

Witness Name: Paul Desmond

Statement No.: WITN0479004

Exhibits: WITN0479005 - 22

Dated: 11.07.2019

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF PAUL DESMOND

I provide this second statement following my first statement, which was given in response to a request under Rule 9 of the Inquiry Rules 2006, dated 12 October 2018.

I, Paul Desmond, will say as follows: -

Section 1. Introduction

1. My name is Paul Desmond. My date of birth is GRO-C 1961 and my address is known to the Inquiry. I am not married.
2. I am the CEO of the Hepatitis B Positive Trust ("HBV Trust") website www.hepbpositive.org.uk and run a campaign website for infected blood www.thetruthabouthepc.org.uk.
3. I confirm that I am not legally represented and I am happy for the investigation team to assist me with this, my second statement.
4. My first statement dated 11 December 2018 details how I acquired needlestick Hepatitis C virus, how it impacted on my health and how I completely recovered.

5. The purpose of this second statement is to provide details about some of the experiences that I have had running a national helpline for viral hepatitis and my interactions with various initiatives, NHS agencies and politicians. It also covers some of the researches and studies I made and utilised and some of the presentations to NHS conferences and Political groups.

Section 2. Charity Work

6. I am currently involved around the world with a number of charities and initiatives that have a strong focus on providing information and support to people infected with and carers and doctors and politicians dealing HBV and HCV.
7. I here list a summary of the main ones I am involved with:
- a) The Hepatitis B Positive Trust (CEO) (www.hepbpositive.org.uk).
 - b) The Hepatitis B Foundation UK (merged with above trust).
 - c) "The Truth About Hepatitis C" (www.thetruthabouthepc.org.uk).
 - d) Am I Number 88? (merged with above website).
 - e) The Six Hepatitis Asks (part of the Hepatitis B Trust Constitution).
 - f) Various African charities. Information about these charities can be accessed at the following websites:
 - i. www.hepafrika.org (Nigeria - contact Dan Juma Adda).
 - ii. <http://www.hepb.org/blog/tackling-hepatitis-b-africa-first-nigerian-hepatitis-summit/> (Ghana).
 - iii. <https://africanhepatitissummit.com/theobald-owusu-ansah/> (Uganda – contact Kenneth Kagambe).
 - iv. <http://www.worldhepatitisalliance.org/news/mar-2019/wha-supports-african-hepatitis-summit-2019>
 - v. www.wegiveall.org (Sierra Leone).
8. The majority of my time and work is dedicated to the HBV Trust, so a large bulk of the information included in this statement is related to that charity. As a brief background I will say the following.

Background

9. In 2013 June I started the HBV Trust and subsequently merged the Hep B Foundation UK with it.
10. In 2006, I began running the website www.thetruthabouthepc.org.uk. Through my work with the website, I would often attend the House of Commons to raise awareness of the cover up of contaminated HBV and HCV within our country.
11. It was during one such attendance in 2006, that I met Penny Wilson-Webb CBE (Head of the HBV Foundation). I was promoting an initiative called "Am I number 88?", which refers to the 1 in 88 people infected with Viral Hepatitis in the UK and the fact that the number is being covered up by the NHS. Further information can be found on the following website:
<https://publications.parliament.uk/pa/cm200708/cmhansrd/cm080521/halltext/80521h0006.htm>.
12. Penny and I formed a strong professional relationship and we began working together as she was drafting a document called the rising curve which was detailing the migrant boom in Hepatitis B in the UK. This document can be accessed at the following website:
<https://edm.parliament.uk/early-day-motion/34865/hepatitis-b-and-the-rising-curve-report>.
13. Unfortunately, Penny was dying of cancer, and she informed me that she wanted me to carry on with her work in the future, should she pass away. Upon Penny's passing in 2009, her husband, Andrew Wilson-Webb, asked me if I would like to continue the work that Penny was undertaking prior to her death. I gladly accepted and for approximately 4 years, I worked with Andrew to continue her legacy.

The HBV Foundation

14. One of the many projects that I worked on with Andrew Wilson-Webb included running an online HBV forum that provided a platform for users to access and discuss a large body of information about HBV.
15. This was an incredibly successful project. The website had approximately 600,000 views and approximately 50,000 users over a four-year period. It was so successful that I received a telephone call from Google, who told me that apparently our website had the 'stickiest' content in the world.

16. They explained me that 'sticky' content is the expression used to refer to the content that attracts users who stay on the website to view the content for a long period of time. Typically, users would spend an average of 5 hours engaging with our content. The forum can be accessed on the following website: <http://www.hepb.org/blog/>.
17. In addition to the online forum, the HBV Foundation also:
- a) cared for 1200 helpline callers a year;
 - b) I attended many meetings with the All Party Parliamentary Group on Hepatitis (APPGH), with the Liver Tsar and BASL and NHS agencies;
 - c) helped 14 Industries with HBV vaccinations;
 - d) campaigned relentlessly to get every child vaccinated;
 - e) worked to help 7500 GP practices with diagnostic information;
 - f) fought to generate understanding that the bulk of Migrant HBV had infected blood or healthcare as its prime direct or indirect risk;
 - g) fought to get proper Premiership Blood Hygiene into our schools and work places (I will return to the issue of 'Premiership Blood Hygiene' later in my statement); and
 - h) strives to get better patient information and education to those diagnosed.
18. We continue all these efforts with the HBV Trust (see below).
19. Andrew Wilson-Webb ran a charity called "The Rarer Cancer Foundation". This foundation was focused on raising awareness about rare forms of cancer, that are allocated far less awareness and drug funding than other well-known cancers (e.g. breast cancer, lung cancer, stomach cancer etc).
20. Andrew was a keen advocate for the allocation of funding for cancer drugs and requested £250 million in funding from David Cameron before he was elected Prime Minister. Upon his election, David Cameron granted that funding. After the initial grant, Andrew continued to lobby

- the government for further funding and The Rarer Cancer Drug Fund was eventually granted an additional £50 million.
21. This helped get cancer drugs for many HBV and HCV liver cancer sufferers and further information can be found on the following website:
<https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/access-to-treatment/cancer-drugs-fund-cdf>.
 22. Andrew assisted Penny in running the All-Party Parliamentary Group for Hepatitis and taught me a lot about how to deal with politicians. He even coined the term "Postcode Lottery".
 23. In 2015, Andrew Wilson-Webb suddenly died of cancer. Following his death, we merged the HBV Foundation into the HBV Trust, however we lost a large amount of literature because the website subscriptions were not renewed and we could not access the information on the website due to Data Protection laws.

The HBV Trust

24. The HBV Trust is predominantly funded by patients. We occasionally source additional funding by placing collections tins in local supermarkets, however this stream of funding has become increasingly difficult to pursue due to regulation. We do not take any money from drug companies to pay staff, however if it is offered we request that they assist our charity by paying directly for information leaflets or posters to be printed.
25. From 2009, I took on a national Hepatitis B helpline, so I went from initially discussing HCV healthcare infections with hundreds of people as www.thetruthabouthepc.org.uk from 2006 to 2009, to discussing HBV infections with thousands of people that had been infected by healthcare from 2009 to date as www.hepatitisbpositive.org.uk.
26. When I took on the national helpline, I decided to conduct what we called the "Thousand Patient Audit". We maintain this audit each year, but in 2012 we conducted the audit quite comprehensively. The audit provided us with information and statistics, which we were able to compile into pie charts to use within my presentations, which would be shown to the House of Commons All-Party Parliamentary Groups, NHS agencies and medical conferences. I have set out some of the key findings of the audit below:
 - a) When we undertook the audit, we were getting around 1,200 to 1,500 telephone calls per year. The results showed that 46% of the

calls we were receiving were from infected individuals. Of that 46%, 70% of the infections occurred with contaminated healthcare as a prime direct or indirect risk. We found that these contaminations were limited within the UK, but overseas were predominant. This alerted me to the fact that one of the key contributors to the infected blood infection rate within the UK was immigration. This rate was and is running at 5 to 10,000 new infections of mainly contaminated HBV and HCV arriving per year.

- b) We found that approximately 4 out of 5 infections are 'silent' or 'innocent', which means that the infected callers were not infected as a result of sex or drug use but mainly during childhood.
- c) Our audit also showed that within the Asian demographic of callers, Pakistani's showed the highest rate of infection at 5%. A study was undertaken in 2005, which showed that 1 in 25 Pakistani's had HBV, which can be attributed to a strong culture of injecting medicine (they even inject regular paracetamol). Further information can be found by accessing the following link: <https://www.who.int/news-room/feature-stories/detail/pakistan-tackles-high-rates-of-hepatitis-from-many-angles>.

Infected Blood History

- 27. Hepatitis A Virus ("HAV") was discovered first among the Hepatitis Viruses, and it would disappear within 6 months. HAV has similar symptoms to HBV and HCV, so as a profession, healthcare assumed a post war mentality that a little bit of Hepatitis was not a long-lasting disease, that it would just disappear after time.
- 28. Things changed around 1968-1970, when Baruch Blumberg exposed the longevity of Hepatitis B when he discovered the virus. Further information about Baruch Bloomberg can be found on the following website: https://en.wikipedia.org/wiki/Baruch_Samuel_Blumberg.
- 29. In 1972, the HBV surface antigen blood test was developed. This test is formed the basis of the understanding that blood is like a river with all sorts of viruses potentially living in it, like fish living in a river. From this point the USA stopped prison blood donations for transfusions in 1971 and many nations took note. (i.e. you cannot just give any person's blood to another person). That strict donor vetting is important.
- 30. Following the development of the Surface Antigen Test, the World Health Organisation ('WHO') issued guidelines on testing for HBV. The

most infectious period for HBV transfusions in the developed world was between 1945 and 1972.

31. After 1972, there was a dramatic drop and there was finally a common understanding within the medical industry that where we get our blood from actually matters. However, despite being common knowledge within the medical profession, the information has never been effectively communicated to the general public in the UK, nor was the use of prison blood stopped in the UK until 1984.
32. From 1976 the search for and elimination of the HCV from the worlds blood supply was led by Harvey J Alter, who pioneered surrogate screening and better donor vetting from 1976 to 1991. Further information about Harvey J Alter can be found at:
https://en.wikipedia.org/wiki/Harvey_J._Alter .

Work with Patients

33. A large portion of the work undertaken by the HBV Trust and the HBV Foundation involves taking telephone calls from infected and affected individuals. The types of calls that we receive vary immensely and range from individuals and organisations seeking general information to doctors seeking specific advice about a diagnosis.
34. Whenever we take a call, we make sure that we ask some important questions to the person who is calling because for some people, this is the first time that they are receiving any information about HBV or alternatively, the first time that they have ever been prompted to stop and consider how they may have caught the virus. By way of example, I have listed some points that we generally aim to discuss with patients on the helpline:
 - a) Whether the patient received any literature or other material when they were diagnosed.
 - b) The patient's perspective on what has happened (i.e. As it currently stands, do you think you will survive? Has anyone stopped to ask you if you OK with relationships? Has anyone considered how well you are able to vaccinate others? Whether work or travel are affected).
 - c) Whether the patient is aware that they can still have children, continue a relationship or even that their life expectancy should still be 80 years.

35. As a result of the work we do with the helpline, it seems to me that there is just not enough information about HBV and HCV available to the public. When people are diagnosed, they do a quick online search of the virus, see that it is "chronic" and immediately assume the worst. People commonly call the helpline in tears thinking they are going to die, even after years of NHS care.
36. I do not particularly think that this is the fault of the doctors who give the diagnosis, because they have a very limited amount of time to spend with a patient. The doctors will generally cover off on the key medical issues, risks and lifestyle factors, but they do not have enough time to discuss anything more or discuss the monumental scale of infected healthcare infections that have happened in the UK and worldwide. In fact, few NHS staff are taught about the scale of contaminated hepatitis that has occurred and is still occurring.
37. People are then left with this devastating diagnosis, with no information to supplement their concerns. The central office of information does not publish enough facts about HBV or HCV – people just do not know what it is or how healthcare was its main driver.
38. An incredibly broad variety of individuals have called the helpline they are documented in my book, *'Hepatitis B & C - What every family needs to know'*. I feel that it may be useful to share some examples of those experiences within this statement, so I have provided a few interesting calls that I have received below:
- a) A young woman once told me that she considered herself to be "untouchable" after her HBV diagnosis. I had to tell her that there was no risk at all of transferring the virus to another person just by merely touching another person. She was 23 and had lived that way for years.
 - b) A Polish woman with HBV was forced to live in a garden shed and would bury her bodily fluids in the garden, because of standard; too easy to misunderstand NHS information.
 - c) A nurse told me that her partner had HBV, so she always had to make sure that he wore a condom when having sex, but I informed her that you could not transmit HBV through sexual intercourse as you are vaccinated.

- d) A Pakistani woman asked me what she should do about her son who had just been diagnosed with HBV, as she wanted to arrange for him be married but did not think that he could have a relationship following his diagnosis. I simply told her that as long as his partner was vaccinated, he can marry who he pleases. The next day, a marriage was arranged for the son.
 - e) A caller mentioned her husband was hanging dead in the garage.
39. In my experience, I have encountered very few patients that have sought compensation for their infected blood experience, less than 10% ever seem to hear of the payment schemes or want to take up on them. My neighbour HCV infected in 1980 and transplanted in 2000 does not feel compensation is correct for his transplant and infection and speaks for what are a silent majority of callers.
40. Many of these people love the NHS, because the employees of the NHS that they interact with have done everything they can to help them.
41. Some people that have not sought compensation have just simply never considered they had contaminated blood, whilst others do not have the evidence to prove that it was the NHS' fault that they were infected. Over the last 14 years generally less than 10% of callers with a clear NHS blood risk that we have audited have got or applied for
42. the payments.

Work with Medical Professionals related to Infected Blood

43. As a consequence of the lack of access to information for HBV and HCV patients, I began reaching out to various medical professionals. The purpose for doing so was two-fold:
- a) It allowed me to find out just what information the medical profession had in relation to HBV and HCV; and
 - b) It gave me the opportunity to provide education about HBV and HCV in areas that needed it most.
44. In 2006, we developed a 'HBV and HCV Diagnostic Tool'. This was a practical tool that we distributed to 7,500 medical practices across the UK, to assist General Practitioners ('GPs') in accurately diagnosing individuals with HBV and HCV. Key to these tools were the HBV and HCV world health atlases that show how humanity has contracted HBV and HCV hundreds of millions of times from infected blood via

healthcare procedures. I will return to discuss these atlases in greater detail towards the end of my statement.

45. Interpreting a Hepatitis diagnosis is very complex and this tool allows GPs to provide their patients with a visual representation of their diagnosis. The Investigators have taken an image of the HBV and HCV Diagnostic tool and is exhibited as **WITN0479005**.
46. One figure in helping to reach out to general practitioners with better training in infected blood is Dr Shahid Dadabhoy. Dr Dadabhoy is a member at the Royal College of General Practitioners and teaches a course that focuses on the treatment and diagnosis of HBV and HCV.
47. In 2013, I became aware of Dr Dadabhoy's work at the Royal College, so I tracked him down and told him that I wanted to help and add in some HBV and HCV infected blood facts. I ended up attending the course myself and halfway through the course, Dr Dadabhoy gave me the opportunity to teach the class about infected blood HBV and HCV.
48. The most cost-effective way to identify contaminated blood survivors is at the GP level. GP's are the people that have immediate contact with patients, so they need to have the right education and tools to identify patients that have been infected as a result of contaminated blood. The course is still offered at the Royal College, sadly however Public Health England didn't consider it necessary to promote the issue.
49. Since attending the course, I have continued to work with Dr Dadabhoy to educate GPs about treating and diagnosing Hepatitis. Together, we developed counselling sheets for GPs called "The GP Pilot", which gives guidance on how to approach testing for infected blood HBV and HCV. We managed to reach 300 GP practices around the country.
50. At the conclusion of The GP Pilot project, we asked GPs to undertake a survey which asked a series of follow up questions. Interestingly, 100% of the 300 GPs that took part in The GP Pilot said "yes" when asked "do you feel there is a need for more infected blood HBV and HCV testing tools?".
51. To this day, I maintain a relationship with Dr Dadabhoy and he has helped our work at the HBV Trust.

Social Risks in the UK

52. Social risks that exist in relation to infected blood HBV and HCV are not limited to the past. The UK and the general public just do not recognise the social risks, if you walk down your local High Street, there are risks in many of the shops that you pass.
53. Every food shop will have a 5-star food hygiene label, but beauty salons, barber shops and tattoo parlours have no form of rating system for the safety of their equipment for HBV and HCV transmission.
54. Barbers have a high risk of transmitting HBV and HCV by using communal clippers, these are seldom cleaned between users. Tattooists are constantly handling needles, potentially exposing themselves and their clients to HBV and HCV via cross contamination.
55. Beauty Salons in the London are beginning to use "Botox guns" which operate in a similar fashion to the jet guns used in Africa. In order to use a Botox gun, you only need to have a one-hour training session.
56. We have taken calls from infected clients regularly for years and advocated for a workbook called the "Piercing and Tattoo Tool-Kit", which can be accessed at the following website:
<https://www.cieh.org/media/2004/tattooing-and-body-piercing-guidance-toolkit-july-2013.pdf>.
57. The Piercing and Tattoo Tool-Kit was aimed at educating people within these high-risk industries about the best practices for avoiding the transmission of infected blood HBV and HCV in the workplace. Unfortunately, this toolkit and a training system and a hygiene system is still not monitored in the UK.
58. Tattoo parlours, beauty shops and barbers pose a real risk for transmission of HBV, particularly when you consider the cleaning procedures that a tattooist would undertake for a 3-hour open session in a shopping centre, compared against the cleaning preparation that would occur before for a 3-hour open surgery in a hospital.
59. The risk of spreading HBV within a social setting is 10 times greater than the risk of spreading HCV. For example, if I borrow a razor or have mutual boxing bleed with a person infected with HCV, there is a 1 in 30 risk that I will become infected. If I borrow a razor from a person that is infected with HBV, there is a 1 in 3 risk that I will become infected.
60. The risk of spreading HBV, particularly in countries that have poor glass syringe healthcare is therefore far greater. Vast numbers are migrating into the United Kingdom with healthcare acquired HBV and HCV.

The UK's Migrating Infected Blood Epidemic

61. Between 2004 and 2005, 1 million people immigrated to England. The statistics published by the WHO stated that 2% of immigrants would have HBV and 1% would have HCV. The cause of the infections for the majority of those people was due to poor healthcare in their home countries.
62. The sudden increase of people with HBV or HCV entering our country prompted urgency for more skills and information to be distributed amongst both the UK medical profession and the wider community. We have left the bulk of our 300,000 infected blood survivors to die from the cover up of the issue and the testing needed.
63. Whether we are to allow the 200,000 plus migrants to die just as quickly from the denial of World Health Organisation recommended border testing is the next question for our Inquiry.
64. At the HBV Foundation, we promote awareness that the bulk of patients diagnosed in the UK are the 4,000 pregnant mainly migrant mums discovered annually, not as is commonly suggested drug or sexual risk takers.
65. I have spoken in the past to a Chinese doctor that was practicing in Wales, Dr Clin, who couldn't believe that we didn't vaccinate children for HBV. He told me that 80% of Chinese children, wherever they are in the world, will catch HBV. Dr Clin wept at the significance.
66. The latest wave of Hepatitis spreading across our country is the "Syrian Wave". Over the last 3 years, there has been a huge influx of people immigrating to the UK from areas with poor healthcare such as Syria, North Africa, Afghanistan, Iraq, Turkey, Libya and Egypt.
67. Dr Saibach, a leading HBV doctor in the EU, found that 2.2% of individuals immigrating as part of the Syrian Wave have HBV. A journal article discussing the HBV infections in immigrant populations can be accessed at: <http://europepmc.org/articles/pmc4691698>.
68. The risks of transmitting Hepatitis are also prevalent within schools and local sporting clubs. There is a document on our website titled

"Premiership Blood Hygiene" (which can be found on the HBV Trust Website), which describes how blood is the most infectious bodily fluid.

69. The term "blood hygiene" refers to the practice of dealing with blood and open wounds in a safe manner. A good example of this can be seen when you compare the English Premier League ("EPL") football match to a local football match. If a player suffers from a cut or abrasion in an EPL match, safe blood hygiene practices are enforced immediately by medical staff; however, if the same injury were to occur in a local football match, they would just use a bucket with a sponge. Such common practice leads to infected blood onward transmission as few public venues rigorously avoid reusing the sponges.
70. When I was raising awareness about the Premiership Blood Hygiene document, I received telephone calls from 20 different schools that had experienced outbreaks of Hepatitis B. I found that children were playing with compasses, running around with open wounds and even 'blood brothering' (the act of pricking your finger with a friend and rubbing the open wounds together as an expression of solidarity).
71. The social risks of contracting HBV are far greater for males than females, due to the more wounding and risk-taking characteristics of male contact sports. Worldwide by the time young males reach the age of 14, the HBV infection rate is nearly twice as high as females of the same age.

Section 3. Political and Commons

72. The All-Party Parliamentary Hepatology Group ('APPHG') published a Hepatitis Scandal Report in 2002 ('Scandal Report'). Penny Wilson-Webb CBE was the secretariat head of the APPGH for a period during the Noughties, and the report highlighted the fact that unlike all other countries around the world, we were doing absolutely nothing to monitor and diagnose the prevalence of HBV and HCV.
73. The Scandal Report tabled a number of predictions which I will discuss generally below, as some of those predictions are beginning to come true. It largely drew on the work of Dr Everett Koop, the Surgeon General of the United States of America, the equivalent position to the Chief Medical Officer in the UK. Dr Koop recognised the transfusion hepatitis C pandemic in the 1990's and pointed out that this would eventually kill more people than HIV.
74. He was responsible for launching the "Stop, Caution, Get Tested" traffic light poster to warn al ex surgery patients they were at risk and needed

safety testing which promoted generational testing for individuals that had undergone surgery, dialysis, transfusion, caesarean section or transplants.

75. Interestingly, the Scandal Report seems to have disappeared and I believe that it would be of great assistance to this Inquiry if it could be located.
76. In 2007, I met Sandra Gidley, a Liberal Democrat, who had recently been through the experience of having a staff member in her office lose a partner due to infected blood. Shortly after meeting Sandra, I noticed that Baroness Lynne Featherstone, had announced that a member of her family had passed away due to an infected blood related illness.
77. Also around 2007, I noticed an infected transfusion HCV related death in the family of Sir Peter and Julia Luff. This was the first time that politicians really started taking notice of the effect that infected blood products were having on their community in the UK.
78. Sir Simon Hughes is a Member of the European Parliament that has worked closely with the European Union and is well aware of the global prevalence of infected blood HCV. With the help of Sir Simon Hughes and Sandra Gidley, I began to build support within the House of Commons for providing greater access to information about hepatitis.
79. In 2008, I decided to put together a seminar on the scale of infected blood (400,000 infections of HCV) for the purpose of educating politicians and medical professionals who were willing to attend. The seminar was centred around what we called the "Six Hepatitis Asks" ("Six Asks"), which covered the following issues:
 - 1) **The need for the Hepatitis B atlas.** (I have provided the Inquiry with a photograph of the Hepatitis B atlas produced by the WHO. It is exhibited as **WITN0479006**).
 - 2) **The need for the infected blood Hepatitis C atlas** (I have provided the Inquiry with a photograph of the Hepatitis C atlas produced by the WHO It is exhibited as **WITN0479007**).
 - 3) **The Cover Up of look back screening** of all surgery dialysis transplant and blood product patients and migrants.
 - 4) **The zero use of death certification codes** and the look back for HCV deaths from infected blood.
 - 5) **The lacking blood hygiene education.**
 - 6) **The failure of universal HBV vaccination of our children.**

80. The Six Asks are essentially from the WHO guidelines released circa 1999, which promoted look back testing, publication of the HBV and HCV atlases, vaccination of children and the recording of death codes.
81. I sent out a number of invitations for patients and NHS staff to attend my first seminar in Euston, no one attended. This truly revealed the total lack of concern throughout the nation and medical profession.
82. Despite the poor turn out, I decided to hold another seminar based on the Six Asks at a hall in Mayfair in March 2008 ('Mayfair Seminar') for lawyers and political types – the attendance was much better at the Mayfair Seminar.
83. I mailed out approximately 1,200 handwritten invitations to Lords, Members of Parliament and other industry professionals. We had different groups represented, lawyers, politicians, media and charity representatives. We had people from the House of Commons and the House of Lords, one of those being Sandra Gidley.
84. The Mayfair Seminar was recorded and uploaded to YouTube as a six-part documentary, which is still available for viewing today (the documentary can be found by accessing the following link:
<https://www.youtube.com/watch?v=xzxwYd7ZFM0>).
85. In addition to the six-part documentary, I have approximately thirty other presentations available for viewing on YouTube. These are statements often related to Infected Blood given at conferences of professionals over the years.
86. I also recommend the Inquiry view the presentation titled "*NHS Hepatitis C and Me*" by a colleague of mine, Johnathon Gems, as an excellent example of the cover up and the many victims of infection via NHS equipment.
87. Following the Mayfair Seminar, I began to build some momentum and with the help of Sandra Gidley and the Liberal Democrats, I presented the Six Asks seminar supported by the chief health whips to the House of Commons in March or April of 2009.
88. The House of Commons Seminar made me realise how little our politicians knew about what was happening within the infected blood epidemic, both in terms of scale and lack of response. In the front row of the House of Commons Seminar there was Lord Patrick Jenkin of

Roding, who had been Secretary of State for Health and Social Services at the critical time.

89. Alongside Lord Jenkin, there was Anne Milton (an ex-nurse who recalls witnessing patients turn yellow), Brian Iddon (a leader in the debate on liver cancer in the House of Commons) and Andy Burnham, who was integral in prompting the government's commitment to commencing this Inquiry.
90. I have provided the Inquiry with a photograph of the attendance list (exhibited as **WITN0479008**), along with a list of people that were unable to attend (exhibited as **WITN0479009**). Whilst I was giving the presentation, Lord Jenkin broke down and started crying, he said to me that "it happened on my watch". I consoled Lord Jenkin and I asked him if he could say the same thing to me but in writing.
91. He eventually did by email and I have provided a photograph of that email to the Inquiry. It is exhibited as **WITN0479010**. This exhibit includes a handwritten note of mine regarding the discussions about going to the Department of Health (DOH) and having a truth and reconciliation, where they could possibly open up and accept their actions had infected 400,000 with infected blood (HCV).
92. Lord Jenkin was very aware that HCV was mainly caused by transfusions and had a long and horrifying experience of finding all his ministerial evidence of the fact had been intentionally destroyed to cover up the NHS outbreak and its scale.
93. This never occurred, however I had a long debate with Baroness Glenys Thornton (the spokesperson for the DOH at the time) about holding the true level of infected blood transmission and its appalling cover up.
94. My key point to her and everyone during the seminars was the EU has 27 nations that recorded that 1 in 25 to 1 in 70 transfusions transmitted HCV in the post war era until stricter vetting began in 1984 post HIV's discovery.
95. In the UK every set of tests done on the transfused has shown a 1 in 40 to a 1 in 50, numerous of these studies and reports have been forwarded to the Inquiry.
96. Yet the NHS cover up has repeatedly stated our transfusions were not 1 in 50 infected but an idiotic fatally dangerous pretend guess of just 1 in 2000 infectious. A level 20 times purer than anywhere on Earth!

97. In 2009 Baroness Thornton still attempted to state that the NHS and Dept of Health has no data suggesting the rate was higher than 1 in 400, even after I presented her with clear evidence it was 1 in 40.
98. In 2018 Baroness Thornton informed me that she wanted the record to show that she was merely a spokesperson when I wanted to discuss my book with her, "When Spin Kills".
99. I have provided photographs of the following correspondence which may be of use to the Inquiry:
- a) Letter from David Owen dated 20 June 2008 **(WITN0479011)**.
 - b) Letter from Brian Iddon dated 28 July 2008 **(WITN0479012)**.
 - c) Letter from Lord Archer dated 6 August 2008 **(WITN0479013)**.
 - d) Letter from Brian Iddon dated 14 August 2008 **(WITN0479014)**.
 - e) Letter from Lord Archer dated 7 March 2009 **(WITN0479015)**.
 - f) Letter from Peter Luff dated 24 March 2009 **(WITN0479016)**.
 - g) Letter from Lord Morris of Manchester dated 30 March 2009 **(WITN0479017)**.
 - h) Letter from Lord Jenkin of Roding dated 21 May 2009 **(WITN0479018)**.
 - i) Letter from Lord Jenkin of Roding dated 29 June 2009 **(WITN0479019)**.
 - j) Comments from various whips that attended the House of Commons Seminar **(WITN0479020)**.
100. The House of Commons Seminar seemed to have a strong effect on a number of people. After David Cameron's son passed away, he still managed to find the time to send me a note regretting his failure to attend.
101. Of the politicians that I managed to stay in touch with, I consider the friendship that I built with Lord Jenkin to be of significant importance. I was able to engage with Lord Jenkin on a level that allowed me to really drill down into what he had been through of the preceding decades.
102. Lord Jenkin told me that he had been running around trying to find his ministerial notes, yet everywhere he went he would find that his notes had been destroyed. He told me his fear was that he was going to pass away before he was able to share his knowledge of what had occurred in a proper Inquiry.
103. In the final report issued by the Archer Inquiry, there are three pages dedicated to describing Lord Jenkin's search for his notes. He spoke to

Baron Norman Warner, who admitted that all files relating to infected blood were destroyed (this was sworn testimony in the Archer Inquiry). It was Lord Jenkin's belief that they had burnt all of his material to help cover up the disaster scale

104. Since the unfortunate passing of Lord Jenkin, I have written to his son, Bernard Jenkin, to ask permission to refer to the correspondence that I had with his father. Bernard gave me permission to do so and encouraged it on the basis that he wants his father's wishes to be honoured.
105. One of the problems that we saw with the Archer Inquiry was a lack of access to time and resources. They called something like 20 to 40 witnesses and that was all they could manage. They did not have the resources to investigate the comments of Lord Jenkin, nor were they able to follow up on Lord Owen's mention of a cover up.
106. It seemed to me as though they didn't want to expose a scenario like we saw in France where it resulted in prosecutions. The Archer Inquiry was essentially centred on Factor VIII – there was little mention of 100,000's of infections by transfusion, dialysis, equipment and other blood products.
107. One of the key issues for me, was that the ignorant of the global epidemic trip fall lawyers had no notion worldwide 200 nations have been vastly more honest about their hundreds of thousands of infections, but the Archer Inquiry did not have the resources to drill down into the real numbers.
108. Secondary to this, it is my belief that we should be concerned with the numbers and equally concerned and focussed on the lack of healthcare offered to the 250,000 infected blood patients in need right now in the UK in 2019.
109. During the Archer Inquiry, I met with Lord Archer to discuss my Six Asks presentation. Unfortunately, I was too late as Lord Archer had essentially finished spending his money and any reference to the Six Asks was unable to be included in the final report. In any event, I was informed by Lord Archer that much of what I was discussing fell outside of the Archer Inquiry's Terms of Reference.
110. This tragedy of doing in Inquiries without good terms of reference goes on again and again. The bulk of our contaminated blood survivors are now migrants and we have completely overlooked them.

111. One success that arose from the Archer Inquiry, was that it caused a parliamentary debate about liver cancer. The Hansard for this debate is available online, however the important takeaway from the debate was that we are witnessing the greatest EU boom in deaths as a result of liver cancer and cirrhosis, yet they were unable to draw a link to infected blood hepatitis.
112. It became obvious to me then that there were and still are a team of people maintaining the cover up to date. This group have been named and I hope prison sentence charges can be a consequence as soon as possible. If not these mass murders will repeat over and over.
113. For the present Inquiry, we have an opportunity to determine the many NHS and overseas sources and the scale of this epidemic, however it is up to us to force the NHS to actually do something thereafter to mass test and diagnose surgery and migrant patients. It doesn't matter so much about the information, what is important is the actions that are taken to achieve some 90% infected blood diagnostic levels. I feel that it is my constitution to contribute this to this Inquiry.
114. Between 2011 and 2014, I began to realise that many of the politicians were victims as well. In my experience, I have found that the DOH essentially runs itself, they write their own brochure.
115. The people that work for the DOH work there for their entire lives – the politicians do not police it. When an individual applies for a job at the DOH, they are met with a psychometric analysis and if they are offered the job, it is because they will do, what the boss says, they will be loyal to the credo of 'we are flawless' and knee jerk cover up problems – there are no whistle blowers allowed.
116. Andrew Langsley attempted to clean up the DOH and its total quangocracy and within six months, they got rid of him. We have had 15 Health Ministers in recent times, but the main people at the top of the DOH remain, as has the cover up of the HBV and HCV prevalences remains and the cover up of the UK's infected blood epidemics of HBV and HCV remains.
117. Every year, each NHS department puts aside a slice of its annual budget for the production of reports outlining how good they are. The NHS produce their own brochures and in doing so, exercise control over the facts and figures that the MPs refer to.

- 118.** This is devastatingly clear with the Infected Blood area, zero reports from 1990 to 2004 and then spin and more fatal spin. The key crimes perpetrated by the Dept. of Health are the astonishing lies and failures sitting in their HCV reports from 2004 to 2019.
- 119.** When the world rushed to diagnose its millions of infected blood victims in the nineties, it simply lied about the level of infection. When it started noticing HCV, it lied again pretending the infections were 90% drug related.
- 120.** It even lied about the vast death toll publishing just a 100 or so annual deaths therefrom in its 2005 strategy report. These lies are simply planned mass murder, a crime of leaving vast numbers to die as quick as possible.
- 121.** I have had Members of Parliament (Lord Owen and Lord Jenkin) tell me that they know that their personal view is correct, namely that the DOH has destroyed their libraries of notes to work the cover up. However, they and the political leaders are powerless in projecting the truth. Even at the preliminary hearings for this Inquiry, the DOH sent its lawyers but not one expert appeared to admit that what has and is happening is wrong.
- 122.** I appreciate that they were asked to send legal representation to this Inquiry, however they had the opportunity to send teams of experts to admit the use of UK prisoners as a blood bank, to admit the numbers known and discussed to be infected with HCV was running at 20,000 plus a year, to admit the failings in surrogate screening, in understanding HCV was not benign, to admit they have wilfully hidden the correct mass testing required for these last 30 years. To admit we have intentionally failed at prevalencing the scale of the disaster and its correct recommended by WHO testing. Basically the D of H are still in full cover up kill them all mode for this Inquiry.
- 123.** In 2014, I teamed up with Sir David Amess (the Chair of the APPHG) to present a list of ten questions to the House of Commons. We did this via formal written correspondence sent from Sir David Amess to Jane Ellison, a DOH Minister at the time.
- 124.** Within this correspondence, Sir David referred to Public Sentinel Surveillance Data, which can be accessed at:
https://webarchive.nationalarchives.gov.uk/20140714073050/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1313155292332.

- 125.** In his letter, Sir David referred to quotes from leading hepatologists outlining the booming prevalence of viral hepatitis in the UK and the research of Roger Williams (Head of the Foundation for Research into Liver). The research found that 81% of people with HBV in UK Liver Units were born outside the UK and our research that stated 40,000 British children have HBV because we have covered up the need for being vaccinated for 27 years.
- 126.** The overall purpose of the letter however, was to ask Jane Ellison to look into these issues and address the ten specific questions that we wanted answers for. I have provided a link to the letter written by Sir David here:
<https://irp-cdn.multiscreensite.com/2e086463/files/uploaded/QUESTIONS%20ASKED%20IN%20THE%20COMMONS%20BY%20THE%20HBV%20TRUST%202014.docx>
- 127.** The response that we received from Jane Ellison was quite vague and the answers appeared to have been provided by different people. Jane contested our figures and referred to statistics that were published in 1995 for HBV levels, ignoring all migration add-ons, stating that the data held by PHE indicated stable prevalence.
- 128.** She also posited that we had an efficient selective vaccination policy. She went on to say that migration records are not represented by PHE and that the policy for screening migrants for Infected Blood Hepatitis is reviewed by the Home Office.
- 129.** What concerned me even further, was a comment which said that vaccination was not necessary – they only vaccinate children of mothers that happen to test positive, a policy so useless it has finally been revoked after 27 years of failure. The response even referred to addicts and prisoners – neither of which we asked about.
- 130.** PHE were essentially regurgitating the NHS brochures, rather than reviewing the Sentinel Surveillance Data showing huge numbers of infected blood victims.
- 131.** Interestingly, within two months of receiving the response from Jane Ellison the Sentinel Surveillance figures that we had referred to were archived. It is still possible to access that information; however, you now have to dig through the deep archives of the website to locate it.
- 132.** From a positive perspective, we did manage to prompt the introduction of a new policy that enforced compulsory HBV vaccination for every

new-born, which commenced in August 2017. The compulsory vaccine is administered at two months, four months and six months.

133. There is still no vaccine for HCV, however we are pushing for decent population testing to see if we can confirm a real instead of a guess prevalence. To Lord Penrose under oath, Dr M.A. Balogan admitted the real prevalence was at least 400,000 people with HCV in the UK, double the guess publicised.
134. The National Institute of Clinical Excellence produce the quality standards guidelines for the UK. I am a stakeholder of this institute and I regularly push for standard testing of all hospital patients for HBV and HCV.
135. Currently, many patients that visit GPs or hospitals will be tested for HIV. HBV and HCV are far more common than HIV, but GP's and hospitals still do not test for them in anything like the way they test for HIV. Further, the HBV and HCV infected blood infections need only one diagnostic test as the main motor for such infections is now over.
136. One of the key problems that hepatitis and infected blood care faces is a lack of access to funding. We do not have the capacity to lobby the government to the extent of the AIDS community, so Hepatitis is not tested for when they test for HIV.
137. It is not necessarily because it is too expensive or difficult (it costs the same price as a cappuccino to do a test for hepatitis B and C); it is a matter of politics and the cover up defining resources. The nightmare of 90% diagnosed of our HIV epidemic and just 30% diagnosed for HBV and HCV and contaminated blood goes on.

Accountability

138. Throughout the course of my working for correct healthcare for HBV and HCV as per the WHO guidelines, the same individuals have been busy conflicting and running the disinformation campaign of the cover up.
139. I have compiled a list of key individuals that I believe should be held accountable for their role in the infected blood cover up that forms the subject of this Inquiry. I have provided the Inquiry with a photograph of the list that I have prepared, (WITN0479021), however for the purpose of this statement, I have outlined a short summary of the actions of each individual below:

Sir Kenneth Calman - Chief Medical Officer

Signed a 'look back' letter in 1995 saying that we wouldn't look at any more than 1,000 people. The head of every other medical service in the world did a better job than Sir Calman and it is my view that approximately 25,000 people may have died as a result of this letter.

Dr Mary Ramsay (Consultant Epidemiologist, Public Health England)

Co-produced a document titled "*The Contribution of transfusion to HCV Infection in England*" on 13 August 2002. This document is regularly cited and contains inaccurate statistics. The document attempts to project the amount of people infected via transfusion, by using data from 1991 and projecting it backwards. The level of HCV in transfusions in 1991 was 10 times less than was present from 1960 to 1985. Projecting the tiny level into 1991 back onto the highly infectious and prison blood mass harvesting period is a crime.

Helen Harris (Clinical Scientist, Public Health England)

Writes actions plans for Public Health England based on the statistics issued by Dr Ramsay. Has consistently been guilty of pretending HCV is 90% from drug abuse and failed utterly to arrange monitoring of prevalence and deaths in her reports or call for correct best practise testing and warning to the UK.

Dr Kate Soldan (Public Health England)

Co-produced a document titled "*The Contribution of transfusion to HCV Infection in England*" on 13 August 2002. As Dr Mary Ramsey.

Robert Evan Kendall CBE (Former CMO in Scotland)

Robert Kendall has now passed away; however, he was responsible for conducting a lookback test which was pretend testing those at risk was not needed, he advised the Scottish helpline to lie hideously and say the 1 in 50 risk of HCV from transfusions was a 1 in 2000 risk.

Baron Norman Warner (Secretary for Health)

Baron Warner was the Parliamentary Secretary of Health between 2003 and 2005, and a Minister of State between 2005 and 2007. He admitted to the Archer Inquiry *that the HCV transfusion files were destroyed intentionally*. Shortly afterwards, he disappeared overseas (I think to Hong Kong) and he was unavailable for further questioning. When I discussed this with Lord Jenkin, he mentioned that Baron Warner's wording suggested that they were frightened about the risk of having to pay compensation. He has never come forward and defined what he knows about the cover up and the destruction of ministerial files

Dr M.A. Balogun

Dr Balogun gave evidence during the Penrose Inquiry about the prevalence of HCV in the UK. He mentioned that one of the ways it can be calculated is through maternity testing and that the amount of people with HCV in the UK as a result of that testing was 400,000. Curiously, this number is double what had ever been admitted before and when he returned to England, he returned to quoting the prevalence as 200,000. It is my opinion that maternity figures are generally a poor reflection of prevalence because modern mothers are beginning to fall outside of the age bracket that were exposed to infection via transfusion or infected blood products.

Section 4. Studies, Research and Access to Information

- 140.** One of the biggest problems that I have faced during my campaigning is the lack of transparency about the prevalence of HBV and HCV within the United Kingdom. We receive reports from the NHS saying one thing and we read Sentinel Surveillance data saying another. Even the 2018 HCV report comment glibly 'that we may have underestimated numbers infected'. This is a crime.
- 141.** In 2012, I met Boris Johnson (when he was the Mayor of London) as I was working hard to have the HBV and HCV infected blood testing atlas posters (as referred to in the Six Asks) placed at underground stations throughout London.
- 142.** I was able to appeal to Boris' American heritage, by informing him that the city of New York had recently approved placing the same posters throughout its underground subway network. Boris' brother-in-law had also recently had an HCV liver transplant, so he was happy to help out.
- 143.** We went to speak with Pamela Chesters, of NHS London, but we were met with a very hostile response and the effort to have the posters placed at underground stations in London was not taken any further.
- 144.** In an attempt to assist this Inquiry, I have created a poster that I refer to as the "Iceberg Chart", which is exhibited as **(WITN0479022)**. The chart is a colour coordinated visual representation of figures for our infected blood epidemic. It is drawn from medical studies and liver unit studies,
- 145.** The diagram shows how many:
- a) migrants have HCV as a result of foreign healthcare (blue);
 - b) migrants have HBV as a result of foreign healthcare (orange);
 - c) people were infected with HCV and HBV due to the NHS prior to 1970 (red);

- d) people were infected with HCV and HBV due to the NHS after 1970 (black);
- e) people cannot prove they were infected by the NHS (dark grey);
- f) people currently get payments (light grey); and
- g) of those people that get payments are represented by lawyers (green).

146. In 2002, a peer reviewed document titled "*The Prevalence of Hepatitis C in England and Wales*" was produced by PHE, with a large input from Mary Ramsay ("Prevalence Report").

147. This document is still available online and says that in 1986, 1.07% of people had HCV, which is equal to approximately 580,000 people. It then says that the rate dropped to 0.93% in 1996 (at that time our Dr Calman was stating there may be only 58,000 total HCV infections in his lookback letter).

148. As we know, by 1996 the majority of HCV infections had probably already occurred and the Prevalence Report suggests that those infections were likely as a consequence of health care, not drug use.

149. Helen Harris and Mary Ramsay (both whom I have named above) were responsible for turning HCV into a junkie plague. When Harris and Ramsay generated the '*Hepatitis C Action Plan*' in 2004 ('Action Plan'), they said that 90.5% of HCV infections could be attributed to drug use. That comment is in relation to the diagnosis of individuals with HCV in 2004 and fails to consider the people that had already been infected due to healthcare years before.

150. The testing that occurred during the preparation of the Action Plan was undertaken mainly at drug and alcohol centres, and there was a high level of people in jail being tested.

151. These statistics are obviously a misrepresentation, as the people that have HCV as a result of transfusions were not prompted to come forward for testing, the vast bulk of risks.

152. Since the release of the Action Plan, hepatitis reports frequently reference the 90.5% statistic – the Action Plan has falsely taught the country that 90.5% of HCV infections are due to drug use.

153. The Action Plan can be accessed on the following website:

https://webarchive.nationalarchives.gov.uk/20121105043853/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4084521.

154. The NHS also released a crucial document in 2004, titled "*Hepatitis C – Essential information for professionals and guidance on testing*" ("Essential Information Guidance"). Curiously, there was no author attributed to this document, there is simply a reference to the document being produced by Room 631B. The following is a link to the Essential Information Guidance document:
<https://www.nhs.uk/Livewell/hepatitisc/Documents/Information-for-professionals-19.05.061for-web-15600.pdf>.
155. I want the Inquiry to publish these documents as key evidence of a Health Service failing and lying about infected blood HCV.
156. A lot of the worst information I have found comes from Room 631B in Skipton House and I believe that the NHS use very junior staff to prepare the material, and release information under that alias. Importantly, the Essential Information Guidance says that there is a risk that 1 in 2,000 child transfusions being HCV infectious. Yet the document clearly states the fact that 1 in 50 children that has had a transfusion tested positive for HCV.
157. In stark contrast to the figures referred to by the Essential Information Guidance, is a report issued by the Public Health Laboratory Service titled "*Laboratory Surveillance of Hepatitis C Virus Infection in England and Wales: 1992 to 1996*" ("Laboratory Surveillance Report"). This report showed that after testing 400 transfused people 1 in 40 of those people had contracted the HCV virus from the blood transfusion.
158. This figure is much different than the 1 in 2,000 people referred to in the Essential Information Guidance. Practically speaking, a doctor is unlikely to follow up on a patient's infection if the risk is only 1 in 2,000, but if the risk was known to be 1 in 40, the doctors are much more likely to pay attention (particularly if the patient has had multiple transfusions or blood units).
159. We have tried for a long time to get the Government to admit prevalence. In a letter written by CMO Sir Kenneth Calman dated 3 April 1995 and titled "*Hepatitis C and Blood Transfusion Lookback*" ("Lookback Letter"), the prevalence is described as "between 0.1% and 1% of the population". This quote can be found in Annexure B, paragraph four of the Lookback Letter. A fantastic crime of omission.

- 160.** In a single line, CMO Sir Kenneth Calman disregarded a potential 500,000 people with HCV. It is unheard of for a medical doctor to give such a wide estimate – a doctor just does not make those mistakes. Our Cover Up however has always intended to make this mistake.
- 161.** The Public Health Laboratory Service maintains records of every virus in the country by way of Sentinel Surveillance data. It records what the prevalence rates are for HIV, Tuberculosis, Whooping Cough and the Flu, yet neither the NHS nor PHE can settle on an exact prevalence figure for HBV or HCV and are massively culpable in poor diagnostic levels of infected blood.
- 162.** The moment you lose your prevalence, you do not have to do anything about it – it eliminates the possibility of a healthcare response. Unfortunately, the Lookback Letter has been cited by many other documents, so these figures are starting to be accepted as our official statistics.
- 163.** In 2012, the Sentinel Surveillance data produced some noteworthy results that I have set out below:
- a) 2,347 spot tests were undertaken at 27 different A&E's across England. The results showed that 1.4% of the blood samples taken tested positive for HCV.
 - b) 57,500 spot tests were undertaken at several GP practices across England. The results showed that 1.9% of the blood samples taken tested positive for HBV.
 - c) Tests were undertaken on 192,000 blood samples held by the Public Health Laboratory Service. The results showed that 1.5% of those blood samples tested positive for HBV.
 - d) Tests were undertaken on 188,000 blood samples held by the Public Health Laboratory Service (in 2013). The results showed that 1.8% of those blood samples tested positive for HCV.
- 164.** In both sets of tests, the results showed that there was a 3.3% prevalence of HBV and HCV in England's NHS venues. Despite the empirical evidence offered by the sentinel surveillance data, PHE and the NHS are still unable to confirm how many people have some form of viral hepatitis.

- 165.** The look back procedures that have occurred in the UK are entirely insufficient in comparison with the actions of the rest of the world. Every other look back in the world says that if you have had surgery during the relevant period (1945 to 1991), you should be tested immediately. In the UK, the Lookback Letter said "is it appropriate to tell a patient they are at risk". Our look back only ever found 1,300 people.
- 166.** The screening processes adopted in the UK were equally troubling. Up until 1984, a donor would not even be strictly vetted and consequently, the donor pool was very infectious up until this period.
- 167.** From 1970, the USA ended prison blood donations due to their infectious risks of HCV, however, we carried on for 14 years. By 1991, our donor pools were 10 to 20 times purer and yet we use the 1991 figure as if it was always the norm.
- 168.** To this day, we continue to enforce inadequate HBV and HCV screening practices for people entering our country. We screen well for other things, but when it comes to hepatitis, an individual just has to tick a box to confirm that they do not have it.

Comparison to overseas statistics

- 169.** The International Agency for Research into Cancer ("IARC") is a worldwide health agency based in Paris. Between 1991 and 1993, the IARC began testing individuals that had been diagnosed with liver cancer, to analyse the correlation with HCV. The study showed that 40 to 70%% of individuals in the developed world who died as a result of having liver cancer also had HCV.
- 170.** Despite this study being undertaken in the early 1990's, the UK has not conducted a similar study to determine the domestic correlation between liver cancer and HCV. Even the Scandal Report predicted that there would be a 300% boom in cirrhosis and liver cancer as a result of HCV.
- 171.** In 2002, Charles Gore (President of the World Hepatitis Alliance and co-founder of the Hepatitis C Trust) came forward and said that England has the lowest HCV diagnostic levels in the world at only 9%. By 2002, we had only diagnosed 38,000 people of a potential 450,000 with HCV.
- 172.** To put this into perspective, France had diagnosed approximately 50% and was targeting 90% of those with HCV by 2002. These figures are supported by the Public Health Laboratory Service, as there are graphs which monitor diagnosis levels.

173. In the USA, it was admitted that 2.5% of the population were infected with HCV, the UK noted 1.07%. The USA took it upon themselves to post letters to high risk individuals three or four times urging them to get tested. Eventually, this expanded to posting letters to all citizens of the USA in the baby boomer generation, in the UK we have never instructed our GP's to test those with a surgical past risk.


174. The UK is so far out of step with countries like the USA and France, that we have reached a stage where our local consultants have ceased jumping up and down about hepatitis, as they have become accustomed to watching people lose their lives from it. An individual is three times more likely to die from infected blood in the UK than the USA or France due to our cover up.

Section 5. Other Issues

175. I have written a book titled "When Spin Kills". I have provided a copy of this book to the Inquiry and I intend to discuss this book in a further statement at a later date.

Statement of Truth

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

Signed 
PAUL DESMOND

11/07/2019.

Dated 15 04 2019

INDEX OF EXHIBITS

| Exhibit no. | Document |
|--------------------|---|
| WITN0479005 | HBV Diagnostic Tool. |
| WITN0479006 | HBV Atlas (produced by WHO). |
| WITN0479007 | HCV Atlas (produced by WHO). |
| WITN0479008 | House of Commons Seminar attendee list. |
| WITN0479009 | List of those unable to attend the House of Commons Seminar. |
| WITN0479010 | Email from Lord Patrick Jenkin to Paul Desmond dated 4 April 2009. |
| WITN0479011 | Letter from Lord David Owen to Paul Desmond dated 20 June 2008. |
| WITN0479012 | Letter from Dr Brian Iddon MP to Paul Desmond dated 28 July 2008. |
| WITN0479013 | Letter from Lord Archer to Paul Desmond dated 6 August 2008. |
| WITN0479014 | Letter from Dr Brian Iddon MP to Paul Desmond dated 14 August 2008. |
| WITN0479015 | Letter from Lord Archer to Paul Desmond dated 7 March 2009. |

| | |
|-------------|--|
| WITN0479016 | Letter from Peter Luff to Paul Desmond dated 24 March 2009. |
| WITN0479017 | Letter from Lord Morris of Manchester to Paul Desmond dated 30 March 2009. |
| WITN0479018 | Letter from Lord Jenkin of Roding dated 21 May 2009. |
| WITN0479019 | Letter from Lord Jenkin of Roding dated 29 June 2009. |
| WITN0479020 | Comments from whips that attended the House of Commons Seminar. |
| WITN0479021 | List of significant individuals emphasising accountability. |
| WITN0479022 | The Iceberg Chart. |