Witness Name: Brian Macdonald
Statement No.: WITN4570001
Exhibits: None
Dated: X 23/ april/ 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF BRIAN MACDONALD

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 3 October 2019.

I, Brian Macdonald, will say as follows: -

Section 1. Introduction

1. My name is Brian Macdonald. My date of birth is GRO-C 1958. I am retired. Previously, I owned a restaurant and live music venue. Prior to that I worked in the NHS. I intend to speak about my infection with Hepatitis C (Hep C). In particular, the nature of my illness, how the illness affected me, the treatment received and the impact it had on me, my wife and our lives together.

2. I can confirm that I am not legally represented and that the anonymity procedure has been explained to me and I am happy for my story to be in the public domain. I understand that any criticism I make may be subject to the right of reply.

Section 2. How Infected

2. Firstly, I would like to say that I have never used intravenous drugs. I do have one tattoo which I got after my diagnosis with HCV. I am happily married and I have never been medically treated whilst overseas.

3. Around 1981, early 1982 I went to see my GP at Dunbar Medical Practice in Dunbar as I was having problems with my kidneys. He referred me to Glasgow Royal Infirmary. They checked my blood pressure, weight and took bloods. I was admitted to hospital as a chronic renal failure patient prior to dialysis. I was given one or two blood transfusions. This was over the course of a week because my haemoglobin levels were low. I was in hospital for a number of weeks and may have had further transfusions but I can't be sure These were the first blood transfusions I had ever received. I have had maybe one transfusion since then. I was told that my kidney functioning level was 6-8%.

4. Within a day or so of receiving the blood transfusion, whilst I was still in hospital, I started to experience severe discomfort. Doctors discovered that there was a problem with my liver. I was subjected to three liver biopsies using the tru-cut method. It was painful and left me feeling very uncomfortable. They examined the specimens and discovered that I had Non-A, Non-B (NANB) Hepatitis which I certainly didn't have prior to hospitalisation. Doctors did not mention anything about

possible liver damage at this stage. The nurse just came to my bedside and told me the result rather matter-of-factly. It was quite shocking as I suspect I picked up the infection in the hospital but I didn't really understand what it meant. The renal consultant overseeing my care then was Dr Margery Alison, who is now retired.

5. I was told that NANB Hepatitis was a nonentity; it was classed as that because it wasn't contagious. I was also told that that once you had it, it did not go away. In 1989, it was discovered that NANB was in fact Hepatitis C. There was no other information given to me, such as what happens next, any precautions to take or mention of treatment. In fact, I was told there was nothing to worry about.

6. Several years before this I was referred to a consultant urologist, Dr McKelvey at Stirling Infirmary. I had been under his care when I was younger, I had a minor operation back then because I was supposed to be joining the Royal Navy but I failed my medical. Years later, I saw him again because I had failed the medical to get into the fire service. He was being his usual self. He didn't have the best bedside manner and I wasn't getting any information from him despite a number of blood tests being conducted. I went to see him initially for two or three appointments but never got anywhere. The NANB was never picked up via these tests.

7. I was subsequently placed on continuous ambulatory peritoneal dialysis (CAPD). It involves a tube effectively replacing the function of

the kidneys by removing waste products and excess fluid from the blood. I underwent this procedure up to four times a day at home.

8. After my diagnosis NANB, I went to Paris on holiday initially but I ended up staying there for three months. When I returned, I was told that the police had been at my mother's door asking where I was. It seems at the behest of the Hospital. I was sent to see Dr Alison. She said to me, 'Do you know how ill you really are?' She was a very forthright, intelligent and articulate lady and always got her point across. She was a senior lecturer. Within six weeks, I was on dialysis full time.

9. I started working in hospitals in late 1982. I got a job in Glasgow Victoria Infirmary helping in the wards until an opportunity arose to work in the theatre. During this period, I received my first renal transplant from a cadaveric in 1984. It lasted between 16 months to two years before my body rejected the kidney. It was after this that I began working in the theatre in Victoria infirmary in Glasgow.

10. In September 1987, I was accepted to do the ODP course in Edinburgh. This involved gleaning experience on how an operating theatre works. On every occasion I worked in a new hospital, I informed the employer that I was told that I had NANB in 1981/1982. Each time, I passed the medical. It was not considered something one had to worry about. I know people who developed Hepatitis B working in hospitals. Ironically, had I been infected with this, I would have been unable to get a job.

11. As I was now working in the Royal Infirmary in Edinburgh, I started receiving haemodialysis there. After work, I would return home to have dinner, see my mates, have a beer and then get dialysed at night until 4am before returning to work the following morning. At the same time, I was studying to become an operating department assistant. The course prospectus included surgery, trauma, vascular surgery, gynaecology, maternity, anaesthetics and A&E.

12. In 1989, I got a job as an operating department assistant at the Princess Margaret Rose Orthopaedic Hospital in Edinburgh which no longer exists. I worked there for two years. During this time, I was being lined up for a second renal transplant, this time from a live donor which would be either of my two brothers. One is younger than the other by around eighteen months. I was dialysing overnight in the Royal Infirmary whilst it was being decided who would provide me with a transplant. I am one of seven children, none of my sisters were suitable donors. In early 1981/1982 when my problem first appeared, my brothers had been considered as donors but they were too young at that point. They were only thirteen or fourteen.

13. In late 1989/1990, about six months after they'd been interviewed, the medics informed me that my youngest brother had been accepted to give me a kidney. This was agreed between medical staff and my brothers. As the patient, I was isolated from the decision-making process. Their choice was respected.

14. Normally it would take six months to organise the renal transplant. In this instance, it took the hospital almost a year and a half. I had a feeling that there was a dilemma going on as in all the previous years that I had undergone dialysis, it was always next to another patient. Now, during this period, waiting for the transplant, I was in my own room, behind glass. Because of my background in Edinburgh infirmary, I queried it. I was told that there was nothing to worry about but I was still unhappy with the response so I queried it further with the consultants, registrars and nursing staff in the department of renal medicine about why my transplant was delayed. The answer was always the same; they were organising it – be patient. But I knew it should not take this long.

15. I spoke to a friend at the Princess Margaret Rose Hospital who told me that I could go anywhere to get a transplant. I took his advice on board and contacted the transplant coordinator at Glasgow to tell her that I had been waiting for some time. She told me that live donor transplants normally take place quickly and this worried me more and I couldn't understand why mine was being delayed. I went to get dialysed that evening or the evening after and I spoke with a senior registrar from the department of renal medicine. He reassured me that I didn't need a kidney transplant and that I could survive with dialysis for as long as I wanted. I couldn't believe what I was hearing! I knew this wasn't an option. I asked him how he would feel if he were being dialysed. Could he cope with this every day or every other day for the rest of his life? Dialysis is not a means to an end, it is the end to a means. I told the

registrar that I want a life. I will get a transplant. I don't want to be stuck here getting dialysis for the rest of my life.

16. The senior registrar was well aware that I had a live donor opportunity through my brother so I thought it was mystifying that he was recommending dialysis instead. In fact, his comments made me realise that there was something completely wrong and I wasn't being told everything that I should be but I insisted that my transplant should go ahead.

17. In January/February 1991, the night before I went in for my transplant, I received a phone call from one of the senior consultants who later became a professor of renal medicine. He informed me that I was being treated as a high-risk patient. When I asked why, he said it is because I had Hepatitis C. This was the first I had heard of Hepatitis C. I wondered why he couldn't have told me this whilst I was dialysing. I asked him what it meant to which he replied that I had developed this from the NANB. I told him what I had been told about NANB being a non-productive virus – nothing to worry about. He informed me that doctors now acknowledged it as the Hepatitis C Virus and it was more malevolent than initially understood.

18. To be told that I had Hep C over the telephone was completely unprofessional. I think doctors knew about it for longer than they admitted and that resulted in the delay to my kidney transplant. I am aware the Royal Infirmary in Edinburgh had a dilemma as a patient had

died there from Hep C in the past. I had been dialysing 10 years previous to this and had a serious blood-borne virus. They didn't want to be above suspicion but they wanted to be certain about what was happening. They were specifically sure that I had Hepatitis C but they knew they couldn't do anything about it so I think they took a step back from taking any action.

19. I had a second transplant using a kidney donated by my brother at the Western Royal Infirmary in Glasgow. Doctors were sceptical about the effect that the Hep C would have on my ability to accept the kidney. I was treated as a high-risk case. Every renal transplant patient is treated as high-risk but this was different. I had my own room. Visitors would have to speak through a glass panel. It is normal to try and prevent the transmission of infection to a patient who is immunosuppressed but this went further. Everything that was used in my care; the sheets, pyjamas and bed clothing was double wrapped. They were taken to the laundry and marked as belonging to an 'infected' patient.

20. My brother's kidney lasted nearly 12/13 years. Initially, I was monitored on a weekly basis, then on a bi-monthly basis, then tri-monthly. Eventually I was seeing the renal consultant once every 6 months.

21. Going back to my transplant, having working in theatre, I know everything would have been double bagged. There are disposable drapes. Instruments are sealed in yellow bags and stamped with

'infected'. Up until then I didn't know I had Hep C; I didn't know what it was – now I had an idea.

22. The consultant didn't explain anything about the infection. It was now classified as Hep C, but they still didn't know much about it. There wasn't enough knowledge in medical circles to indicate how infectious it was. Yet again, I wasn't given any advice on safety or precautions, including of a sexual nature.

23. I wasn't impressed with the way I was told – news such as that with life changing potential should be given face to face. Nor was I impressed that there was no knowledge, not even in the medical library.

24. I realised at a certain point that I have this infection and it's up to me to do something about it. It wasn't until the millennium that knowledge about the infection expanded and the circumstances improved for patients dealing with it.

25. After my second transplant, I went back to work at the Princess Margaret Hospital. I had been working there for 2 ½ years in the department of elective orthopaedic procedures and operations. Everybody there still referred to the virus as NANB. I informed my first line manager, Linda Stewart about my infection, that it was now identified as HCV. I was assured not to worry, that as far they are aware, it is not contagious. So, I carried on as before.

26. In the mid 90s', I began working in the department of dental surgery within the psychiatric ward of Queen Margaret Hospital in Dunfermline in my capacity as a theatre operative. Once again, I fully informed them about the Hep C diagnosis. During my service there I also covered the maternity hospital, obstetrics and general surgery.

Section 3. Other Infections

27. I get tested for HIV regularly which is negative. There are no other infections that I am aware of contracting other than HCV.

Section 4. Consent

28. I have always consented to being tested for Hepatitis C and HIV. However, I was never aware of being initially tested for NANB nor that a confirmatory test had been carried out to identify that I had HCV after being diagnosed with NANB.

29. I should point out that when I had my initial blood transfusions, I was never warned that there may be any risk of contracting an infection as a result of the procedure. Nor do I recall signing any consent forms back then albeit the transfusions were necessary for my health.

Section 5. Impact

30. As a renal patient, it is normal to experience fatigue and weight loss. One either experiences a rise in blood pressure or a decrease blood

pressure. I was never given any indication by my doctors that the Hep C could have affected my renal condition.

31. After the second transplant and before I left the NHS, I wasn't aware of any particular symptoms of the Hep C because they are so interwoven with those of renal failure. My health definitely wasn't 100% following my transplant but I don't know if this was attributable to the Hep C, renal failure or both.

32. I suffer from sleeping problems. During my time at the NHS, I was working regular night shifts. My work-life probably caused this but the Hep C may have contributed too, although I wasn't aware at the time. I was also going through dialysis, after which I often felt absolutely hellish.

33. I have been given anti-depressants. Kate, my wife was concerned about my earlier experiences of dialysis together with my attitude to my health, including my infection with Hepatitis C. Consequently, we went to see a consultant in Stokesville. He prescribed 10mg of an antidepressant. Within days, I felt much better; more alert and more aware. Then I started taking 35 mg a day until I realised that it was mixing with my sleeping pills and causing short term memory loss. I reduced the dosage to 10mg. I have been advised not to take any less than this if I want it to be effective.

34. In the late 1990s' after going to Dunfermline to see the renal consultant, I was referred to a urologist. I asked her how the Hepatitis

C would affect my career, my social life and my private life. She recommended treatment with beta-interferon. I told her that I had just had a renal kidney transplant and that if I take this drug, there is a possibility that I could lose my kidney, which she confirmed. I explained to her that this wasn't good enough, that my brother had given me his kidney so that I could have a normal life and now I'm being asked to take a drug that will cause my kidney to become defunct. I told her that I would not accept beta-interferon at any point. She left without saying much more and that was the end of my appointment. Why was she not aware of the prospective danger to my health before offering this medication?

35. I later received a letter from the department to complain about my attitude. I responded to the effect that this doctor was offering me a non-specific drug that was definitely going to impact my kidney and that surely the medical team should be investigating the renal aspect of taking this drug. I didn't hear back from them nor did I receive an apology. I decided to leave the care of this Hospital.

36. Prior to this, I had a liver biopsy at the Royal Infirmary in Edinburgh. This was performed on an operating table using an invasive needle with no sedation. They used c02 which inflates the gut. I experienced a lot of discomfort subsequent to the operation and I had to walk a mile and a half to my car afterward! It was quite excruciating. I was told that I did have liver scarring but that they were unable to determine to what

extent. It was non-specific. They didn't mention anything about drinking or foregoing alcohol.

37. In around 2016/17 I was referred to the Hep C virologist at a hospital behind the Pond Hotel in Glasgow. He put me on a drug trial for about six months. It was a new treatment and it was a blind trial. I was not told the name of the drug but that it had a very high success rate. I visited the hospital once every couple of days to have my blood tested. I started to feel better. I did not experience any side-effects. Although of a six-month duration, by the 4th week of the trial I apparently had no symptoms of Hepatitis C. I completed the six-month course of medication. Tests confirmed I was clear of the virus. I have not had symptoms since but I was not told whether or not I completed the full trial or given any further information about it.

38. In the intervening time prior to the drug trial, I was not offered any alternative treatments to the beta interferon. I was simply monitored from time to time. I was interested in getting a cure for the Hep C whilst retaining the life that my brother had given me. I didn't want to lose a kidney and thus my life by taking this drug with a huge risk of possible lethal – for me - side effects but the doctors just couldn't understand that. I wonder whether that cost me the chance of further treatments that became available in the interim?

39. My dentist always wears gloves and a mask which is regular practice. My dentist is absolutely fantastic. He is aware of my condition and it has never been a problem. No other medical professional has refused to treat me.

40. I believe that I have been subject to work-place stigma as a result of my Hep C status. In the early 90s', I was based at Mid Fife Hospital for a couple years. I then moved to Aberdeen Royal Infirmary. The doctor in charge of Renal Medicine there was also head of the NHS trust for both hospitals. I had, as usual, declared my Hep C status when securing the position. Two months into the job, I was informed that Professor GRO-D wished to see me personally. He said, 'Do you know you have Hep C?' and asked if I had been for a medical prior to being offered the position. When I assured him that I had, he responded, 'I don't believe you. I would like you to go back within the next two or three weeks and be re-checked and I'd like the letter to be sent to me'. I was quite upset. In effect I had been called a liar which was not the case. I went for another medical and obtained all the information that I required. It was a worrying period in my life as my whole career could be affected. The medical profession had discovered that NANB was definitely Hep C. The Professor was really concerned about me being in a forward-facing role.

41. At the time I was concerned for my ongoing health but more so for my professional life. When I returned to see him, I asked why a second medical was necessary. I wanted to gauge his knowledge of the Hep C

virus. Anyone trained to work in a specific medicine will know that if there is a problem, it will be resolved in interview or later on. Because he wore two hats, GRO-D and GRO-D GRO-D, I'm not sure if he was being entirely transparent. I told him that I was not happy with the situation and sought his assurance that whatever was in my notes would remain confidential. I didn't want to go into a department and be stigmatised for having Hepatitis C. I also thought it strange that he oversaw my renal care yet had no idea this virus was listed in my medical records himself.

42. When I told him that I didn't really know what Hep C was, he pointed me in the direction of the medical library. I found three books with one stanza in each book, indicating how it had developed and how it had been identified and that was it. They knew virtually nothing. I started to become really self-conscious because when you work in the NHS, you are taught to be honest and perform your job to the best of your ability. If you come across a scenario you do not understand you query it. I did this with the renal physician and I did this with Professor GRO-D. After a year working in trauma experience, I left. I was beginning to feel guilty and that is not something that should have happened to me as I was not to blame for my condition

43. Around 1994-5, having passed my medical once more, I began working as an operating department practitioner in the A&E department at Stirling Infirmary. The senior nurse reassured me that my blood pressure was fine and not to worry about the Hep C as no one was

aware of my status. One day, during a shift in the theatre, myself and a nurse, sister GRO-D, were preparing for an epidural. I told her in confidence about my Hep C and how no one knew anything about it. She reported it to the senior nurse. In any department, there is always someone who is going to pick up on something and report you. They are just disgusting people as far as I'm concerned.

44. I was summoned to see Dr Hurray in the Department of Staff Health. I said that I knew I had been summoned because of the Hep C business. I told him that I had been informed about it the night before my last transplant and asked him what he knew about the virus. He told me that knowledge of the infection had developed since my diagnosis. I decided to further investigate the virus for my own benefit. I wasn't aware that it was a blood borne virus nor did I know that it could dissipate in air. He told me that a couple of junior doctors had contracted the infection from patients in the hospital and that he would like to speak to the GMC.

45. Myself and another colleague, who also had the virus, received a dispensation from the GMC. We were permitted to return to work but could not take part in any invasive surgical procedures where it might be possible to infect a patient. At that point, my career options narrowed into a single department. I was quite relieved in a way because it made it easier to pinpoint the direction that I wished to take.

46. I applied to work through an agency. I appraised them of my Hep C infection and I had a medical which I passed. From 1997/1998, I

worked in what is now Newcastle General Hospital in adult and paediatric neural surgery. That was the ultimate point of my career. It was probably the best department in which I've worked since the Princess in Edinburgh. I worked there for two years before leaving the NHS. During that attachment I discovered more information on Hep C which confirmed that it was worse than the medical profession initially suspected.

47. When I later moved to GRO-C, I attended the Renal department of the Infirmary in Dunfermline as an outpatient. I must have been seen by a Consultant or Senior Registrar concerning my Hep C, I can't recall which. As mentioned, I said I wasn't happy as I knew virtually nothing about my condition. I wanted to know how it would affect my social life and my career. I had associated the virus with AIDS. I knew that if I had AIDS, I would have to reflect on my wife, my previous girlfriends, my family and everybody that I knew and query whether they might have it too. I went from worrying just for myself to having an explosion of people to be concerned about in the space of a month.

48. I decided to opt for a career change. My wife and I sold our cottage and used the equity to buy a house in the west coast of Scotland. She was working at the Scottish Trust in eco-building. Whilst I was still working in the NHS, my wife decided to quit her job without telling me. After a year and a half in the new house, we decided to sell the property. One day we happened to be driving past a building for sale in GRO-C.

Now I like to cook and my wife is an artist. We decided to develop an eco-restaurant and an art gallery from this in 2001.

49. I have not received any ongoing monitoring for my liver since clearing the virus until recently which I will cover later. I lost my kidney in 2004 which had lasted 12-13 years. The average is about 13. Telling my brother was a bigger nightmare than losing it. Myself and Kate discovered that she could run the business. I started dialysis once more. Things did not go well and we eventually closed the business which we sold online. We had incurred debts and were both going to be registered for bankruptcy. My wife decided to take the judgement and was registered as bankrupt in 2005/2006. I still had chronic renal failure and started to dialyse in Glasgow, getting there at about 4am each morning at the outset. As it progressed Kate was taught how to administer the dialysis and I proceeded to dialyse at home. This was the situation up until September 2019 when I got the third kidney transplant in Scott Hill, Glasgow. There were no issues of note with this procedure and everything is as well as can be expected.

50. In 1998, my wife and I were trying to have a child. She was having problems. We went to a private hospital in Edinburgh. We discovered that GRO-C

GRO-C.

When I informed them of my kidney situation, I was asked to provide a sperm sample. I was informed that I had zero spermatozoa. No indication was given that my sperm count could have been affected by my infection with Hep C. Because I had chronic renal failure, I thought it was to do with this but now I am not so sure. GRO-C GRO-C GRO-C. This really affected my wife and I and our relationship in a big way. It was another bombshell. We applied to GRO-C County Council to adopt a child. However, they wouldn't consider us for adoption because I had had a renal transplant and was also infected with Hep C. They came to my house to tell us this nonsense. It was devastating news for both my wife and I to hear and it was heart-breaking as I knew how much my wife wanted to have a child to care for.

51. In 2002/2003, after my wife and I started our business, we had the opportunity to adopt a daughter in GRO-C area. The council agency there were more concerned that the child had a happy life. My in-laws, however were uncomfortable about it. I can remember going to their house at Christmas and Kate's mum asking to speak to me privately, and saying, 'please don't adopt a child with a physical or mental handicap because GRO-C.' Kate then came to me and said she doesn't want to adopt anymore and that was the end of it. GRO-C GRO-C. I believe that both mine and Kate's confidence was badly shaken through the obstacles and hindrance from the adoption agency the first time around in GRO-C

52. I have suffered a huge financial loss over the years. I lost my salary in the NHS. I had been earning about £35-40,000 a year. I packed it all in to start my own business because of my health and because it seemed the right time to do it. There is always a question mark in my mind, if I had remained in the NHS, would it have benefitted me? If I had never been diagnosed with Hep C, I would have remained in the health service. I was offered a job in New Zealand and in America. I got accepted for a job in Maine but I couldn't go because I was still on dialysis. By the time I was reconsidered in 1996, I had discovered that I had the Hep C. This caused enormous difficulty in my relationship. My wife had planned to accompany me and it was something we had always wanted to do – go overseas to work and live.

53. In the years that I didn't know or understand about the Hep C, I always wore gloves and took the normal precautions required in patient care. As far I'm concerned, there is not a risk that I transmitted infection to those whom I treated.

Section 6. Treatment/Care/Support

54. Three or four years ago around the time of the treatment, it occurred to me that I was taking so many antidepressants and perhaps this wasn't a good idea as it was causing short term memory loss, a kind of brain fog. Possibly it was the effects of the HCV in my system but I can't be sure. I went to see my GP, Dr Hutchins in Lochgilphead. She referred me to a community psychiatric doctor who I saw for about 4 months. Patients were either seen by the doctor in the main building or by

another member of staff in a small hut. It felt pointless. I didn't get to see the doctor much. This is the only psychological assistance that I received. I was offered no such help when diagnosed with HCV nor has any other support been made available or notified to my wife or I.

Section 7. Financial Assistance

55. In 1997, prior to the Skipton fund, I sought a lawyer in order to pursue a private case against the NHS. Nothing had been set up at that time to compensate those infected. In 2003-2004, I received a £20,000 settlement. My wife would receive an additional amount if I died as a result of the Hep C infection.

56. I applied to the Scottish Infected Blood Support Scheme (SIBSS). They asked me how I knew about my Hep C. I told them about my diagnosis. I didn't have to send any medical proof. They said they would get in touch with my GP. If they want medical information, the onus is on them to apply to my GP to access it. The woman from Hep C Trust informed me that applicants receive more in England than Scotland. The money is a non-entity. It is like a supplement to a pension.

57. I received a £30,000 lumpsum between 4 and 6 years ago. I also contacted the SIBSS people who told me about the monthly payments. She said that they had been sending mail to me. I told her that I never received this. Why didn't they just send it via the Renal Unit at the hospital if they could not get hold of me? That would have been simple.

The Hep C trust encouraged me to apply for monthly payments which I did and I now receive £1,500 a month from SIBSS.

58. Although it might have been better if I had been compensated in 1999, I cannot complain about the funds from the SIBBS. I was impressed that they realised that they needed to investigate this situation in more detail once they realised that I had not been receiving any monthly income from them. I lived for years on a normal salary.

59. The combination of SIBBS, medical staff and the Infected Blood Inquiry were instrumental in my realising that there is more than meets the eye with respect to the circumstances that that led people like myself to become infected with viruses such as Hep C.

Section 8. Other Issues

60. My experience of the health service has to an extent dented my faith in doctors. I have benefitted in many ways from care in the NHS but I have also suffered as a result of mistakes. I now question everything. I've always had the ability to question things due to my background. I know that doctors are not infallible and everyone makes mistakes. It is often a question of trying to limit any fallout in such a scenario.

61. As an update, I have numerous ongoing medical problems, particularly heart-related, mainly resulting from my kidney failure and the transplants. However, I am no also aware that my liver is in an extremely poor state. I recently had a scan and the doctor described

the cirrhotic state of my organ and attributed it to the fact that I had Hep C and that it was active in my body and left untreated for so long, all in all around 25 years.

62. I viewed the scan that showed the organ and it resembled a ploughed field there were so many rutted features to the image. I can only hope it repairs itself to some degree as there are not many alternatives for me.

Statement of Truth

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

Signed GRO-C

Dated 23 · 4 · 2022.