly supportive and our local GP became very involved during the later stages. It is only looking though H's medical notes that it seems apparent that there are huge gaps and things that should have been documented in the early days which are not there, which has made me doubt the sincerity of the medical profession and I question whether cover ups were indeed in operation. A large number of other departments at the Royal Free Hospital became involved in his last five years, trying to piece together what was wrong with H, and as I have said he received excellent treatment, despite maybe not fantastic results, during this time.

62. What was lacking was any offer of support to me after H had died. There was no framework for any offer of counselling or psychological support, only the basic Macfarlane financial support for the funeral and to continue to pay H's benefits to me for the first 9 months after his death. This lack of psychological support was certainly inadequate given my later problems.

Section 7. Financial Assistance

63. I really don't know on which date H began to obtain access to regular payments from the Macfarlane Trust. It may not have been early on, as in the early nineties because he had a good income then and may not have sought it and I have no idea if the support was means tested.

64. I only know that once his income drastically fell in the late nineties, there was support from the Macfarlane Trust and by his death he was receiving about £200 plus per month, because that is what I continued to receive for the first 9 months following his death.

65. As far as I know and remember, during this period, I thought the Macfarlane Trust worked very well, and in fact funded major things to ease our lives once H became disabled enough to need a wheelchair. GRO-B GRO-B

66. The Macfarlane Trust also funded an electric wheelchair and all the work GRO-B so that we could push H's hospital bed outside for him to enjoy the garden and the fresh air. GRO-B GRO-B However, the intention and goodwill about this was there and we had no complaints regarding the Trust.

67. The Trust also provided the funding for private ambulances to and from the Royal Free Hospital for treatment once H was bed bound at home in his final 18 months and the much needed Home Care at Home who provided private nurses to administer Factor VIII or any antibiotics which he required.

68. During H's lifetime I would say there were no difficulties or obstacles in applying for or obtaining financial assistance for medical needs. There were no preconditions. I have no idea what the case may have been had I

not been able to be his main financial support for his living needs during his last couple of years.

69. It was not the Trust's job to provide compensation, although I know H would have wanted it, so I've no further comment about the assistance received for him.

70. Neither the Skipton Fund nor the Caxton Foundation had been set up whilst H was still alive so he received no support payments in respect of his Hepatitis C infection.

71. As to financial assistance for me, I have sought nothing except the ex-gratia payments which have been offered.

72. As previously mentioned, I received continuing support payments from the Macfarlane Trust as H's widow for the first nine months after his death.

73. The only other support that I have received has been the £20K one off payment which was awarded to me as a partner of someone infected by HCV. I also recently received the £10k one off payment from the Government.

74. I had no difficulties with obtaining these payments as they were not for "*financial support*". I had of course seen the forms for '*financial support*' and knew that given the high means testing element that I would not be eligible, as first of all I had a good job then, and since GRO-B I have been in receipt of a reasonable public service pension above the threshold figure. However the forms did look a bit daunting nonetheless. I do believe that support should be non means tested and that it should not take account of any partner I should choose to have.

75. There should have been obvious, fully funded psychological care for those losing their husbands (or wives) as a result of the contaminated blood scandal.

Section 8. Other Issues

76. It is vital that the Inquiry establishes the truth in relation to the following issues:

    1. Why the contaminated blood scandal was allowed to happen.

    2. The lack of funding for home produced UK blood supplies in the mid to late 1970's, despite the early warnings about infections.

    3. The truth regarding cover ups by Government and medical professionals.

77. Such issues have become important for so many of us in trying to deal with our own and our partner's suffering over the years and the Inquiry is so welcome for all of these reasons.

78. I would hope that the Inquiry's report will pay tribute to the work of campaign groups such as Tainted Blood and Factor 8, both in fighting over many years to get the Inquiry set up and for actually providing the emotional support needed by so many of us; which was so vital given the complete lack of anything else. For me, in most recent times, the Tainted Blood Widows Group has been vital to me.

Anonymity, disclosure and redaction

79. I do wish to apply to retain my anonymity. I do not want to give oral evidence and there are large parts of this statement which I will need redacted before it is made available on the Inquiry's website as myself and the family generally will be quite easily identifiable.

Statement of Truth

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

Signed GRO-B

Dated 5th April 2019