

Wednesday, 8 May 2019

(10.31 am)

**SIR BRIAN LANGSTAFF:** Good morning.

**MS RICHARDS:** Morning, sir.

**SIR BRIAN LANGSTAFF:** Before we begin, may I just say a few words about what will happen today because some aspects of it will be unusual to those of you who have been following the Inquiry so far and some of you were not here last week when I made my first restriction order restraining people from saying anything which might lead to the identification of the witness on that particular day.

Today, we will hear two accounts of sons who lost their lives to infection. The first will be given by two parents who I understand wish to be known as Alan and Chris. They will be supported by their daughter. Their daughter won't be giving evidence and so won't take the oath but both Alan and Chris will be asked questions and will take the oath as a result. That explains why there are now three seats in front of you.

There will on occasions later on in the Inquiry be as many as six seats where we have a group of six people who were infected or affected who have particular points to make about certain parts of the

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witness this afternoon, it is unavoidable if we are to make sense of her testimony and allow her to give evidence as she would wish, that she will mention the names of her sons.

In her case that might lead to her identification and so nothing may be said by anyone which mentions the names of her sons or any other member of her family for that matter because they might lead to her identification.

You may ask when you hear it, well, this is being recorded, the transcript goes out from the Inquiry, why isn't the world -- why don't they have that name? The answer is that we have processes in place which make sure that where the transcript is published there will be a blank wherever the name appears. That means that if you want to look back tomorrow or the day after at what you've seen and heard, you won't see anything of the witness and you won't read all the details of what someone has said. That is part of the lengths to which we will go in a proper case to protect the anonymity of someone who wishes us to do so.

I am sure there are some details, which Ms Richards will add to in due course, but that's the broad outline of what will happen.

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evidence and whose stories will be heard in that way rather than focusing just upon one or maybe two people at a time.

But today you have your first foretaste of that in there being two witnesses who will be giving evidence together about the same victim.

The next two witnesses after that, so that will be after Alan and Chris, are both witnesses who have asked us to pay particular respect to their anonymity and I consider it is right to do so. So in their cases, nothing may be published which may lead to their identification. Indeed, before each gives evidence, I shall formally make an order just to remind those of you who are here now, and anyone who might have come in between now and then, that they must not do so and, indeed, it would be a serious offence for them to do that.

One of the reasons for mentioning it is that you may ask, well, if they're sitting there why aren't they having their image live-screened across the nation? The answer is that in those cases the cameras will not be showing their faces. Instead they will have to put up with Ms Richards or me, but I think largely Ms Richards.

What they say you will hear and in one case, the

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First, Ms Richards, do you want to say anything more about that?

**MS RICHARDS:** Sir, only this: the evidence both of Alan and Chris and of our following witness, who will be referred to as Mr B, will be live-streamed as normal.

In the case of the witness, who will be referred to as Mrs C, who is giving evidence this afternoon, although as you have explained, sir, she is likely in the course of her evidence to mention her son by name (because it would not be practical or fair to expect her to do otherwise given the nature of the events that she will be relating, and so those who are sitting in this room hearing her evidence will learn her son's name), the restriction order that you have made, sir, prevents anybody in this room disclosing or publishing or repeating that name and her evidence will not be live streamed. So those watching from elsewhere will not be able to follow live this afternoon's evidence.

However, a transcript, a written transcript of her evidence, will be published on the Inquiry's website with names redacted later on, probably later this evening, possibly tomorrow, and the audio recording of her evidence will be made public after the audio technicians have removed any reference to

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1 any names in the course of her evidence, so it will be  
 2 public but her evidence will not be live streamed this  
 3 afternoon.  
 4 **SIR BRIAN LANGSTAFF:** Thank you very much. Shall we have  
 5 Alan and Chris.  
 6 **ALAN PERCY FOWLE (affirmed)**  
 7 **CHRISTINE FOWLE (affirmed)**  
 8 **Questioned by MS RICHARDS**  
 9 **MS RICHARDS:** Alan and Chris, you are here today to tell  
 10 us about your son, Christopher, who was born in  
 11 June 1974, I think, and you have one other daughter,  
 12 Joanne, who sits with you today to give you support?  
 13 **CHRIS:** Yes.  
 14 **ALAN:** Yes.  
 15 **MS RICHARDS:** Christopher was diagnosed with haemophilia  
 16 when he was very young; is that right?  
 17 **CHRIS:** Yes.  
 18 **MS RICHARDS:** What can you recall, either of you, about  
 19 the circumstances in which he was diagnosed?  
 20 **CHRIS:** When he was maybe six months, I was doing the  
 21 motherly thing, changing a nappy, and he had a huge  
 22 bruise on his leg here (*indicated*) and which, you  
 23 know, no reason for it, so I immediately took him to  
 24 the doctor and fortunately the doctor immediately got  
 25 to a paediatrician at Harrogate Hospital who went on

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1 it.  
 2 **ALAN:** Fairly soon after we started getting regular  
 3 treatment. The problem with the cryoprecipitate was  
 4 it was such a huge volume it used to involve massive  
 5 pain for him, so ...  
 6 **MS RICHARDS:** So he started school and you have described  
 7 in your statement how with the rough and tumble of  
 8 playing on a concrete playground he would get lots of  
 9 bumps, he would get bleeds and you were having to take  
 10 him to hospital I think pretty frequently; is that  
 11 right?  
 12 **CHRIS:** Yes. It was maybe two or three times a week it  
 13 could be.  
 14 **MS RICHARDS:** You ended up moving him to a different  
 15 school without a concrete playground and I think  
 16 smaller numbers where you hoped he wouldn't have so  
 17 many bumps and wouldn't need so much treatment.  
 18 **CHRIS:** Yes.  
 19 **MS RICHARDS:** But he did continue to need treatment and  
 20 there came a point in time when Christopher's  
 21 treatment switched from cryoprecipitate to Factor VIII  
 22 products.  
 23 **CHRIS:** Yes.  
 24 **MS RICHARDS:** Can you recall anything at all about any  
 25 conversations you had with doctors at the time the

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1 from there, so within a month, fortunately, before he  
 2 was 11 or 12 months, he was diagnosed as a severe  
 3 haemophiliac. He had less than one per cent clotting  
 4 factor.  
 5 **MS RICHARDS:** For the first year or so after his diagnosis  
 6 I think he was treated at St James's Hospital in  
 7 Leeds.  
 8 **CHRIS:** Yes.  
 9 **MS RICHARDS:** After that, his care was transferred to the  
 10 care of Harrogate General Hospital and he was under  
 11 the care of a doctor there called Dr McAvoy.  
 12 **CHRIS:** Yes.  
 13 **MS RICHARDS:** Pre-school, so when Christopher was very  
 14 young, did he have much of a problem with the  
 15 haemophilia?  
 16 **CHRIS:** No, he didn't, did he.  
 17 **ALAN:** Not too much.  
 18 **CHRIS:** Not too much, not until I suppose it was school,  
 19 starting with school, when he started to have  
 20 frequent, more frequent bleeds, yes.  
 21 **MS RICHARDS:** On the occasions in those first few years  
 22 when he did need treatment was it cryoprecipitate that  
 23 he was given at first?  
 24 **CHRIS:** Yes, initially it was cryoprecipitate, not for  
 25 long. The Factor VIII came in fairly quickly, didn't

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1 treatment changed to factor products.  
 2 **CHRIS:** Not over and above the fact that it would be far  
 3 more convenient for us, and we would be able to take  
 4 our medicine on holiday or goes visiting to take our  
 5 medicine with us, et cetera. Nothing -- I can't  
 6 remember anything --  
 7 **ALAN:** Well, you did ask about the safety factor of the  
 8 Factor VIII.  
 9 **CHRIS:** That was later, wasn't it.  
 10 **MS RICHARDS:** So I think there came a point when you asked  
 11 about safety.  
 12 **CHRIS:** Oh, yes.  
 13 **MS RICHARDS:** Was that later?  
 14 **CHRIS:** It was when media start breaking news about HIV  
 15 infection and it being a blood product, I went and  
 16 asked our consultant -- I told our consultant I was  
 17 concerned and he assured me that I didn't have to be  
 18 because it was generally in the homosexual community.  
 19 **MS RICHARDS:** I think you say in your statements you were  
 20 pleased with the Factor VIII products because it was  
 21 less painful for Christopher and you understood that  
 22 if the one of the objectives was that it could be  
 23 administered at home either by you or by Christopher  
 24 himself; is that right?  
 25 **CHRIS:** Yes.

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1 **ALAN:** Yes.  
 2 **MS RICHARDS:** If we just have up on screen please, Paul,  
 3 a document, it's 1805002.  
 4 There should come up on screen a handwritten  
 5 document. I am not going to ask you anything about  
 6 the detail of this but this is one of the few bits and  
 7 pieces of Christopher's records that you have and we  
 8 can see here it shows from 1981 onwards, for a number  
 9 of years up until I think 1989, Christopher receiving  
 10 regular Factor VIII products, often on a weekly basis.  
 11 **CHRIS:** Yes.  
 12 **MS RICHARDS:** Does that accord with your recollection?  
 13 **CHRIS:** Yes.  
 14 **ALAN:** Yes.  
 15 **MS RICHARDS:** Thank you. That can come down.  
 16 At the time that the factor products were first  
 17 starting to be used on Christopher, leaving aside any  
 18 later conversations you might have had with the  
 19 doctors, were you given any information about there  
 20 being any risks of infection associated with those  
 21 products?  
 22 **ALAN:** No.  
 23 **CHRIS:** No.  
 24 **MS RICHARDS:** Were you ever given any information or  
 25 advice about any differences between different types

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1 making up the medicine at home or if we were away.  
 2 I can't remember the -- I think it was one of the  
 3 nurses actually who showed us how to make it up safely  
 4 and cleanly.  
 5 Can you remember?  
 6 **ALAN:** Yes, I can. With regards developing the ability to  
 7 inject Christopher, we were taken to a session at the  
 8 hospital and we had to inject each other and find  
 9 a vein and so forth and we both did it successfully  
 10 but realised how difficult it was and Christopher's  
 11 veins were much smaller than ours and we were worried  
 12 about the danger of actually cutting the vein, which  
 13 we could do with the point of the needle.  
 14 So we adopted more the attitude that we'd take  
 15 the medicine with us wherever we went and we'd then go  
 16 along to a hospital and we would offer to mix up the  
 17 medicine for them for a doctor to inject, and  
 18 sometimes that worked and sometimes it didn't because  
 19 they -- strangers walking in saying, "Inject this into  
 20 my son", they didn't want to know.  
 21 **MS RICHARDS:** Yes, you have explained I think a couple of  
 22 times you were away from home and so you would have to  
 23 take him to the hospital that was local to where you  
 24 were --  
 25 **ALAN:** That's right.

11

1 of factor products?  
 2 **CHRIS:** No.  
 3 **ALAN:** No.  
 4 **MS RICHARDS:** Now, you again said in your statements that  
 5 it didn't occur to you to question what was being  
 6 recommended for Christopher because you placed your  
 7 faith in the professional judgment of the doctors  
 8 looking after him and you didn't think doctors would  
 9 give your child anything that was unsafe; is that  
 10 right?  
 11 **ALAN:** That's right.  
 12 **CHRIS:** *(The witness nodded)*  
 13 **MS RICHARDS:** I think it goes without saying, but your  
 14 statement does say it, that had you been informed  
 15 about any risks your attitude to the suggestion of the  
 16 change in treatment would have been very different.  
 17 **CHRIS:** I'm sure it would have been, yes.  
 18 **ALAN:** It would have been.  
 19 **MS RICHARDS:** I think the doctor showed you both how you  
 20 might administer the Factor VIII, how you might mix it  
 21 up I think is the phrase you use --  
 22 **CHRIS:** Yes.  
 23 **MS RICHARDS:** -- and administer it. What can you remember  
 24 about that?  
 25 **CHRIS:** Gosh. He was injecting himself at home so we were

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1 **MS RICHARDS:** -- rather than your normal local hospital  
 2 with the bottles and the doctors would refuse to do  
 3 the injections.  
 4 **ALAN:** Yes.  
 5 **CHRIS:** It did happen, yes.  
 6 **MS RICHARDS:** And you, because of the concerns the two of  
 7 you had about you injecting Christopher for the  
 8 reasons you've explained, Alan, you thought it was  
 9 important that he should learn how to self-administer  
 10 the treatment.  
 11 **CHRIS:** Yes.  
 12 **MS RICHARDS:** For a period of time he went to  
 13 a residential school where there would be those who  
 14 could assist him to do that; is that right?  
 15 **CHRIS:** Yes.  
 16 **ALAN:** It was a facility being run I understand by  
 17 Newcastle University, Welburn College, up in  
 18 North Yorkshire moors and the idea was that if he  
 19 developed the ability he had so much more freedom.  
 20 **MS RICHARDS:** I don't think Christopher was terribly  
 21 impressed with your idea from what I gather from your  
 22 statement. He wasn't so keen on it but did he learn  
 23 to self-administer?  
 24 **CHRIS:** Yes, he wasn't there very long. He did  
 25 self-administer, yes.

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1 **MS RICHARDS:** Now, there came a time in when Christopher  
 2 was about nine years old I think when Dr McAvoy called  
 3 you both to see him at the hospital.  
 4 What can you recall of that discussion that then  
 5 took place?  
 6 **CHRIS:** Amazingly little. I don't even -- I can't even  
 7 remember whether I was called especially or whether  
 8 I was just going because Christopher -- but yes, we  
 9 were called to the hospital anyway and were told that  
 10 Christopher had been infected and he was now HIV  
 11 positive. Really, that was it.  
 12 **ALAN:** And that was it, really.  
 13 **CHRIS:** Really, that was it.  
 14 **MS RICHARDS:** He was nine years old.  
 15 **CHRIS:** Nine/ten years, yes.  
 16 **MS RICHARDS:** You said in your statement, but I do not  
 17 know if this was something you were told at the time  
 18 or later, that Dr McAvoy said that Christopher might  
 19 expect to live for another 12 years.  
 20 **CHRIS:** Yes.  
 21 **ALAN:** Yes, that's correct.  
 22 **MS RICHARDS:** I think one of you has a recollection that  
 23 at some point, you're not I think sure whether it was  
 24 then or later, you were told that doctors had been  
 25 able to trace the infected blood to an infected donor.

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1 information you put in your statement very powerfully,  
 2 you say:  
 3 "We were devastated because our son was an  
 4 innocent nine-year old. His life was going to be cut  
 5 short because he had been treated with blood products  
 6 that were not safe."  
 7 **ALAN:** That's right.  
 8 **CHRIS:** Yes.  
 9 **MS RICHARDS:** You decided, given Christopher's very young  
 10 age, not to tell him at that point about his illness.  
 11 **CHRIS:** Yes.  
 12 **MS RICHARDS:** You decided you wanted to do everything you  
 13 could to make the years he had happy.  
 14 **CHRIS:** Yes.  
 15 **MS RICHARDS:** There was a particular activity that  
 16 Christopher loved and that you encouraged.  
 17 Can you tell us about that.  
 18 **ALAN:** Remote control car racing, 10th scale. We  
 19 travelled all over the country.  
 20 **CHRIS:** I'll take over. We travelled all -- Alan and  
 21 Chris travelled all up and down the country and abroad  
 22 with this remote control because it was something that  
 23 he could get really excited and passionate about, but  
 24 it was it wasn't football or, you know --  
 25 **ALAN:** Non-contact.

15

1 **CHRIS:** We were but, I mean, that was just a point of  
 2 reference that the doctor told us. We were never  
 3 given a name or any details. We didn't particularly  
 4 want to. They couldn't do that, but they did say they  
 5 had traced it. We know no more than that.  
 6 **MS RICHARDS:** Were you given any other advice or  
 7 information about the condition at that time or  
 8 prognosis?  
 9 **ALAN:** No.  
 10 **CHRIS:** Amazingly, well none really.  
 11 **MS RICHARDS:** Were you given any advice or information  
 12 about how to manage any risks of infecting others?  
 13 **ALAN:** No.  
 14 **MS RICHARDS:** I think you had a particular concern given  
 15 Christopher's age and he used to play with his friends  
 16 and do all sorts of activities, you had a concern  
 17 about the risk of him infecting other children.  
 18 **ALAN:** That's right.  
 19 **CHRIS:** Yes, because we didn't know what was dangerous and  
 20 what wasn't, you know. We just had to glean what we  
 21 could, really. But the information that came through  
 22 from the hospital was --  
 23 **ALAN:** Was minimal. We didn't get any.  
 24 **CHRIS:** -- very inadequate. It was inadequate, yes.  
 25 **MS RICHARDS:** Your reaction on being given that

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1 **CHRIS:** -- no contact sports which he couldn't do and for  
 2 maybe four or five years it became his passion and it  
 3 took up a lot of your time, didn't it, on weekends  
 4 and --  
 5 **ALAN:** Well, my background being engineering I spent  
 6 a long time developing the models for him.  
 7 **CHRIS:** So that's where -- we found something that he  
 8 could be passionate about and that's what we wanted  
 9 for him.  
 10 **MS RICHARDS:** He did pretty well in competitions?  
 11 **CHRIS:** He was sitting high, second and third in the  
 12 country.  
 13 **ALAN:** Top 20 in two groups.  
 14 **CHRIS:** Top 20 in two groups, yes.  
 15 **MS RICHARDS:** Now, Christopher of course had to -- did  
 16 keep receiving factor products because of his  
 17 underlying condition but this I think was the point in  
 18 time at which you were told that the products were now  
 19 heat-treated and you were told that they would be  
 20 safe.  
 21 What ongoing care or support, if any, did the  
 22 hospital provide after you were informed of that  
 23 diagnosis other than the routine haemophilia care?  
 24 **ALAN:** None that I'm aware of.  
 25 **CHRIS:** No.

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1 **MS RICHARDS:** There came a point when you decided that you  
 2 needed to tell Christopher. When was that?  
 3 **CHRIS:** When he was 15. He was becoming a young man and  
 4 you had the obvious dangers of becoming a young man,  
 5 and it was time for him to realise his  
 6 responsibilities, really, you know, and how dangerous  
 7 things were, so I told him the situation.  
 8 He seemed to take it very well. Probably at 15  
 9 you don't understand the full consequences but he did  
 10 come home. He went out that night with some friends  
 11 and he did come home and said, "You know, Mum, I was  
 12 looking round and thinking I'm different, I'm not like  
 13 these people", and immediately separated himself out  
 14 in here (*indicated*). I'm quite convinced of that, you  
 15 know. We took life from there.  
 16 **MS RICHARDS:** You again said in your statements, both of  
 17 you, that you weren't sure at that stage at least  
 18 whether he fully understood the implications. He was  
 19 only 15.  
 20 **CHRIS:** 15, you know, it's --  
 21 **ALAN:** He was a bright lad.  
 22 **CHRIS:** You know, he was a clever -- he was a bright lad  
 23 and I think he understood to a point but ...  
 24 **ALAN:** Maybe not the acceptance.  
 25 **CHRIS:** Yes, you know, you can't be absolutely sure.

17

1 "I'm more worried about the hepatitis C", and we  
 2 went ... we didn't know, did we?  
 3 **ALAN:** No, not until that point.  
 4 **CHRIS:** Then it was almost in passing conversation.  
 5 **MS RICHARDS:** Was any advice or information ever given to  
 6 the two of you about being tested yourselves for HIV  
 7 or hepatitis C?  
 8 **CHRIS:** No. Well, I was tested the one time I told you  
 9 about.  
 10 **MS RICHARDS:** Can you tell us about that, how you came to  
 11 be tested.  
 12 **CHRIS:** Alan was away and he had banged his head during  
 13 the day and it was still when I was going to the  
 14 hospital -- I was still at the hospital then, and he  
 15 had a head knock and I took him up to the hospital and  
 16 the doctor refused to take the needle (because usually  
 17 you just put it in a sharps box) and she refused to  
 18 have it in the hospital and wrapped it up in tissue  
 19 and gave it to me. This is early hours of the  
 20 morning.  
 21 I put it in my pocket, got home and I was  
 22 pricked. I phoned the hospital the next day and they  
 23 had me up there for a test and it was clear. But it  
 24 was dreadful at the hospital, you can imagine. They  
 25 never, ever retested me because I think, you know, it

19

1 I think he understood. He understood enough and we  
 2 were quite adamant of trying to tell him how safe he  
 3 must be.  
 4 **MS RICHARDS:** You've explained in your statements that, in  
 5 addition to the HIV, Christopher was also infected  
 6 with hepatitis C.  
 7 **CHRIS:** Mm-hm.  
 8 **MS RICHARDS:** Just dealing, first of all, with the HIV,  
 9 had you been asked for your consent for him to be  
 10 tested or even told that he was going to be tested for  
 11 the condition?  
 12 **ALAN:** No.  
 13 **CHRIS:** No.  
 14 **MS RICHARDS:** The hepatitis C, how did you find out  
 15 Christopher was infected with hepatitis C?  
 16 **CHRIS:** Do you want me to tell them?  
 17 **ALAN:** Yes.  
 18 **CHRIS:** Alan was in --  
 19 **ALAN:** In an evening.  
 20 **CHRIS:** Pardon?  
 21 **ALAN:** An evening once, you know. A young doctor.  
 22 **CHRIS:** We'd gone -- you know, if he got a head knock,  
 23 which sometimes -- it was an evening one anyway, and  
 24 Alan said something about you must be worried about  
 25 the HIV dangers and the doctor turned round and said,

18

1 can be up to six months, I understand, and yet I was  
 2 never, ever retested.  
 3 **MS RICHARDS:** Now, in terms of Christopher's physical  
 4 condition, he seemed reasonably well, I think, for  
 5 a while whilst doing the kind of activities that  
 6 you've described but there came a point at which he  
 7 started to become physically unwell.  
 8 **CHRIS:** Yes.  
 9 **MS RICHARDS:** What can you tell us about that?  
 10 **CHRIS:** He coped very well for a few years and then he  
 11 started to lose weight. Then for a year he actually  
 12 picked up. Do you remember, Alan, when you were  
 13 playing golf with him every night, do you remember  
 14 that, Jo?  
 15 It was one year, and then the last -- would you  
 16 say it was the last six months or the last year of his  
 17 life when he really started going downhill?  
 18 **JO:** 18 months, I'd say.  
 19 **CHRIS:** 18 months would you say? The last 18 months of  
 20 his life he started to go down, started to lose  
 21 weight, and he never carried a lot of weight anyway,  
 22 and he just got worse and --  
 23 **ALAN:** You gave up work.  
 24 **CHRIS:** Mmm?  
 25 **ALAN:** You gave up work and looked after him.

20

1 **CHRIS:** Yes, I stopped working because I needed to nurse  
 2 him and we turned part of our house, a little snug  
 3 room, into his bedroom.  
 4 **JO:** He had the -- hospital with pneumonia, do you  
 5 remember? He has two bouts of pneumonia, didn't he,  
 6 when he was in hospital --  
 7 **ALAN:** He had two bouts of pneumonia when he was in  
 8 hospital.  
 9 **CHRIS:** Yes, he did. Do you know, I'd forgotten about  
 10 that. I'd forgotten about that, you know. He had two  
 11 bouts of pneumonia and he went into hospital. I had  
 12 district nurses every day coming in and then -- the  
 13 ulcers, horrible ulcers, infected ulcers in his legs,  
 14 and a lot of pain, a lot of pain, and this went on for  
 15 the last 18 months until --  
 16 **JO:** It got progressively worse, didn't it, progressively  
 17 worse the last six months.  
 18 **CHRIS:** Progressively worse and that last six months the  
 19 district nurses were coming in every day, re-dressing  
 20 his ulcers and his infections and --  
 21 **ALAN:** The main problem was hygiene. We didn't have  
 22 a downstairs --  
 23 **CHRIS:** We didn't have a downstairs cloakroom and I was  
 24 getting, I have to say, I have to admit, that I was  
 25 getting tired, you know, and the district nurse tried

21

1 **CHRIS:** Yes, as he got older he was angry. He lost  
 2 interest in, not in living as such but in doing  
 3 anything constructive with his life; is this right,  
 4 yes?  
 5 **JO:** Lost a bit of purpose.  
 6 **CHRIS:** Sorry?  
 7 **JO:** Lost his purpose.  
 8 **CHRIS:** Yes, that's good. Yes, he did. He lost his  
 9 purpose. He didn't have a purpose, you know.  
 10 **MS RICHARDS:** You said in your statements he began not to  
 11 care what was happening around him and to understand  
 12 that his life wouldn't be normal, his life would end  
 13 prematurely.  
 14 **CHRIS:** Absolutely.  
 15 **MS RICHARDS:** You left it to him, I think, if he would  
 16 tell any of his friends.  
 17 **CHRIS:** As he got older, once we were told I advised him  
 18 not to, I have to say that, I did advise him not to.  
 19 The main reason for that is just the whole media thing  
 20 was just horrendous and it still was. Even then, it  
 21 still was not good.  
 22 **MS RICHARDS:** About AIDS?  
 23 **CHRIS:** Yes. I found out -- when he was poorly, actually,  
 24 right at the end when he was very poorly -- that he  
 25 told one girl friend, a friend that was a girl, Heidi.

23

1 to persuade him to go into our local hospice, which he  
 2 absolutely refused to do.  
 3 **ALAN:** Respite for you, really.  
 4 **CHRIS:** Yes, as part of respite for me and, anyway, she  
 5 said, "Look, just come for the two weeks. You need  
 6 a bath. You really do need a bath", two days, sorry,  
 7 a long weekend, not two weeks, and he did. He agreed  
 8 to and said it was really lovely so he thought he'd  
 9 stay for a fortnight, and in that fortnight he passed  
 10 away. It's not pleasant. He was very, very thin --  
 11 **ALAN:** Jaundiced.  
 12 **CHRIS:** -- very thin, jaundiced, and he did go blind, and  
 13 that was -- that was the last thing I remember really  
 14 of him not being able to see.  
 15 **MS RICHARDS:** I think he died the day after his 22nd  
 16 birthday.  
 17 **CHRIS:** Yes, he did.  
 18 **MS RICHARDS:** In the years before that, before the end,  
 19 how had his emotional state been? I think he left  
 20 school at 15 in the end; is that right?  
 21 **CHRIS:** Yes, he did. He -- help me here, Jo, because you  
 22 being his sister you also probably spoke to him more  
 23 than we did at times. He sort of lost interest,  
 24 didn't he?  
 25 **JO:** Yes, angry.

22

1 Heidi knew and she gave him a big cuddle, you know.  
 2 That was the only person, in his wisdom, he decided to  
 3 tell, yes, yes.  
 4 **MS RICHARDS:** You've shared with us a photograph of  
 5 Christopher before he became physically very unwell.  
 6 **CHRIS:** Yes.  
 7 **MS RICHARDS:** I am going to ask for that photograph to be  
 8 displayed please, Paul. It's 1805003.  
 9 How old was Christopher there?  
 10 **CHRIS:** 19?  
 11 **ALAN:** Yes. That was in his good year.  
 12 **JO:** 19? Was he 19?  
 13 **ALAN:** 18.  
 14 **JO:** 18, yes -- late teens.  
 15 **MS RICHARDS:** And he didn't want photos taken after that,  
 16 he said.  
 17 **CHRIS:** Oh, he never had all his life. He hated his  
 18 photograph being taken. And that was the last good  
 19 photograph we got of him, yes.  
 20 **ALAN:** Under duress from his sister.  
 21 **MS RICHARDS:** Because you were trying to give him a sense  
 22 of purpose as he got a little older, having left  
 23 school I think you arranged for him to come and work  
 24 in your firm with you, running the business you were  
 25 running?

24

1 **ALAN:** Yes. I had a very technically capable university  
 2 student who was running the CAD system, the computer  
 3 aided design, and we put Christopher with him and he  
 4 taught him how to use the CAD drawing system, so he  
 5 had a small purpose in his life and we used to  
 6 pressure him to get drawings out on time to send to  
 7 clients and sometimes it worked, sometimes we had to  
 8 get them done by the student.

9 **MS RICHARDS:** Then as he got worse I think emotionally  
 10 also he would become very upset. You've described you  
 11 might have a quiet family evening sitting around  
 12 watching TV and then suddenly he would break down and  
 13 start sobbing uncontrollably.

14 **CHRIS:** Mmm.

15 **MS RICHARDS:** In the course of those last few weeks and  
 16 months when you had the district nurses visiting,  
 17 I think one of the district nurses told you at some  
 18 point something Christopher had said about you both.

19 **CHRIS:** Do I have to repeat that?

20 **MS RICHARDS:** Shall I repeat it?

21 **CHRIS:** Please.

22 **MS RICHARDS:** He said, "I have the most brilliant  
 23 parents". You had borne the brunt of this largely in  
 24 secret, I think. You didn't tell family and friends.

25 **CHRIS:** We told close family, obviously, his sister,

25

1 America. Knew the risk. I honestly do believe that  
 2 and the fact that they knew also that if these  
 3 products are heated to a certain level you can kill  
 4 any carry-over from them, you know, and that didn't  
 5 happen.

6 There's another part of this answer, you know,  
 7 and it's gone out of my head now.

8 **MS RICHARDS:** Your statement, let me prompt you in  
 9 relation to your statement. You have talked about how  
 10 the two of you attended a seminar run by the  
 11 Haemophilia Society and I think you learnt something  
 12 there that you thought was relevant.

13 **CHRIS:** Yes, we did. We attended a seminar run by the  
 14 Haemophilia Society and there was a doctor there who  
 15 had come, did --

16 **ALAN:** She developed a system of centrifuging blood from  
 17 donors so you separate the white cells from the red  
 18 cells, which meant that registered donors could donate  
 19 twice as often and we could have become  
 20 self-sufficient in the country. She needed six of  
 21 these machines, I think.

22 **CHRIS:** She run up and down the country and Government  
 23 wouldn't --

24 **ALAN:** Entertain it.

25 **CHRIS:** -- entertain it because of the --

27

1 grandparents. That was all, that's all we told.

2 **MS RICHARDS:** After Christopher died I think the doctor's  
 3 certificate had put the cause of his death down as HIV  
 4 or AIDS and you asked for that to be changed because  
 5 you didn't want that to be how his death was  
 6 remembered. Is that right?

7 **ALAN:** I did because we were protecting Christopher's  
 8 memory really. That was all.

9 **MS RICHARDS:** Were any of you, Christopher, either of you,  
 10 your daughter, were you ever offered any form of  
 11 counselling or any kind of emotional support?

12 **CHRIS:** Yes, by the hospice.

13 **MS RICHARDS:** So in the last two weeks?

14 **CHRIS:** Not from the NHS, but by the hospice.

15 **ALAN:** After Christopher died.

16 **CHRIS:** After he died, this was after he passed away, yes.  
 17 But I didn't do it.

18 **MS RICHARDS:** You have said in your witness statement that  
 19 you feel that Christopher's death was avoidable, and  
 20 you've said that for a very specific reason based upon  
 21 things you think could have happened at the time. Do  
 22 you want to just tell us what those are.

23 **CHRIS:** It was avoidable because I believe or we all  
 24 believe, don't we, that the Government or Health  
 25 Service knew of the risks of buying blood from, say,

26

1 **JO:** Because of the outlay.

2 **CHRIS:** Yes, because of the outlay, yes.

3 **MS RICHARDS:** I am just going to read one last bit from  
 4 your statement because I think it is probably easier  
 5 for me to read it than ask you to say it. You've both  
 6 said this in your statements:  
 7 "Christopher should never have lost his life.  
 8 He was our only son. We have been denied seeing him  
 9 get married, have children, travel and most of all  
 10 sharing our lives with him as we get older. We do not  
 11 think time will heal our pain because we forever think  
 12 about what might have been."

13 Is there anything else you will like to add?

14 **CHRIS:** I think that just about sums it up for me.

15 **MS RICHARDS:** Alan?

16 **ALAN:** No.

17 **MS RICHARDS:** I am going to turn and ask Steven Snowden  
 18 who, as you know, represents you if there's anything  
 19 further.

20 Nothing further, sir.

21 **SIR BRIAN LANGSTAFF:** There is just one thing which I want  
 22 to ask you about. It's something which Ms Richards  
 23 did mention but the transcript doesn't show that you  
 24 replied and I can't remember you having replied.

25 It was about what you were told some time in the

28



1 middle of the 1980s about heat-treated blood.  
 2 **CHRIS:** There was a concentrate that we made up and we  
 3 were told in -- this was with hindsight, in  
 4 retrospect, that if that Factor VIII that was infected  
 5 with HIV had been heat-treated initially when  
 6 Factor VIII first came on to the market, then this  
 7 disaster would not have happened.  
 8 **SIR BRIAN LANGSTAFF:** Did he go on receiving Factor VIII  
 9 after you knew that he was HIV positive?  
 10 **CHRIS:** We had to do that because he --  
 11 **JO:** Then it was heat-treated after a certain time.  
 12 **CHRIS:** It was heat-treated after a certain point anyway.  
 13 **ALAN:** We were told then it was safe.  
 14 **SIR BRIAN LANGSTAFF:** You were told then it was safe?  
 15 **CHRIS:** Yes, but Christopher was already --  
 16 **SIR BRIAN LANGSTAFF:** Do you remember roughly when that  
 17 was?  
 18 **CHRIS:** '80s.  
 19 **ALAN:** After, obviously after he was 9 years old because  
 20 the thing is he already had HIV then.  
 21 **JO:** It would have been after 1984, post 1984.  
 22 **CHRIS:** Post 1984.  
 23 **ALAN:** Which, yes, that would make him ten years old,  
 24 thereabouts.  
 25 **SIR BRIAN LANGSTAFF:** So is around 1985 about right?

29

1 I told you earlier this morning, those of you who were  
 2 here, I would make.  
 3 This is an order designed to protect the  
 4 anonymity of the witness. The order is that the name  
 5 and address of witness W1943 (we shall know him as  
 6 Mr B) and any other identifying information such as  
 7 the witness's image or a description of their  
 8 appearance cannot be disclosed or published in any  
 9 form unless express permission is given by me or by  
 10 the solicitor to the Inquiry acting on my behalf.  
 11 Witness W1943 must be referred to only as  
 12 "Mr B". The order remains in force for the duration  
 13 of the Inquiry and at all times thereafter unless  
 14 otherwise ordered, although I may vary or revoke it by  
 15 making a further order during the course of the  
 16 Inquiry. I would of course only do so if a proper  
 17 reason arose.  
 18 Can I remind those of you who are tweeting by  
 19 all means tweet but don't in it say anything which  
 20 could lead to the identification of this witness,  
 21 Mr B. If anyone does, they are in serious trouble.  
 22 Mr B.  
 23 **MR B, affirmed**  
 24 **Questioned by MS FRASER BUTLIN**  
 25 **Q.** Mr B, you have beta thalassaemia?

31

1 **ALAN:** Yes, I would say so.  
 2 **SIR BRIAN LANGSTAFF:** Do you remember who told you that?  
 3 **ALAN:** I wasn't privy to this one.  
 4 **CHRIS:** No, I can't. It would have been --  
 5 **ALAN:** It must have been Dr McAvoy.  
 6 **CHRIS:** It would probably have been a conversation with  
 7 Dr McAvoy.  
 8 **SIR BRIAN LANGSTAFF:** That would be Dr McAvoy at Leeds?  
 9 **CHRIS:** The consultant haematologist.  
 10 **MS RICHARDS:** At Harrogate.  
 11 **CHRIS:** At Harrogate Hospital, yes.  
 12 **SIR BRIAN LANGSTAFF:** Thank you. That's all I have to  
 13 ask.  
 14 Thank you very much indeed, all of you, for your  
 15 evidence, Alan and Christine, helped I think by your  
 16 daughter. So thank you all.  
 17 We shall take a break now as usual. We will  
 18 take a break until, let us say, 11.45/11.50, let us  
 19 say 11.50.  
 20 **MS RICHARDS:** 11.50, sir. Thank you.  
 21 (11.11 am)  
 22 (A short break)  
 23 (11.55 am)  
 24 **SIR BRIAN LANGSTAFF:** Ms Fraser Butlin, before Mr B gives  
 25 evidence, let me remind people of the order which

30

1 **A.** Yes.  
 2 **Q.** Please can you tell us what that is.  
 3 **A.** It's a genetic blood disorder, chronic anaemia. My  
 4 body doesn't produce red blood cells and, yeah, it's  
 5 not a good thing. Without red cells, we can't  
 6 breathe, we can't function and we would die.  
 7 So the treatment for that will be -- is regular  
 8 blood transfusions.  
 9 **Q.** How frequently do you have those transfusions?  
 10 **A.** So currently, at this age, it's every four weeks  
 11 I have three units of blood. As a child, you didn't  
 12 need as much blood and it might be two units every six  
 13 weeks and as you're getting older, they step it up.  
 14 **Q.** Are there any side effects of having regular  
 15 transfusions?  
 16 **A.** Yes, absolutely. So with the constant infusion of  
 17 blood, what happens is iron starts to build up in your  
 18 body, and the iron will build up in your vital organs,  
 19 mainly your heart, your pancreas, your thyroid and  
 20 various different parts of the body, and if it gets  
 21 too much those organs will fail, so we need  
 22 a treatment for that.  
 23 **Q.** How is that treatment administered?  
 24 **A.** So the treatment has evolved over the years. As  
 25 a child, from about the age of five it was an

32

1 injection in the backside administered by the nurse  
2 and then my parents.  
3 Now, it evolved to a more effective treatment  
4 but a much harder regime where you had to inject put  
5 a butterfly into your stomach, a butterfly needle with  
6 a little pump. We used to do it in the evenings and  
7 it had to stay for ten hours, slowly pumping in the  
8 drug.

9 Now, at first, my parents used to do it but  
10 then, from about the age of probably 11/12, I was  
11 doing that myself.

12 Q. And now how is it dealt with?

13 A. Now it's evolved into tablets. There's different  
14 forms of tablets on the market but some patients are  
15 not tolerant to those tablets and still have to go via  
16 the old regime of long injections.

17 Q. You were having, you still have and you were having  
18 very regular blood transfusions. Were you ever warned  
19 of any risks involved in those transfusions apart from  
20 the iron issue?

21 A. No, it was only the iron.

22 Q. You contracted hepatitis C from one of those  
23 transfusions.

24 A. Yes.

25 Q. But understandably you don't know which transfusion

33

1 then to be told this, it really hit them hard, and  
2 they were aware of AIDS at the time and they thought  
3 it was kind of the same thing, you know. But, yeah,  
4 they reacted badly.

5 Q. You said there were no leaflets, no handouts, there  
6 really was no available information.

7 A. No.

8 Q. How did you react to the news?

9 A. I thought, okay, here we go, another problem to deal  
10 with but then it manifested in my mind a lot more and  
11 it started to make me think why am I bothering with,  
12 at the time, the painful treatment, why bother with  
13 all of that if you've now got this virus that's  
14 attacking your liver. And I wasn't great at biology  
15 but I know you need a liver. So, yeah, it started to  
16 manifest itself as very negative thoughts.

17 Q. At that stage you told your partner that you couldn't  
18 carry on taking your iron chelation therapy for  
19 thalassaemia because, "What's the point? Even if I'm  
20 treating the thalassaemia, the hepatitis C is going to  
21 kill me".

22 A. That's exactly what I said to her. It just felt like  
23 all of the suffering from the years before, this was  
24 just -- it just felt too big for me to overcome at the  
25 time, you know, I was young and I told my girlfriend

35

1 infected you.

2 A. No.

3 Q. You were told that you'd contracted hepatitis C in  
4 1988 or 1989, somewhere around that time?

5 A. That's what we believe, yes.

6 Q. How were you told?

7 A. I was called in to my -- my consultant called my  
8 parents -- well, me, my parents went to the  
9 haematology department and our consultant just came  
10 out with it, "You've got hep c".

11 Now, our consultant had looked after us since we  
12 were little kids, babies, and she never put sugar  
13 coating on anything. She just told us the way it was.

14 We -- my parents had no idea what it was but, as  
15 parents who or immigrants I guess, their understanding  
16 is limited and they started to fear the worst, you've  
17 got a virus, et cetera, et cetera, and that was it  
18 really. The consultant turned around and said to us  
19 don't worry are we're going to beat this and that's  
20 how -- that was the whole content of the meeting.

21 Q. You were in your early 20s at that point.

22 A. Yeah, yeah.

23 Q. You have said that your parents were in pieces.

24 A. Oh absolutely, because having to, one, accept they've  
25 got two kids with thalassaemia major, beta major, and

34

1 exactly how you put it. There's no point.

2 Q. You've said in your statement that all the  
3 thalassaemia patients were told at about the same  
4 time?

5 A. Yeah. All of those who tested positive for HCV and  
6 HIV at the time, it was like one in one out. You  
7 know, there was a special clinic that they held, the  
8 one I went to, and we were just told.

9 Q. Were you aware that you were being tested?

10 A. No. I mean, I have every month -- before having  
11 blood, you have to have a cross-match and multiple  
12 other blood tests. So, no, it was just either another  
13 tick in the box or write off forms but we never used  
14 to see the forms back then.

15 Q. When you go in for transfusions you often see the same  
16 people, don't you?

17 A. Absolutely.

18 Q. You say there's a thalassaemia community?

19 A. Yes.

20 Q. And that going in for blood used to be a bit of  
21 a social event.

22 A. Absolutely.

23 Q. Especially when you had to stay in overnight?

24 A. Yeah, back in the day, it was -- for us that worked or  
25 who couldn't come during the day we'd stay overnight,

36

1 normally on a Friday night, and yeah it was a party  
 2 atmosphere. We'd take crisps and food and our little  
 3 ghetto blasters, you know. It was great. But we were  
 4 all friends, kind of we're called like blood brothers  
 5 and sisters because we're linked by this blood  
 6 disorder and we started, you know, that's when you  
 7 started to hear, like, "Psst, did you get any  
 8 results", or, you know, and that's how it started, you  
 9 know, people talking to each other, you know.  
 10 Q. But within that community you said that people didn't  
 11 really say whether they were infected or not.  
 12 A. No. There were some people that, you know, it's only  
 13 like now 30 years later that you're hearing, "Oh, did  
 14 you know ..." People were very, very secretive about  
 15 it. I only ever openly talked about it with one other  
 16 patient.  
 17 Q. You called the virus something particular?  
 18 A. Yeah, we -- so when we were talking we would refer to  
 19 the virus as the plague, yeah. That's what it felt  
 20 like to us, something that was destroying us and we  
 21 would, you know, we'd get our plague updates from one  
 22 another and so on and so forth.  
 23 Q. Why do you think that within the thalassaemia  
 24 community people weren't saying that they were  
 25 infected? What was it?

37

1 A. I think one would say that's when the real depression  
 2 started, yes. So it was just with all of the other  
 3 side effects that I think we all know about, the  
 4 fevers, the insomnia, the inability to sleep, came  
 5 a depression and it wasn't good for me in the sense  
 6 that I was taking it out on my treatment of the  
 7 thalassaemia. So, yes, around that time is where  
 8 I started to feel generally low and I just felt like,  
 9 you know, I kept saying to myself, my girlfriend,  
 10 "What's the point, what's the point", you know.  
 11 So, yeah, we went through the treatment.  
 12 Q. You thought it would kill you, was what you were  
 13 thinking?  
 14 A. Yeah, it was hard on the body, even worse on the mind.  
 15 That's the thing, because the physical symptoms come  
 16 and go, you know, but it's I guess the mental impact  
 17 it had on me that, yeah, it was -- I thought it was  
 18 going to kill me or I was going to kill me, yeah.  
 19 Q. When you started treatment you will still working.  
 20 A. Yes.  
 21 Q. What were you doing?  
 22 A. I was a computer engineer, qualified Olivetti  
 23 engineer, and also I was studying C programming and  
 24 I was also had the ability to do assembly language  
 25 programming at the time, which --

39

1 A. Well, it was, in its simplest terms, it was a virus  
 2 transmitted via blood which immediately kind of people  
 3 start looking at you and stigmatising you and then  
 4 thinking, well, is it like HIV? Are you -- you know,  
 5 there was a lot of stuff on the news about HIV and all  
 6 that. So we felt that we were contaminated or  
 7 infected by blood, so we didn't want to kind of talk  
 8 about it or put it out there because as you go through  
 9 the statement you'll see later on there was stigma  
 10 from medical professionals.  
 11 Q. You describe it as:  
 12 "All I knew about it back then was AIDS, but  
 13 then as time progressed and there were a few clinics  
 14 where we found out they would treat hepatitis C [you]  
 15 started to see a few people that were attending those  
 16 clinics with [you] and it was a nod. Many chose to be  
 17 secretive about it because of the stigma associated  
 18 with being infected."  
 19 A. That's right.  
 20 Q. In about 1990, you started treatment for the  
 21 hepatitis C.  
 22 A. Yes.  
 23 Q. That was interferon?  
 24 A. Yes, just interferon.  
 25 Q. You became even more depressed at that point?

38

1 Q. During the treatment you stopped?  
 2 A. Yeah, I couldn't. The physical toll and the mental,  
 3 you know -- my capacity to work was gone completely.  
 4 Q. After six months of the treatment, you hadn't  
 5 responded so the treatment was stopped.  
 6 A. That's correct, yeah.  
 7 Q. But a few years later you were treated again, this  
 8 time with peginterferon and ribavirin?  
 9 A. Yes.  
 10 Q. What can you recall how you felt during that second  
 11 round of treatment?  
 12 A. What I would say it was worse, much worse than the  
 13 first round. In terms of physical impact, you know,  
 14 pretty similar to the first round but the mental  
 15 impact, you know, there were some very dark thoughts  
 16 going through my mind, dark, and I -- and I went  
 17 through a phase of just closing people out rather than  
 18 having to face anyone, just closed the doors on  
 19 everyone and I would be in my own little world with my  
 20 thoughts, yeah.  
 21 Q. You've said you started worrying about things you'd  
 22 never worry about before?  
 23 A. Yes.  
 24 Q. While you were on treatment you had no positive  
 25 thinking?

40



- 1 A. No.
- 2 Q. You kept thinking that you were going to beat the
- 3 thalassaemia but that you were going to die of liver
- 4 failure?
- 5 A. Yes, that's exactly how I felt and also it's this
- 6 irrational worrying about everything, a kind of
- 7 paranoia, anxiety, you know.
- 8 I would, as I think it's on my statement,
- 9 I would get in my car and I'd start panicking,
- 10 thinking what if I crash, what if something happens to
- 11 me on the way? Just completely irrational thoughts,
- 12 you know. I could find something to worry about on
- 13 anything, on any event, you know.
- 14 Q. That second round of treatment also failed?
- 15 A. Yes, that failed.
- 16 Q. And in 2002 you had a third round of treatment.
- 17 A. That's correct.
- 18 Q. This time again with ribavirin and interferon.
- 19 A. Yes.
- 20 Q. This time you suffered with a loss of appetite, the
- 21 fevers again --
- 22 A. Yes.
- 23 Q. -- and your lymph glands became swollen --
- 24 A. Yes.
- 25 Q. -- and you became very emotional?

41

- 1 preparation for this treatment was I downgraded jobs.
- 2 I found the job that I could do, so I worked in a shop
- 3 selling mobile phones, and I would go -- I would
- 4 actually get home, I was so tired, I would eat, go to
- 5 bed, I would not be able to sleep but it was the
- 6 thoughts and the fears and that darkness in my head
- 7 again that just kept going and the worry, just random
- 8 things to worry about, and I really -- I'd be lucky if
- 9 I got, say, two hours, maybe three at best, worth of
- 10 sleep before having to get back to work.
- 11 Q. That meant that when you went back to work the next
- 12 day ...?
- 13 A. It meant I weren't in great shape. I was very tired.
- 14 The treatment was harsh enough, the physical effects
- 15 of the treatment. Luckily at the time my manager in
- 16 the store was an old friend so he would put me on back
- 17 office duties. When I used to say to him, "It's a bad
- 18 day for me today", he put me in the back to just do --
- 19 so I wouldn't have to deal with the public and be on
- 20 my feet all day, but it was hard focusing, you know,
- 21 doing the simple tasks I struggled.
- 22 Q. You underwent that treatment for about 18 months?
- 23 A. Yes.
- 24 Q. And this time you successfully cleared the virus?
- 25 A. Yes, 2004, around November I was told it's been clear

43

- 1 A. Yes, very emotional. I -- it's also I think the first
- 2 time I noticed that I've lost my sharp responses to
- 3 questions and my wit and all those wonderful things
- 4 that I was proud of as a younger man. Things were
- 5 slowing down up here in the head because it was
- 6 a brutal 18 months of treatment, you know. There's
- 7 a picture of me, you don't have it, but I was at
- 8 a party, a thalassaemia event, and I look back at that
- 9 picture now and I just see a skeleton, a skeletal, you
- 10 know. It's frightening.
- 11 Q. You've described that again you suffered from very
- 12 severe anxiety.
- 13 A. Yes.
- 14 Q. You felt completely sad and empty inside?
- 15 A. Yes.
- 16 Q. You started worrying about how you would get anywhere.
- 17 If you were travelling on a train you would be worried
- 18 that the train was crashing. What if you got robbed
- 19 or mugged?
- 20 A. Yes, I would worry about everything.
- 21 Q. But the hardest thing, I think, in this stage of
- 22 treatment was the insomnia?
- 23 A. Yes.
- 24 Q. What can you tell us about that?
- 25 A. I was working at the time and what I had to do in

42

- 1 for quite a while now so, yeah, that was good news.
- 2 Q. But unfortunately you continue to feel quite unwell?
- 3 A. Yes. Once the dust had settled and the treatment
- 4 stopped, the anxiety and the slowness didn't go away,
- 5 so from 2004 to today there's been a decline in my
- 6 ability to think clearly, to be focused, and my
- 7 anxiety levels are always high. I mean, I'm anxious
- 8 right now but ... it's the silly things, the
- 9 irrational things that cause me the most amount of
- 10 anxiety and, you know, I'd been lucky enough from
- 11 working in a mobile phone shop to getting a good job
- 12 as a business analyst, project manager, but there's
- 13 been a decline and I notice.
- 14 I left work last year in March but four years
- 15 prior to that there was a decline. I'd go to meetings
- 16 with my clients, I'd forget what we spoke about, you
- 17 know. When I was writing down notes, I would miss
- 18 things out and, you know, luckily for me or unluckily
- 19 maybe, I was made -- the role was made redundant last
- 20 year but it worked out quite well for me because I'd
- 21 been with the company for 15 years almost so I got my
- 22 redundancy and my fears are now all about the future.
- 23 The past is done, a lot of questions about the
- 24 past but I'm more concerned of what lies ahead. What
- 25 if I can't get a job that I want? What if this gets

44

1 worse, you know?

2 **Q.** You had rebuilt your career after that final round of  
3 treatment up to a much more senior position?

4 **A.** Yes.

5 **Q.** And then chose after your redundancy not to look for  
6 a job at this stage?

7 **A.** Yes.

8 **Q.** Because you didn't feel you were capable of dealing  
9 with it?

10 **A.** Yes and I'm not capable of doing what I was doing.  
11 I can never be a project manager or a business analyst  
12 again, not while my head is in the shape it is and,  
13 you know, what I'm going to do I have no idea at this  
14 stage.

15 **Q.** You had several liver biopsies?

16 **A.** Yes.

17 **Q.** It's been confirmed that you have cirrhosis of the  
18 liver.

19 **A.** Yes, that was confirmed not long after I was  
20 diagnosed. The first liver biopsy pretty much  
21 confirmed that. They wanted to do a couple more for  
22 some reason, so yeah.

23 **Q.** You've said, "I'm no wimp when it comes to pain from  
24 procedures but the impact of the pain from the  
25 biopsies was terrible".

45

1 **Q.** Can you tell us what that's meant for you.

2 **A.** Well, there's different facets of it. First, I'm of  
3 Cypriot origin and if the Cypriot community, so what  
4 my parents' community as I call them, have no -- you  
5 know, they always look down at a thalassaemic. If you  
6 had a son that wanted to marry a girl with  
7 thalassaemia, no, and vice versa.

8 To add to that mix you say you've got an  
9 infection, it doesn't matter, you could be cured or  
10 whatever, in that -- that's one level of stigma.

11 The other stigma I had very bad treatment, or  
12 the way I was handled, by the dental profession.

13 **Q.** Can we come to that in a moment?

14 **A.** Yes.

15 **Q.** Just staying with the stigma within the community, you  
16 have said that you didn't speak about your infection  
17 with your friends?

18 **A.** No.

19 **Q.** Your parents knew but it became a dirty secret.

20 **A.** Absolutely, yes.

21 **Q.** It's also impacted on your personal relationships.

22 **A.** Yes.

23 **Q.** In the 1990s you split up with a long-term girlfriend?

24 **A.** Yes, in 1999 I split up with a woman I was with for  
25 13 years and we were happy, we were in love but she

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1 **A.** Yeah, it was. The first one set the impression. When  
2 they first -- because you're awake. They use local.  
3 They plunge you, but he missed the liver so he had to  
4 go twice, so after that the agreement, the only way  
5 I would agree to have a liver biopsy is to be put  
6 under general and that's ... it was painful. I can't  
7 tell you.

8 **Q.** You've also had some heart problems?

9 **A.** Yes. I've got heart problems, diabetes, you know.

10 **Q.** Pancreatic enzyme deficiency --

11 **A.** Deficiency, yes.

12 **Q.** -- which means you have to take tablets before you  
13 eat?

14 **A.** Yes. So my food can be broken down and the nutrients  
15 taken in by the body otherwise the nutrients just all  
16 leave the body.

17 **Q.** You are not sure whether that's because of the  
18 treatment for hepatitis C or something related to the  
19 thalassaemia?

20 **A.** Yeah. It's one of those things where with the  
21 diabetes, the heart and this enzyme deficiency, it's  
22 more than likely thalassaemia, yes, but we don't know.

23 **Q.** You say in your statement that the stigma in society  
24 has had a profound impact on you?

25 **A.** Yes.

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1 wanted a family or a commitment from me and because  
2 I never cleared, I was still HCV positive, I said, "No  
3 way. There's no way I'm going to commit to you, start  
4 a family and die of liver failure".

5 Looking back with hindsight now, maybe  
6 I shouldn't have done that but that's what we done,  
7 what I done at the time and in 1999 she just had  
8 enough and went her own way.

9 **Q.** Your fear at that time wasn't dying of the  
10 thalassaemia?

11 **A.** No.

12 **Q.** It was dying of liver failure?

13 **A.** Yes, because the thalassaemia is in control. It has  
14 been for many years now.

15 **Q.** You've spoken a couple of times about stigma that you  
16 have faced from the medical and dental profession.

17 **A.** Yes.

18 **Q.** In 2011 you decided to have your sperm frozen.

19 **A.** Yes.

20 **Q.** Can you tell us what happened?

21 **A.** So for safe-keeping I thought I'd have it  
22 cryogenically frozen and if I met the right person,  
23 you know -- because thalassaemia also impacts your  
24 reproductive systems and whatever. So I was -- it was  
25 the day of my surgery and the -- basically, the

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1 cryogenics lab in London calls up to say, "I'm sorry  
2 but we can't store your sperm".  
3 "Why?"  
4 "Because you're HCV positive."  
5 "But I'm not, I've cleared."  
6 "No, we've done your bloods and you've got the  
7 antibodies."  
8 So we all know that you will have the antibodies  
9 pretty much forever but it took several phone calls,  
10 faxes from my thalassaemic haematology team to the  
11 cryogenics lab, yes, to get them to agree and I felt  
12 quite small. I felt -- I don't know. I didn't feel  
13 right. It didn't feel right.  
14 **Q.** You also had issues with dental treatment.  
15 **A.** Yes.  
16 **Q.** What can you recall about those issues?  
17 **A.** I was in severe dental pain, so I thought go out and  
18 find a dentist, you'd go into the dentist, because  
19 I wasn't registered with one, and fill in a form,  
20 there's a couple of questions on there, "Have you been  
21 diagnosed with HIV?" or "Have you been diagnosed with  
22 hep c?" So, keep it honest, I ticked the hep c. They  
23 refused to take me on.  
24 This was a couple more dentists after and then  
25 I had to -- it got to a point where it was an

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1 Luckily, there was one guy that said he'd treat  
2 me and he's been my dentist ever since.  
3 **Q.** But even on that second occasion, several years later,  
4 again you went in to dentists and they wouldn't treat  
5 you?  
6 **A.** Absolutely, yeah.  
7 **Q.** Moving on to financial assistance, you've received  
8 payments from The Skipton Fund.  
9 **A.** Yes.  
10 **Q.** But you weren't even aware that the Caxton Foundation  
11 existed?  
12 **A.** No.  
13 **Q.** How did you find out about it in the end?  
14 **A.** A lot of what I've learnt over the years, the past few  
15 years, is due to social media, yeah. There's various  
16 groups, support groups, out there and they're talking  
17 about these things, Caxton and this and that and  
18 I thought ... but I've never pursued it. As far as  
19 I knew I'm getting what I'm getting and that's it.  
20 I was working as well; so, you know, I was happy  
21 with my life. But it's the social media groups that  
22 highlighted to me to other people who are going having  
23 the same symptoms I'm having now, you know. It's  
24 like, "Oh, that's exactly what I'm going through", so  
25 a lot of my knowledge was sparked off by social media

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1 emergency now.  
2 **Q.** So before it became an emergency, how many dentists do  
3 you think you had been to?  
4 **A.** If I remember it was three or maybe four. Because I'd  
5 walk down the high street where there was three or  
6 four dentists and I tried them all.  
7 **Q.** And they all declined to treat you?  
8 **A.** Yeah, yeah, for the same reason, and I went to King's  
9 Cross Dental Hospital. I got a referral and they said  
10 to me, "All right, we'll look after you but you have  
11 to be the last patient of the day because we need to  
12 decontaminate everything", and that hurt, you know.  
13 For someone who spent an entire -- whose entire life  
14 in and out of hospitals to now be treated so  
15 differently, that was ... that was painful, really.  
16 But it carried on. I mean, eventually there  
17 used to be a hospital off Tottenham Court Road,  
18 a dental hospital, which specialised in HIV patients,  
19 so I managed to get myself into that dental hospital  
20 and they were looking after me until one day they said  
21 that the funding for hep c has been cut. It's only  
22 going to be HIV. I thought fine, my teeth were all  
23 right, you know, you don't worry about it. Maybe  
24 a few years went past and I had another problem with  
25 my teeth. Same thing: I could not find a dentist.

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1 and then Google and away you go.  
2 **Q.** But initially all you were aware of through your  
3 treating doctors was Skipton?  
4 **A.** Yes.  
5 **Q.** Those are the questions I have for you. Is there  
6 anything else you would like to say?  
7 **A.** Not a great deal. I mean, I think a question I have  
8 is there's what I need cleared up for my own head.  
9 I was, say, diagnosed in the late '80s/maybe '90s,  
10 early '90s. At what point did we, you know, were all  
11 the HCV victims diagnosed around the same time or were  
12 there earlier because if I was told earlier,  
13 potentially, you know, I might not have had or got the  
14 cirrhosis of my liver and that's important for me to  
15 know because if I could have been told, for instance,  
16 in '82/83, it would have given me a few more years to  
17 try some treatment. It may not have worked  
18 but ... that's what I want to know.  
19 **Q.** I am just going to turn my back and ask Mr Lock who,  
20 as you know, represents you whether he has anything  
21 further.  
22 He doesn't have any further questions.  
23 **A.** Okay.  
24 **SIR BRIAN LANGSTAFF:** Nor do I. It remains for me to say  
25 thank you very much indeed, Mr B, for coming to give

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1 us evidence. You are the first witness to give  
2 evidence orally who suffered from thalassaemia and  
3 that perhaps demonstrates how particularly brave you  
4 have been to come and give evidence. Thank you very  
5 much.

6 **A.** Thank you.

7 **SIR BRIAN LANGSTAFF:** There is something generally I'd  
8 like to say and it is to the press.

9 Anything that the press can do to alert those  
10 who suffer from thalassaemia to the fact that they can  
11 participate if they wish to in this Inquiry and they  
12 can do so in a way which protects their desire for  
13 secrecy, which Mr B spoke of so eloquently, would be  
14 very much appreciated.

15 We think it inconceivable that because those who  
16 suffer from thalassaemia have regularly to have  
17 transfusions and did so during the 1970s, 1980s, into  
18 the 1990s that they will not have suffered from  
19 hepatitis C in great numbers and if they do and have  
20 not been tested, they may wish to know that and know  
21 that they can be treated.

22 So leaving aside even the Inquiry, the knowledge  
23 that they might have been infected by regular  
24 transfusions during those years would be potentially  
25 of assistance, maybe even life-saving assistance for

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1 Witness W2687 must be referred to only as  
2 "Mrs C". The order remains in force for the duration  
3 of the Inquiry and at all times thereafter unless  
4 otherwise ordered. I may vary or revoke the order by  
5 making a further order during the course of the  
6 Inquiry.

7 Mrs C.

8 **MRS C, affirmed**

9 **Questioned by MS RICHARDS**

10 **Q.** You're here to give evidence with the support of your  
11 husband about your son, S?

12 **A.** Yes.

13 **Q.** You're going to use his name in your evidence because  
14 it would be very hard for you to talk about him  
15 without naming him but the effect of the restriction  
16 order is that nobody can publish or disclose or pass  
17 on or report that name.

18 **A.** Yes.

19 **Q.** This I know is the first time you have spoken outside  
20 of your immediate family about what's happened?

21 **A.** Yes.

22 **Q.** If you need a break at any time please don't hesitate  
23 to tell us.

24 **A.** Thank you.

25 **Q.** So S was born in 1978?

55

1 them.

2 That's all I want to say and I leave that in the  
3 good sense of the press as to whether they can do  
4 anything to assist.

5 With those words, let me then say we'll take  
6 a break, shall we, until 2 o'clock.

7 **MS FRASER BUTLIN:** At 2 o'clock we will hear from Mrs C  
8 and of course the live stream will be turned off this  
9 afternoon.

10 **SIR BRIAN LANGSTAFF:** Yes.

11 **(12.35 pm)**

12 **(Luncheon Adjournment)**

13 **(2.00 pm)**

14 **SIR BRIAN LANGSTAFF:** Our next witness is to be known as  
15 Mrs C. I make an individual restriction order in the  
16 same terms as I made earlier. Let me just set them  
17 out.

18 It is ordered that the name and address of  
19 witness W2687 (we shall know her as Mrs C), the name  
20 of her son who died, the name of any other member of  
21 her family, and any other identifying information such  
22 as the witness's image or a description of her  
23 appearance, cannot be disclosed or published in any  
24 form unless express permission is given by me or by  
25 the solicitor to the Inquiry acting on my behalf.

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1 **A.** Yes.

2 **Q.** He was diagnosed almost immediately I understand with  
3 haemophilia A?

4 **A.** He was, yes.

5 **Q.** His haemophilia was classed as severe?

6 **A.** It was, yes.

7 **Q.** One of your older children had also very recently at  
8 that point been diagnosed haemophilia whilst you were  
9 pregnant with S?

10 **A.** Yes, we found out when I was six months' pregnant with  
11 S.

12 **Q.** But that was only after a prolonged period of time,  
13 a distressing period of time, in which your other son  
14 had bruising and swelling and you were being accused  
15 or suspected of having injured him?

16 **A.** I was, yes.

17 **Q.** But after some 11 months or so, your eldest son was  
18 diagnosed with severe haemophilia?

19 **A.** Yes.

20 **Q.** And so S's diagnosis was picked up at birth?

21 **A.** Straight away, yes.

22 **Q.** I think when he was little, you were very conscious of  
23 his condition?

24 **A.** Yes.

25 **Q.** You used to wrap him in cotton wool?

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1 A. I was always frightened for anything to happen because  
 2 of my other son, I'd seen what had happened. So he  
 3 didn't learn to walk until he was two and that was  
 4 when he was in the hospital having treatment and the  
 5 physiotherapist got him walking, but that was purely  
 6 because I didn't really let him go about very much  
 7 because I was frightened. In them days they used to  
 8 say they padded a play pen for him and my other son  
 9 and that's like all cotton wool so they couldn't get  
 10 hurt. So I think I restricted him from walking,  
 11 actually.

12 Q. But he did learn to walk.

13 A. He did.

14 Q. You've described him as a very easy child, a lovely  
 15 chubby boy?

16 A. He was, yes.

17 Q. Did he as a baby need any treatment for his  
 18 haemophilia?

19 A. Not for the first, I would say he had his first  
 20 treatment when he was about 18 months.

21 Q. That was when you were on a trip somewhere to visit  
 22 a relative?

23 A. Yes, we was on the trip to go and see my sister and he  
 24 was sitting on my knee and it was an all-night coach  
 25 journey but by the time we got off the coach he didn't

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1 Q. Who would administer the Factor VIII to him?

2 A. At first before I learnt how to do it, we used to go  
 3 to the hospital and they would do it, but then  
 4 I practised with one of the doctors used to let me  
 5 practice on him. First, it was with an orange and  
 6 then it was him until I learnt, and we were told it  
 7 was a brilliant thing because we could take the  
 8 treatment home and keep it in the fridge, so because  
 9 the boys used to have quite a lot of bleeds, they used  
 10 to say that we could give them the Factor VIII  
 11 immediately so it didn't get as bad, so that's what we  
 12 did.

13 Q. So you welcomed it as something that would make life  
 14 easier in terms of your ability to treat your boys?

15 A. Exactly.

16 Q. Were you given any warnings about the Factor VIII  
 17 products?

18 A. No, I was just told it was an amazing thing and, in my  
 19 head, it did seem that way because when we used to go  
 20 to the hospital and it was cryo, you would go and  
 21 you'd wait to see the doctor, then the doctor would  
 22 bring the stuff down, then you had to wait again and  
 23 the cryo used to take quite a long time to go in as  
 24 well, so this was a lot better.

25 Q. Was there ever any discussion with you about the

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1 want to move his arm. It wasn't swollen or anything  
 2 but you could see he just didn't want you to touch it  
 3 or anything. So we had to -- I took him to the  
 4 hospital in Burnley and they then, I don't think they  
 5 knew much about haemophilia, but they contacted the  
 6 hospital in Charing Cross where we used to attend and  
 7 they told them what to do and to give him his  
 8 Factor VIII.

9 Q. Was it cryoprecipitate he was given at that stage?

10 A. At that stage, yes, it was.

11 Q. After that he ended up having to go to the hospital  
 12 fairly regularly to receive, at that stage,  
 13 cryoprecipitate?

14 A. That's right yes.

15 Q. And he didn't like it did he?

16 A. No, he didn't.

17 Q. You'd have to wrap him up and hold him down, the  
 18 family.

19 A. Yes, and it used to take quite a long while for it to  
 20 go in as well, so it was quite difficult with him.

21 Q. So the point in time came, I think you recalled in  
 22 your statement, around 1983 when his treatment changed  
 23 from cryoprecipitate to what you were told were  
 24 Factor VIII products.

25 A. Factor VIII, yes.

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1 particular Factor VIII products that were being used  
 2 or any differences between different kinds of  
 3 Factor VIII products?

4 A. No.

5 Q. A year or two, I think, after he'd started on the  
 6 Factor VIIIs he developed a problem with a milk tooth.  
 7 Can you recall what happened?

8 A. It got very wobbly and it was bleeding but his gum  
 9 swelled round it so it wouldn't fall out. So I phoned  
 10 up the hospital. We used to have to go to the  
 11 haematology unit because they never had a haemophilia  
 12 clinic there and she told me to come up and what she  
 13 would do is see if the dentist could take it out. We  
 14 got to the hospital and they called the dentist down.  
 15 When she did come down, she come in a space-suit and  
 16 it's like she didn't want to touch the ...

17 She said that it would fall out eventually. So  
 18 I said to her it wouldn't because this had been going  
 19 on for a couple of weeks. I said his gums is too --  
 20 I was trying to show it to her but she didn't want to  
 21 come close and she certainly didn't want to put her  
 22 hands by his mouth, so then the doctor said to her  
 23 that they needed to take it out. It wouldn't take --  
 24 because it was so loose so that she took him away, and  
 25 I said to the doctor what is going on because I didn't

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1 understand and she took me in a room. That is when  
 2 she give me blue plastic bottle and a box of gloves  
 3 and she told me that the boys had been tested for HIV.  
 4 I didn't know what she was talking about and she said  
 5 that they'd tested positive and in future when I give  
 6 them their Factor VIII I had to wear gloves and use  
 7 the blue plastic bottle to put them in.

8 I said to her, because I'd seen how the dentist  
 9 was reacting, "but what about my other children", and  
 10 she just said to me she didn't know and then sent me  
 11 home and that's how it was.

12 Q. So you'd gone for what you thought was routine dental  
 13 treatment essentially to deal with the swelling that  
 14 had arisen around S's tooth?

15 A. Yes.

16 Q. The dentist had come and you understood that there was  
 17 something strange, something odd going on because of  
 18 the way the dentist was clothed, you described it as  
 19 a space suit, the dentist had a mask on, and the  
 20 dentist was you thought very obviously reluctant even  
 21 to touch S.

22 A. Yes.

23 Q. That's how you were told by the doctor who was there  
 24 that your two boys, including S, were HIV positive.

25 A. Yes.

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1 reasons but you had a baby at home.

2 A. Yes.

3 Q. And you asked about the risks of infection and what  
 4 you should do in relation to any of your other  
 5 children and the only answer you got was that --

6 A. That she didn't know.

7 Q. Did you know that your boys were going to be tested  
 8 for HIV?

9 A. No.

10 Q. Did you ever receive anything in writing about the  
 11 diagnosis of HIV from the hospital after that?

12 A. No.

13 Q. So it was a bottle, gloves and "I don't know".

14 A. Yes, and then later, I think about a week later, my GP  
 15 turned up at my door. He had a lady with him.

16 I think she must have been something to do with  
 17 education because it was about, they would come and  
 18 they said to me they had to go to the boys' school to  
 19 let them know that they had been tested HIV and that  
 20 was all I heard after that.

21 Q. You didn't understand why the school needed to be  
 22 informed but, in fact, the school treated the boys and  
 23 you okay?

24 A. They didn't treat us any different, no.

25 Q. I think your immediate reaction on being told the news

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1 Q. You've described being given the blue plastic bottle  
 2 and plastic gloves.

3 A. Yes.

4 Q. You were told that that was how you should administer  
 5 Factor VIII in future to the boys?

6 A. Yes.

7 Q. Did the doctor tell you what HIV was?

8 A. No.

9 Q. Did the doctor tell you anything about the connection  
 10 between HIV and AIDS?

11 A. No, she didn't but then later on in them days there  
 12 was a lot coming on on the news but then they were  
 13 saying it was drug takers, gay people that were  
 14 getting it, and it was horrible actually at that time.

15 It was really horrible. But to be honest, I don't  
 16 know, I think I shut it out of my mind. I just  
 17 didn't -- these two little boys, I just didn't accept  
 18 what they were saying.

19 Q. S was at the time we're describing seven years old?

20 A. He was six going on seven.

21 Q. And you weren't I think given any information about  
 22 what the longer term prognosis would be for either of  
 23 them?

24 A. No.

25 Q. You were particularly concerned for a whole range of

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1 at the hospital in the way you've described, you went  
 2 to see your sister in a state of shock and you called  
 3 your husband?

4 A. I did because I didn't know what to do, so I run to my  
 5 sister -- she is the only one I actually told, to be  
 6 honest, and then we phoned my husband and he come  
 7 home. My sister she was shocked but even she didn't  
 8 actually know what this meant.

9 Q. What you said in your statement at that point is you  
 10 just didn't understand what was meant by the diagnosis  
 11 that you had been given.

12 A. No.

13 Q. You've described how you became aware from stuff that  
 14 was on TV or in the newspapers about AIDS but you  
 15 didn't really associate that with what was happening  
 16 to your children.

17 A. No, I didn't.

18 Q. Your children were children with haemophilia who had  
 19 been treated by the National Health Service and you  
 20 couldn't make the correlation.

21 A. No.

22 Q. I think you were told by your sister or a friend about  
 23 an article in the newspaper?

24 A. My sister phoned me up and she said that her neighbour  
 25 had bought a paper, the Daily Star, and that in it it

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1 was saying that there was three boys, two brothers  
 2 have got AIDS in the hospital that my children attend  
 3 to. I knew that there was only three haemophiliacs in  
 4 that hospital. It might seem silly but it was true,  
 5 there was only three boys there, my two and another  
 6 little boy, so I knew they were talking about my sons  
 7 so I went to the hospital to ask them what was it  
 8 about and the doctor said to me that she wasn't sure  
 9 who had leaked the news out but they were trying to  
 10 find out, but it wasn't AIDS, it was HIV that my sons  
 11 had.

12 **Q.** I am going to ask to be put up on the screen in front  
 13 of you a newspaper article from around that time,  
 14 2687006, please, Paul. Are you able to highlight the  
 15 top left-hand article. Thank you.

16 So this is from a newspaper, The Gazette, we've  
 17 also got the Daily Star article that you referred to  
 18 but they say the same thing. If we just look at this  
 19 briefly together, please, Mrs C.

20 So it talks about three boys with a deadly virus  
 21 in hospital. It says the children do not necessarily  
 22 have the killer disease AIDS but experts say that  
 23 about 1 in 10 people found with the virus later  
 24 develop the disease and that because of their low  
 25 resistance to infections haemophiliacs stand a higher

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1 treatment done there so we was at the hospital a lot,  
 2 but I don't know if they was being monitored closely  
 3 for this.

4 **Q.** You can take that down, thanks, Paul.

5 In 1986, the boys' care was transferred to  
 6 St Thomas' Hospital?

7 **A.** Yes.

8 **Q.** The haemophilia care was under the care of Dr Savidge  
 9 there?

10 **A.** Yes.

11 **Q.** Then in terms of the HIV infection under the care of  
 12 Dr O'Doherty?

13 **A.** Yes.

14 **Q.** Around this time it was suggested to you by the  
 15 hospital, I don't know if it was Charing Cross or  
 16 St Thomas' hospital, that you should tell the boys --

17 **A.** Yes.

18 **Q.** -- that they had HIV.

19 **A.** Yes, they were very keen for us to tell them, but my  
 20 two children was only seven and eight. I just didn't  
 21 think that I could tell them that, so we didn't. We  
 22 eventually told them when I think S was 12 or 13 --  
 23 sorry.

24 **Q.** That's all right, no, no. You can say S's name.

25 **A.** My other son was 14 and that's when we told them.

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1 than average chance of catching the disease.

2 Had you been told any of that by the hospital?

3 **A.** No.

4 **Q.** The higher chance of HIV turning to AIDS because of --

5 **A.** I've only just -- when they sent me this paper,  
 6 I think it was last week, I only saw it then. So  
 7 I wasn't aware of it, no.

8 **Q.** The hospital hadn't told you that?

9 **A.** No.

10 **Q.** Then if we just read on down it says:  
 11 "The parents of the children know of the risks  
 12 to their children."  
 13 Had the risks ever been explained to you?

14 **A.** No.

15 **Q.** Then a spokesman for the Northwest Thames Regional  
 16 Health Authority says:  
 17 "They have been informed about the positive  
 18 tests. They are being counselled by senior doctors  
 19 and the three boys are being monitored very closely."  
 20 Were you counselled by senior doctors?

21 **A.** No, I was not.

22 **Q.** Do you recall whether the boys were being closely  
 23 monitored at the hospital?

24 **A.** Well, we used to go to -- we actually did go to the  
 25 hospital a lot because we used to go and have their

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1 **Q.** I think what you said in your statement is the  
 2 hospital kept telling you from day 1 you should tell  
 3 them but you couldn't see, given their young age, why  
 4 they should and, again, when they got to 11 or 12 the  
 5 hospital were saying you should tell them but again  
 6 you thought that was too young?

7 **A.** I did, yes.

8 **Q.** Eventually you told them, and focusing for present  
 9 purposes on S, he was 13 or 14 years old?

10 **A.** He was about 13 and we told them; we told them both  
 11 together, actually.

12 **Q.** What can you recall about that discussion?

13 **A.** We explained what was the matter with them. First of  
 14 all, they just went very quiet and then we explained  
 15 that when they cut themselves they had to be careful  
 16 and to keep it covered.

17 Maybe I didn't speak about it too much because,  
 18 to be honest with you, it was bad enough me knowing  
 19 without telling them. At that point they seemed quite  
 20 healthy and maybe in my head I thought this isn't  
 21 really happening anyway, so we didn't go in any big  
 22 detail about it.

23 Later on, when I looked at S's diaries, he does  
 24 make a thing that he knew there was something because  
 25 I used to treat them different. When they went out,

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1 I'd make sure they had scarves and stuff on, whereas  
 2 with my other children I didn't used to; so,  
 3 obviously, they were all aware but they never actually  
 4 said anything about it.  
 5 Q. You have described in your statement how they  
 6 really -- they were quiet on receiving the news?  
 7 A. Yes.  
 8 Q. You weren't sure how much they understood?  
 9 A. No.  
 10 Q. Were you ever given any help or support or advice  
 11 about how to tell them or how to support them?  
 12 A. No.  
 13 Q. When S was about 11 years old, he was prescribed at  
 14 St Thomas' Hospital treatment in relation to the HIV,  
 15 AZT.  
 16 A. Yes. Up until then, up until the day we went to the  
 17 hospital, S was still fine, he was still quite chubby,  
 18 he had energy, he used to play cricket, but we went up  
 19 for one of our normal appointments.  
 20 They took S to do his bloods because each time  
 21 we went up there they had blood tests done, and the  
 22 doctor took me to another room and he said there was  
 23 a problem with S's white T cell count and there was  
 24 something wrong with it. So he was going to start him  
 25 on something they called AZT to help it, which they

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1 Eventually somebody from Guy's said just give him  
 2 a bit -- he was absolutely fantastic. He said he  
 3 would find something to be able to put on S's mouth so  
 4 that he could eat and he brought a thick paste that S  
 5 could put on his mouth so he could manage to eat.  
 6 By this time S was getting quite paranoid. He  
 7 used to love his food and he was documenting  
 8 everything down, when he could drink, he was so proud  
 9 when he could drink or he could eat anything.  
 10 They took a part of his tongue away for a biopsy  
 11 to find out why but we didn't get any answers back for  
 12 that one. I think at that point it got too late.  
 13 About two weeks before S died, he was watching  
 14 something on the TV and it was a lady and her husband  
 15 had been having AZT and she said that before he  
 16 started having AZT he had been fine but once he  
 17 started having AZT all these problems come.  
 18 When I went up to the hospital, S gave me  
 19 a letter and he said to me don't read it there, wait  
 20 until I go home. So I went home and read the letter,  
 21 and he was terrified. He said he'd seen this on the  
 22 news and he knew that he was having AZT.  
 23 So I went back to the hospital and then asked to  
 24 speak to the doctor. When he come, he -- well, what  
 25 he said was in the beginning when they give S the AZT

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1 did.  
 2 Q. Just pausing there, Mrs C, were you told anything  
 3 about any side effects or risks or disadvantages to  
 4 the AZT treatment?  
 5 A. No, I was just told this will help his T cell count.  
 6 Q. What actually did happen in terms of S's physical  
 7 condition after that?  
 8 A. Not long after, I would say about a month to six  
 9 weeks, you noticed there was a difference in S. He  
 10 seemed to stop growing. He lost a lot of weight. He  
 11 got thrush. Then he started getting ulcers in his  
 12 mouth. We used to go to Guy's Hospital there and the  
 13 dentist there used to try and -- his gums used to  
 14 bleed. He was like a different person, to be honest.  
 15 The ulcers in his mouth got really bad and  
 16 eventually they went down in his stomach and his  
 17 bottom. In the end they started giving him steroids.  
 18 They said that would help the ulcers. S apparently  
 19 had a TB, which we were told it wasn't the sort of TB  
 20 we would get, it was a TB that people with HIV got.  
 21 He -- everything, actually, that happened to S, it was  
 22 always the same thing: it wasn't what we would get; it  
 23 was what people with HIV got.  
 24 But the ulcers were a big problem. They gave  
 25 him steroids. It then started that he couldn't eat.

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1 it was working but it wasn't working now, so they'd  
 2 stop him taking it.  
 3 I went along with it because to be honest it  
 4 gave S a little bit of relief because he was so  
 5 frightened. In my head, I didn't believe it because  
 6 from when S started taking the AZT, that was when all  
 7 his problems started. They stopped his AZT then but  
 8 that was just two weeks before he died.  
 9 Q. When you say you didn't believe it, you didn't believe  
 10 that the AZT had been working and had now stopped.  
 11 You didn't think it had ever been working?  
 12 A. I don't think it had. I don't know. I think it just  
 13 hurried it along because previous to that he had been  
 14 fine.  
 15 Q. You said in your statement that you feel that S was  
 16 used as a guinea pig by the hospital for AZT?  
 17 A. I do.  
 18 Q. Why is that?  
 19 A. I think it was because it was -- S, it happened in  
 20 early days. I don't think actually they knew -- don't  
 21 get me wrong, I'm not blaming the doctor at all for  
 22 that. Dr O'Doherty was brilliant. I don't think  
 23 actually at that point they knew what to do. So  
 24 I think that was just given to S.  
 25 I later found out that AZT actually isn't very

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1 good on its own. It needs to go with a combination of  
 2 things. S wasn't given that. He was just given AZT.  
 3 Q. Your other son wasn't given AZT at all?  
 4 A. No.  
 5 Q. And didn't develop any of these problems?  
 6 A. No.  
 7 Q. So in January of 1994, S's condition worsened?  
 8 A. It did.  
 9 Q. He became very ill indeed. You described his  
 10 paranoia. His weight went down to about 5 stone?  
 11 A. It was, yes.  
 12 Q. As well as the ulcers he started getting bad chest,  
 13 coughing and stomach pains?  
 14 A. He was. He was in a lot of pain. He was having a lot  
 15 of morphine. At one point, because the morphine used  
 16 to make him sleep, they tried to bring it down a bit.  
 17 He was so frightened of that because he used to argue  
 18 with them because he was, I think the pain was too  
 19 much. It was awful.  
 20 He was just -- I don't know. The days when he  
 21 could even just eat one thing made him so happy and  
 22 that's all he used to wish for, that when -- he used  
 23 to love actually Kentucky chicken and chips and he  
 24 used to say that when he was better he would go and --  
 25 that's the first thing he's going to have. He used to

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1 A. No.  
 2 Q. So he was taking, even without the AZT, 12 to 13  
 3 tablets daily at that point.  
 4 A. Yes.  
 5 Q. The ulcers had spread down from the mouth to his  
 6 stomach --  
 7 A. Stomach, yes.  
 8 Q. -- you were told and the doctors wanted to start  
 9 radiation therapy on the ulcers?  
 10 A. Yes.  
 11 Q. S came home from the hospital for a weekend on  
 12 16 February?  
 13 A. That's right, yes, and he had to go back on the 17th.  
 14 Q. I think he was quite chatty?  
 15 A. He was.  
 16 Q. That visit home?  
 17 A. That visit home he was very chatty. I've never heard  
 18 him chat so much.  
 19 Q. He was talking about the new baby?  
 20 A. Yes, and that when the baby got bigger and he's got  
 21 his job he was going to get everything for him.  
 22 Q. And then you took him back to hospital on 17 February  
 23 for the radiation to begin?  
 24 A. Yes. We left him in the evening time. He was fine.  
 25 My baby was three weeks old at the time and we'd gone

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1 like cappuccinos. We used to take him down to the  
 2 canteen but he couldn't ever drink them.  
 3 They used to give him in the end some -- it  
 4 was -- I think, it was called Ensure. They used to  
 5 freeze it for him because then he could just hold it  
 6 in his mouth a bit, because his mouth was so sore.  
 7 Even to the extent of -- he couldn't go to the toilet  
 8 a lot and they'd give him an enema. My poor boy used  
 9 to like having that done because it gave him some  
 10 relief.  
 11 Q. You found -- we will talk about his diaries in  
 12 a little while but one of the things he recorded in  
 13 his diaries was that he would be happy on the days he  
 14 could go to the toilet because it would stop the pain  
 15 and discomfort?  
 16 A. Yes. He used to feel so bunged up, that was his words  
 17 that he used to use.  
 18 Q. Even once the AZT was stopped a few weeks before he  
 19 died he was still being prescribed the steroids?  
 20 A. Yes.  
 21 Q. He had to take iron tablets because of his anaemia?  
 22 A. Yes.  
 23 Q. And morphine for the pain, and you described how he  
 24 was frightened of that being reduced because he didn't  
 25 want the pain.

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1 up to bed, and then in the early hours of the morning  
 2 we got a phone call and my husband answered it and the  
 3 nurse said that S wanted us to go up there. So he  
 4 just said to him, we'll be there at 9 o'clock in the  
 5 morning and she said, "Oh, okay", and he put the phone  
 6 down.  
 7 Half-an-hour later the phone rung again. When  
 8 my husband answered it she said I think you'd better  
 9 come up now. So he went up to the hospital and I got  
 10 a phone call. It was my husband. When he got there S  
 11 had just died.  
 12 So I had to wake one of my elder sons up to look  
 13 after the children and I got a minicab up to the  
 14 hospital. When I got there, as I said, it just looked  
 15 like S was sleeping with a sheet over him. I didn't  
 16 know what my husband saw at that time. And even then,  
 17 it's stupid --  
 18 Q. It's not stupid.  
 19 A. -- but I thought it was a mistake. I sat there with  
 20 him and I was holding his hand and I thought in  
 21 a minute he'll wake up and that's how he was. But  
 22 then I felt the nurse kept coming in and then she said  
 23 that she had to do the room ready for the day staff to  
 24 start, but even in my head I'm thinking why is she  
 25 saying that for? I didn't want to go but then my

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1 husband said to me we'd better go because they -- and  
2 when I come out, I saw Chris. She was one of the  
3 ladies that was with Dr O'Doherty and all I could say  
4 to her was why? She said to me she didn't know. And  
5 we went home.

6 We were told that we could go to the haemophilia  
7 centre on the Monday and then I could go and see S in  
8 the chapel of rest. So we got up and we went there in  
9 the morning but when we went in the door, Dr Savidge  
10 met us and his words to us was we didn't really need  
11 to keep coming up the hospital now.

12 To me, that was telling me S had gone. They  
13 didn't have to worry anymore. So I said that we could  
14 go and see S but we needed somebody to take us down to  
15 the chapel of rest because you can't just go down  
16 there yourself, so somebody took us down there and we  
17 went and saw S down there.

18 They did say to me about the funeral parlour to  
19 go to, because they said there'd been a few families,  
20 that some funeral parlours won't let you view them, so  
21 sent me to somewhere where they'd said he's quite  
22 nice. In a way, we was lucky because when I got  
23 there, I didn't know but when we did get there, the  
24 man that run it was the headmaster from my children's  
25 school from before so he knew us and he was -- he used

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1 Q. He liked to put pictures on and you've said he was  
2 meticulous in the way in which he wrote and drew?  
3 A. Very, very.  
4 Q. Your statement talks about some of the things he put  
5 in his diary. Do you want to share any of them or  
6 would you like me to or we can just leave that?  
7 A. I'd like you to.  
8 Q. Okay. So you've told us in your witness statement  
9 some of the things that S put in his diary. He wrote  
10 about how he was feeling, his views about the  
11 treatment he was receiving, the pain he was in, his  
12 aspirations for the future, about how he'd look after  
13 your new baby when he was older and better and how the  
14 baby would want for nothing. You've described how the  
15 diaries were very neatly and carefully written. He  
16 was very tidy. He wrapped everything in tissue. He  
17 recorded his thoughts and feelings about his illness.  
18 That's where he wrote he'd noticed how he was  
19 treated different because you were very protective of  
20 him.  
21 A. Yes.  
22 Q. He also wrote that he used to lock himself in the  
23 toilets at the hospital when he was in pain because he  
24 didn't want anyone to know. He wrote on the cover of  
25 one book that he'd carry on writing in his book until

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1 to let us go up everyday to see S. Actually, I think  
2 it was him that got us through that time.

3 Q. At the point when S died he was 15 years old.

4 A. He was 15, yes.

5 Q. You provided the Inquiry with a copy of S's death  
6 certificate.

7 Paul, it's 2687005.

8 If we see in cause of death this doesn't mention  
9 anything about HIV or AIDS.

10 A. No.

11 Q. Was that at your request?

12 A. No, it wasn't. I did wonder why it wasn't but, no, it  
13 wasn't.

14 Q. That can go down, thanks.

15 After S died you discovered he had been keeping  
16 a diary?

17 A. Yes.

18 Q. You've shared with us some of the front pages of the  
19 diary.

20 A. Yes.

21 Q. We're going to put that up. If you need it taken  
22 down, we will.

23 2687002, please, Paul.

24 That's one of the diaries S kept.

25 A. Yes.

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1 the pages ran out?

2 A. Yes.

3 Q. He wrote about a future event he was hoping to go to  
4 in Planet Hollywood and his future ambitions and he  
5 wrote down events such as your wedding anniversary?

6 A. Yes.

7 Q. We'll just have one more document, please, on screen,  
8 Paul. It is 2687003.

9 We can see S's meticulous handwriting, as you  
10 describe it:

11 "My feelings and my life. This book is  
12 basically all about me. Inside you'll see a lot of my  
13 likes and dislikes, my wishes and dreams."

14 Also it says:

15 "How I feel on certain days and any worries  
16 I had."

17 We see the date on which it is started,  
18 8 February 1994, "finish when all the pages run out."

19 A. Yes.

20 Q. He wasn't able to finish it.

21 A. No, he wasn't.

22 Q. Because he died very soon after that.

23 A. Yes.

24 Q. Thank you for sharing that with us.

25 A. Thank you.

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1 Q. Can I just ask you a little bit about S the boy, the  
2 things he loved?  
3 A. He was a very strong Liverpool supporter.  
4 Q. Yes.  
5 A. He loved playing on his games. He was a very chatty  
6 boy. He wasn't shy or anything like that. I think  
7 him and his sister used to have arguments a bit but,  
8 other than that, no, he was beautiful.  
9 Coming to the end before he died he started  
10 getting quite angry, which I can understand. It was  
11 mainly aimed at me. I was very confused about that.  
12 His aunties used to go up and he was totally different  
13 but with me he got very angry but when I asked  
14 Dr O'Doherty what was the matter, he said that's  
15 probably when these things happen they tend to get  
16 angry with the ones they loved the most, but he was  
17 just lovely.  
18 Q. He loved Christmas you said?  
19 A. He loved Christmas. He loved Christmas and he loved  
20 going on holidays.  
21 Q. And he loved school. He was a very hard worker at  
22 school you described.  
23 A. He loved school. We only found this out after he'd  
24 died. He was in hospital quite a lot in the last year  
25 and he was due to do his exams and he was very keen on

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1 took advantage of him and we heard -- what he said was  
2 he just wanted to be left alone so he could do his  
3 schoolwork but we didn't find any of this out because  
4 he never told us. We didn't find this out until after  
5 he'd died and we looked through his diary.  
6 Q. You discovered only years after S had died that he'd  
7 also been diagnosed with hepatitis C.  
8 A. I didn't find that out until 2009.  
9 Q. How did you find that out?  
10 A. We used to have the Macfarlane Trust but after S died,  
11 all that, we didn't get any more correspondence from  
12 them.  
13 Then 2009 apparently The Skipton Trust had taken  
14 over from the Macfarlane Trust at some point. They  
15 just sent -- it was just a normal letter thing saying  
16 that the people that had got hepatitis C and the ones  
17 that had died there was I think they called it  
18 a something payment. So I contacted them and I said  
19 that actually I wasn't aware that S had got hepatitis  
20 C because I'd never been told that. So I had to phone  
21 up the hospital and the nurse said she was going to go  
22 and try and find his records to have a look, and then  
23 when I phoned back the next day that is when she said  
24 that he had had hepatitis C but then she said she  
25 wasn't surprised because the two brothers they had the

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1 doing his exams. I'm not just saying it because he  
2 was my son but he was very bright. We found it hard  
3 because we wanted to get some work to the hospital so  
4 he could keep up because he was getting ready for his  
5 exams but the school wasn't sending them. In the end  
6 the hospital had to intervene and they started sending  
7 him some stuff. But it was later, after he died, he  
8 used to keep all his papers, his Dad had given him  
9 a Glenfiddich tin. It was like a tube and he used to  
10 keep all his papers in there, but apparently -- S had  
11 gone very small. He actually was quite tiny compared  
12 to the other children of his age then and we found out  
13 he was being bullied, that somebody used to meet him  
14 at the gate and take his money off him and if he  
15 had -- S had a certain pen, apparently a teacher had  
16 told him it was really good to help with his  
17 handwriting, so S had got this pen and the boy took it  
18 away from him.

19 As he said, it wasn't just because it was a pen  
20 but it was because the teacher had said to him it  
21 would help him, he wanted it and he just used to want  
22 to -- he said he wouldn't even have minded if they  
23 took him into a room and let him be on his own. He  
24 just wanted to do his work. He used to set everything  
25 out, but this boy, obviously because S was smaller, he

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1 same, but I hadn't -- previous to that I wasn't made  
2 aware of that.  
3 Q. So you had never been told that he was being tested  
4 for hepatitis C?  
5 A. No.  
6 Q. Or given your consent to that?  
7 A. No.  
8 Q. And you had never been told the outcome of any tests?  
9 A. No.  
10 Q. It was years after he died when you got this letter  
11 out of the blue from The Skipton Fund that you found  
12 out?  
13 A. Yes.  
14 Q. You'd kept what had happened to S from anyone other  
15 than the very close members of your family.  
16 A. I didn't even tell my younger children. When S died  
17 I told them that he had a rare form of cancer because  
18 that's what I was told his ulcers were. It wasn't  
19 a cancer that we could get, once again it was just  
20 something that somebody with HIV got, so that is what  
21 I told my children. My older children were aware but  
22 not my younger ones.  
23 Q. One of the reasons you'd not wanted to talk about it  
24 more widely was because of the stigma associated with  
25 HIV and AIDS and one of the phrases you have used in

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1 your witness statement is not wanting to feel like  
2 a leper?  
3 **A.** That's right. When S -- when I first heard about S's  
4 HIV, a few weeks later I was reading a paper and it  
5 always sticks in my mind. There was a reporter for  
6 the paper and what he said was everybody with HIV they  
7 should be put on an island and left there, and  
8 I remember sitting there thinking how can they say  
9 something like that. My children have got HIV and  
10 they're just little children. How can you say  
11 something like that? So actually I didn't feel like  
12 I wanted to tell my younger children that. I didn't  
13 want to put them through that.  
14 **Q.** In fact, subsequently, one of your other children was  
15 told at St Thomas', by a doctor treating him that S  
16 had had HIV and AIDS and had died as a result?  
17 **A.** Yes.  
18 **Q.** That was without your knowledge and consent?  
19 **A.** No, I didn't know until my son come home and he said  
20 to me he didn't -- what was this about, he didn't  
21 know.  
22 **Q.** And your daughter?  
23 **A.** My daughter was told first. She had gone for an  
24 appointment to my GP and the GP had told her. So she  
25 come told and me the same thing up but until then they

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1 19th. They sent and they told me that they were sorry  
2 to hear about S dying and they put in a cheque for  
3 £1,000 to help with his funeral costs.  
4 I did not actually get how they knew but then  
5 when I said to Chris, she said that she has to inform  
6 them when this happens and that was the last time  
7 I heard from them after that.  
8 **Q.** You've said in your statement how none of this has  
9 ever gone away from your mind?  
10 **A.** No.  
11 **Q.** You tried to push it away. You have said the Inquiry  
12 has brought it back but you wanted to give your  
13 statement and give your evidence for S.  
14 **A.** Yes. This is the first time I've ever been able to  
15 say to somebody, it was like when S died everything  
16 was -- it wasn't mentioned any more and it was like he  
17 didn't exist in my head. He did exist. He had every  
18 right to be here now. That was taken away from him,  
19 but I've never been able to talk to anybody, and then  
20 when I found out, and that was just purely by  
21 coincidence that I found out there was going to be an  
22 inquiry, I got quite angry because I felt S should be  
23 there as well and that's when I contacted the people.  
24 We even got S's picture put up, even though we were  
25 late.

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1 didn't know.  
2 **Q.** Has anyone ever offered you or any of your family  
3 members testing for HIV or HCV over the years? Did  
4 they ever offer that?  
5 **A.** No.  
6 **Q.** Did they ever offer you any support or counselling?  
7 **A.** No.  
8 **Q.** You have mentioned the Macfarlane Trust?  
9 **A.** Yes.  
10 **Q.** You received some money from the Macfarlane Trust  
11 while S was alive which you accepted in particular  
12 because you wanted to take him on holiday?  
13 **A.** In the beginning, I think it must have been round  
14 about 1988, we received a letter and it was, I think,  
15 like a solicitor's letter and it was saying that they  
16 were going to be given this money but we had to sign  
17 a form.  
18 We were advised to sign it because they told us  
19 we couldn't fight the Government; so it would be best  
20 just to take it, which we did. Then the  
21 Macfarlane Trust was set up and they used to give  
22 I think it was £230 a month for S and that went on  
23 until S died. He died on 18 February in the early  
24 hours of the morning and I got a letter, the last  
25 letter I ever got from the Macfarlane Trust was on the

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1 **Q.** One of the things you've said in your statement is  
2 that, I think that's important to you, is that nobody  
3 has ever said that they are sorry.  
4 **A.** No. Nobody's ever told me how this happened, why it  
5 happened or just said to me we're sorry. I've never  
6 heard nothing like that.  
7 **Q.** I haven't got any further questions for you but is  
8 there anything else you want to add?  
9 **A.** I just want now -- I just wanted to get S's story out  
10 there because he did exist and actually I think people  
11 should know what happened to him because it shouldn't  
12 have.  
13 **Q.** Thank you.  
14 **A.** Thank you.  
15 **SIR BRIAN LANGSTAFF:** I think you have indeed got S's  
16 story out there.  
17 **A.** Thank you.  
18 **SIR BRIAN LANGSTAFF:** Well done.  
19 **A.** Thank you.  
20 **SIR BRIAN LANGSTAFF:** Thank you very much indeed for  
21 giving your evidence.  
22 **A.** Thank you for listening to me.  
23 **SIR BRIAN LANGSTAFF:** And thank you for supporting.  
24 You can stay there as long as you like or you  
25 may prefer to sit over there. It's entirely up to

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1 you.  
 2 **A.** Thank you.  
 3 **SIR BRIAN LANGSTAFF:** Well, Ms Richards, Mrs C was the  
 4 last witness for today.  
 5 **MS RICHARDS:** That's right, sir.  
 6 **SIR BRIAN LANGSTAFF:** Tomorrow we start at 10.00 not at  
 7 10.30, so 10 o'clock start tomorrow. Who are we  
 8 hearing from then?  
 9 **MS RICHARDS:** Tomorrow, sir, there are three witness:  
 10 Della Ryness-Hirsch, Steven Carroll and Robert  
 11 Worsley.  
 12 **SIR BRIAN LANGSTAFF:** 10 o'clock.  
 13 **(2.49 pm)**  
 14 **(Adjourned until 10.00 am the following day)**  
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<b>I N D E X</b>	
2	ALAN PERCY FOWLE (affirmed) ..... 5
3	CHRISTINE FOWLE (affirmed) ..... 5
4	Questioned by MS RICHARDS ..... 5
5	MR B, affirmed ..... 31
6	Questioned by MS FRASER BUTLIN ..... 31
7	MRS C, affirmed ..... 55
8	Questioned by MS RICHARDS ..... 55

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	'82/83 [1] 52/16 '90s [2] 52/9 52/10 . ... [5] 19/2 46/6 50/15 51/18 52/18 <b>1</b> <b>1,000 [1]</b> 87/3 <b>10 [1]</b> 65/23 <b>10 o'clock [2]</b> 89/7 89/12 <b>10.00 [2]</b> 89/6 89/14 <b>10.30 [1]</b> 89/7 <b>10.31 [1]</b> 1/2 <b>10th [1]</b> 15/18 <b>11 [2]</b> 6/2 68/4 <b>11 months [1]</b> 56/17 <b>11 years [1]</b> 69/13 <b>11.11 [1]</b> 30/21 <b>11.45/11.50 [1]</b> 30/18 <b>11.50 [3]</b> 30/18 30/19 30/20 <b>11.55 [1]</b> 30/23 <b>11/12 [1]</b> 33/10 <b>12 [4]</b> 33/10 67/22 68/4 75/2 <b>12 months [1]</b> 6/2 <b>12 years [1]</b> 13/19 <b>12.35 pm [1]</b> 54/11 <b>13 [4]</b> 67/22 68/9 68/10 75/2 <b>13 years [1]</b> 47/25 <b>14 [1]</b> 67/25 <b>14 years [1]</b> 68/9 <b>15 [6]</b> 17/3 17/8 17/19 17/20 22/20 78/4 <b>15 years [2]</b> 44/21 78/3 <b>16 February [1]</b> 75/12 <b>17 February [1]</b> 75/22 <b>17th [1]</b> 75/13 <b>18 [3]</b> 20/18 24/13 24/14 <b>18 February [1]</b> 86/23 <b>18 months [6]</b> 20/19 20/19 21/15 42/6 43/22 57/20 <b>1805002 [1]</b> 9/3 <b>1805003 [1]</b> 24/8 <b>19 [3]</b> 24/10 24/12 24/12 <b>1970s 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