

Witness Name: Josette Bartlett

Statement No.: WITN3914001

Exhibits: WITN3914002

Dated: 27 July 2020

## **INFECTED BLOOD INQUIRY**

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### **FIRST WRITTEN STATEMENT OF JOSETTE SANDRA BARTLETT**

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#### **Section 1. Introduction**

1. My name is Josette Sandra Bartlett and my date of birth is GRO-C 1947. I have four children: one son, Bryan, and daughters Lynda, Jo-Ann and Angela.
2. I have lived alone since my late partner Arthur passed away in 2009 of Parkinson's disease.

## Section 2. How Affected

3. I am writing this statement on behalf of my late son, Bryan Bartlett, who was born on GRO-C 1967. Bryan contracted hepatitis B from a blood transfusion given in 1986 to aid his recovery from leukaemia, and passed away later that year, aged 18.
4. The first year out of school Bryan had stamina aplenty. Between the ages of 16 and 17, Bryan was engaged in fund raising on behalf of the charity Cystic Fibrosis, completing two mini marathons. However, at seventeen, mid-1985, Bryan struggled upon the mini marathon course; pre-diagnosed of leukaemia, the unchanged distance of the route was more challenging than previously.
5. Byran began work as part of the Youth Training Scheme (YTS) at a company called Wessex Chemicals near where we lived. One day, Bryan cycled home with blood on his front teeth. Bryan's sister, 5-years his junior, Jo-Ann, noticed the blood.
6. Bryan tried to find out why he had coughed up blood, but the family GP was reluctant to send him for a blood test despite the crucial symptoms described clearly enough. With hindsight, the GP seems to have brushed aside the appeal of a blood test at the first consultation.
7. I think about three days later, Bryan revisited the GP surgery with my late partner, Arthur Luke. Bryan was distressed at having another consultation but, according to Jo-Ann, the family GP then offered him a chest X-ray rather than a blood test. It was suggested my adolescent son most probably had Glandular Fever.
8. We were all happy at this suggestion. Up till then we had been on a knife edge, always thinking the worst outcome to the next doctor's appointment. The GP assumed Bryan would soon be well again, like all young people with impermanent symptoms. Because of all the delays to

eliminate the less serious side-effects the onset of a worsening condition ensued. Perhaps a blood test could have obtained that problematic leukaemia malady, a quick result in respect of the nature of Bryan's ailment.

9. Bryan was sleeping much of the day before collapsing one weekday at the YTS. He was often nauseous and had lost a lot of weight. He was admitted to Poole Hospital and the diagnosis ascertained leukaemia - the result from very agonizing tests, including a drill into his breastbone. He was already unwell. This event effected Bryan deeply. He visualized with terror – anxiety persisting - of a horrifying treatment that was going to befall him.
10. I think this is when Bryan's spleen also began to enlarge. He may have been receiving follow up appointments at Poole hospital, getting treatment hereabouts, for an enlarged spleen but wanted to be useful, to earn money for his small projects. The doctor hoped to save his enlarged spleen and eventually managed to reduce Bryan's spleen with drugs.
11. Before Bryan began chemotherapy, Poole hospital referred Bryan to a Southampton clinic to store his sperm for the future because he would be impotent after most of the treatment. Again, my late partner, Arthur, went with Bryan, supporting him at this dreadful time.
12. Some weeks later, Bryan was in remission and was out with his 'mates'. Two policemen spoke to Bryan outside the Kings Arms public house, Charminster, their local, and said he looked like a conscientious blood donor. At this time, he was extremely unwell, had lost his appetite and was anaemic.
13. Hereabouts, Bryan was an out-patient at, Hammersmith Hospital where, in 1985, the medical team arranged blood tests GRO-C  
GRO-C Jo-Ann, my second oldest daughter born 1972, then aged 13, was selected to donate her bone marrow. Jo-Ann underwent the drill to eventually extract marrow

and was a good match. The medical technicians, to reassure Jo-Ann, compared bone marrow to a bottle of wine, the more mature the better. Under local anaesthetic, for the bone marrow extraction, Jo-Ann was drilled in the sternum and 5 – 6 front and back each side of her pelvis area. Jo-Ann believes there were also 4 each side of her spine. This was considered invasive. I was anxious and extremely afraid for her but also realized how very brave this commitment was from Jo-Ann. She herself was frightened and went through the operation with great courage.

14. Although she was in a lot of pain, Jo-Ann was happy to help save her brother's life. One month before the pre-operative assessments at Hammersmith hospital, a pint of blood, was taken from Jo-Ann and we were told this blood would be returned after the bone marrow extraction. We were under the care of a junior, at Hammersmith Hospital - Doctor Arthur - revealed a warm and convivial attitude. Whenever discussing Bryan's health generally plus treatment, Doctor Arthur appeared to put Bryan at ease. Occasionally Doctor Arthur appeared to be on edge when he spoke to me. I believed he was thinking about Bryan's treatment at the same time as talking to me.
15. My late mother looked after Jo-Ann and Angela whenever I visited Bryan, as an in-patient at Hammersmith Hospital and supported them wherever possible. To visit Bryan, I would drive to London three or four times a week. This was very tough on my stamina whilst leaving Jo-Ann and Angela with my late mum. My mum stayed with them until I returned home. She lived a few miles from me in GRO-C Bournemouth. One of us, my partner or myself would bring her and take her home.
16. Carrying all the responsibility for my daughters' disruptive lives whilst Bryan's illness was progressing, was difficult to come on terms with, I know they missed out upon much family fun. Depression occurred most of the time which I associated with an emotional imbalance that unsettled me because of that hurried participation.

17. Once Bryan was discharged and became an out-patient attending Poole Hospital clinic, I don't recall whether Bryan's appointments were weekly or on a different time scale. He was thought to have the Herpes infection. Bryan's youngest sister, Angela, born 1974, was attending a St. John's first aid course and thought of becoming a nurse. On a Sunday evening session, Angela left earlier than usual to collect a prescription for Bryan from the late closing pharmacy after the family GP visited Bryan at home, diagnosing another illness, Septicaemia. I also remember that Bryan's toes blackened also whilst at home. He also had a very small growth inside his left nostril which distressed him considerably. He asked the consultant for help to deal with the growth but at the time they were concerned more about his temperature. A high fever was always stalking him. Bryan also experienced particularly vivid nightmares and low blood pressure.
18. Bryan did eventually have his bone marrow transplant in either April or May of 1986. This is a rough estimate, but I know it was around these months because Jo-Ann GRO-C near her operation to donate bone marrow.
19. While attending a routine check-up at Hammersmith Hospital whilst in remission after the bone marrow transplant, it was decided Bryan should receive platelets and a blood transfusion. Bryan was unsuccessful at making healthy red blood cells and was admitted to Hammersmith Hospital to receive that final transfusion of blood.
20. We later found out that this blood had been contaminated with Hepatitis B. Doctor Arthur explained that Bryan had received Hepatitis B from a batch of unscreened blood. This information was extremely distressing. He said they had put aside a bag of A positive blood to treat Bryan the following day knowing Bryan had an out-patients appointment for a blood transfusion. The appointment may also have included platelets. Unfortunately, an emergency at the hospital earlier meant this batch was used, and a replacement, not known at the time, was used

which was unscreened, and contained the Hepatitis B virus. The word 'unscreened' is the word Dr Arthur used, not contaminated blood.

21. Dr Arthur told me they could not treat Bryan's leukaemia because of the Hepatitis B infection, and that treating the Hepatitis B would accelerate the leukaemia. Bryan was already in the acute stages of the leukaemia before Bryan received this last routine blood transfusion. It was reported the hospital had a shortage of blood at that time. Dr Arthur informed me of Bryan's impending death and asked me if I wanted to take Bryan home to die. Both illnesses, leukaemia and Hepatitis B together, were not survivable and there was no treatment that could help him.

22. To help Bryan and the crisis I offered a donation of blood, I would have donated kidneys, heart anything to save Bryan. Anyone would have offered themselves in this situation. I am Group O rhesus negative, but they did not accept.

**GRO-C**

**GRO-C**

23. I believe that Dr Arthur probably did outline what to expect with this virus, but how to manage this I cannot remember. He was very articulate and interested in his patients. I realize this answer is vague but the experience of being told Bryan would die shortly presented an earthquake effect inside me. Everything was going over my head, slow then fast. I could not grasp any of the sentences, only isolated phrases. Before Bryan received this last unscreened blood transfusion, as an impatient at Hammersmith hospital, he told us they were going to treat his leukaemia with Interferon and this drug was so precious they were delivering it by Securicor. A nurse explained I would be responsible for giving Bryan the interferon at home by needle. She gave me a hypodermic needle and an orange to practice on whilst I was visiting Bryan who did not favour the idea of me doing this. He was emaciated

and extremely frightened of more needless pain I might inflict carelessly. I understand that, after-all I am not trained in any of those medical techniques.

24. I do not remember discussing anything about the risk of Bryan infecting others. Even the district nurse obviously did not know anything about receiving an infection from Bryan. She washed Bryan and kept him comfortable. She did not mention she was worried about Hepatitis B. She arranged for Bryan's mattress to be taken away and destroyed.

### **Section 3. Other Infections**

25. To my knowledge, Bryan was infected with Hepatitis B only.

### **Section 4. Consent**

26. I do not recall anything regarding the risk of infection from a transfusion to Bryan. We trusted the system to be thorough, the blood Bryan would receive normal as routine. We were not distrustful of the procedure.

27. Bryan did not object to receiving a transfusion. To the best of my knowledge I do not remember anyone advising Bryan to the risks whenever receiving a blood transfusion.

### **Section 5. Impact**

28. Bryan remained at hospital for a short while and I visited him regularly. However, there was nothing the doctors could do to help him. During one of my visits to Hammersmith Hospital, another male patient approached me and asked if I could send him a photograph of Bryan before he had lost his hair. He had talked to Bryan quite a lot and he comforted him. After Bryan died, I kept my promise and sent a photograph to the address given me.

29. Hammersmith Hospital discharged Bryan, within his final days, to die at home. Bryan was so distressed at this decision, the blunt result, he refused to allow them to remove the 'Hickman' line. I remember him crying, shaking his head, begging to be allowed to live; I felt his internal sob. I suppressed a scream. This anxiety will never leave me; evermore I will see this - sometimes totally overwhelmed by this vision, looking from the window in the hospital - the external wall clock partially in darkness as it was an early morning in October 1986.

30. Shortly after arriving home, Bryan suffered a sugar attack. We were all unaware of anything more happening to Bryan after leaving hospital. We asked our GP to help us. The attending doctor, Doctor Wilkins knew nothing about diagnosing a sugar attack and wanted Bryan to return to hospital. I explained the decision had been made to send Bryan home to die so she rang Hammersmith hospital to confirm this because Bryan was physically stressed; I thought Bryan was suffering an attack of epilepsy. After the phone call Doctor Wilkins came back into the room and told us to give Bryan a drink with a few teaspoons of sugar. The drink helped Bryan considerably. I believe arrangements were then made for the district nurse to attend Bryan because we were unable to stay up every night.

31. Bryan passed away at home on 16 October 1986 (WITN3914002).

32. The undertaker rang one of us at home after removing Bryan from us. No-one had told them Bryan was contagious and they complained of this matter to the health department. On their premises Bryan was bleeding from one eye and his nose and they thought he had been in a car accident. We were all grieving and unaware of the correct formality here; I couldn't remember anything for a while, so severe was the adrenalin and confusion. This episode made me so sad.

33. My sister was refused a visit to the Chapel of Rest because Bryan's remains were contagious. We also had difficulty with Bryan's mattress.



The district nurse, I think, had arranged for the contaminated mattress to be taken away. The deferral in collecting the mattress even troubled me; this was a terrible reminder of the horror Bryan had endured. Whilst the mattress remained outside the house, covered in yellow and black tape, I received a forceful adrenalin rush. I know we are only human, and I am not complaining about this, but everything that reminded me of Bryan's death was hurting me. The shock took away my voice. For many days after the event I could not speak.

34. One surreal image constantly torments me - how physically interesting Bryan was before the interception and calamity of that intensely yellow skin – a macabre, gristly illness, Hepatitis B, mixed with acute myeloid leukaemia. Each year, from sixteen years, I remember with pride, Bryan had on a rapid growing spurt, it was very noticeable, until he was approximately 5 feet eleven inches tall. He was a normal schoolboy, blonde with green eyes, a fun-loving adolescent; sometimes mischievous to enforce respect of psychological boundaries from – what he considered - rebellious siblings. Bryan was an affable human-being, his personality was gentle. Following my divorce in 1976, Bryan had become the man of the house. Within five months John, my ex-husband, remarried. The courts granted me custody of the children and allowed me to stay in the family home. Although we had little contact, John continued to see the children but visited Bryan once in Hammersmith hospital.

35. Whilst at school, Bryan dedicated his spare time drawing caricatures, an enjoyment of what he termed, 'heroes' – Lou Ferrigno, the Hulk, mostly - his way of coping without a male role model. Bryan had a creative nature, artistically minded. Expression sometimes came through the adventures that interested his inquisitiveness, a world explored through comic books and a love of Sardine and Prickles, the family cats.

36. Bryan pieced air-fix models, completing two period galleys, his last epic. This hobby occupied his attention for many hours. Each model was painted, and he especially wanted a watery green paint to authenticate

algae upon the sails. Even the intricate canons were individually painted. He liked detail. Comedy – 'The Young Ones', with Rik Mayall and Laurel and Hardy - drama and as he matured, a liking of popular music, termed 'the New Romanics' era. Now and again together we all watched family films; 'An American Werewolf In London' scared us both, 'The Great Gatsby' (Robert Redford version) and 'The Great Waldo Pepper'.

37. If he had been able to recover from his leukaemia and had not received a transfusion of infected blood, perhaps Bryan would have been able to continue following his interests and developing a career as he had begun to do before he became ill.

38. An elusive melancholy has often drawn me to the brink. After the terrible catastrophe, of losing my son, Bryan, I accept occasionally my life means very little to me. My unlucky silence now has a logical and sensitive explanation to the chronic failure I could never talk about with my GP. Remembering the horror and suffering my son endured leaves me now feeling sulky, moody, tearful for many days. I lose concentration quite often from this condition and worry afterwards about the impact I might have on others. It was an unscreened blood transfusion, a jab of nasty liquid, blood infected with Hepatitis B, that finalized Bryan's struggle. I am grateful for the compassion and easy to understand diagnosis we were privileged to witness. Previously my agitation confined me to an empty, graveside existence. I lost interest in relationships. I believed my intellect was rapidly in decline but now I am rallying to be a little less passive.

39. I so often have brushed aside the full-blown horror, of that terrible event, parting me forever from my second child, a recognizable trait with those surviving or have relatives contaminated from an unscreened blood-transfusion. All the anxiety and depression predict subconscious effects, blackouts plus those bittersweet flashbacks.

40. I remember just after Doctor Ainley signed Bryan's death certificate, I asked if anything could help us to get through the immediate,

overwhelming shock. He said no. I asked if he could allow me some tranquilizers. He said he wasn't supposed to but did write me a prescription.

41. I became more passive than ever, too. In October 1992 I was sectioned by the family GP. Due to Bryan's perpetual absence, this anxiety, regarding my impassiveness, and my two brothers' rejection, worsened. I could not get close to any of my daughters' husbands or partners. Bryan was to be my understanding of male relatives and possibly could have added more leafage to our family tree and so much more.

42. In 1992 Lynda accompanied me to a consultation with the family GP, regarding heavy blood loss from my monthly cycle. She was and is a soft pillow in times of adversity. She doesn't wear her heart upon her sleeve though and isn't a push-over. Lynda does not approve of shallow sentiment. Whenever I can't cope with confrontations, usually from a misunderstood attitude, Lynda will often sort this problem.

43. Since then, the family GP has moved surgery from GRO-C to GRO-C. Too far to attend, so I now visit the GRO-C. I was not in my right mind, confused, mentally wrecked, distracted from domestic impressions, everything really to do with household.

44. The reason I was taken, under protest, to Saint Anne's, was not being very up on housework; the family GP was more interested in the side effects of blood loss and treated these by sectioning me. His diagnosis was a complaint of grumbling psychosis, or psychosis on the horizon. And I was extremely frightened, helpless because of the shallow thinking one more apparent in a precise and subtle way that fitted his understanding.

45. Shortly after being admitted to a psychiatric hospital, I made an appeal with a solicitor to be allowed home. This failed. Whilst sectioned I was

haemorrhaging approximately a packet of large sized sanitary towels every 2-days.

46. During the blood transfusion at hospital a doctor wanted to examine me because of my anaemia but I couldn't deal with it. I was extremely depressed and did not want to return to the psychiatric hospital. I feel sad about this situation now. Later, I received 4-pints more of blood and was asked to have iron tablets put on a prescription. The family GP decided I did not need these. Nowadays iron tablets can be bought over the pharmacy counter.
47. After 6 months at the psychiatric hospital and 5 blood transfusions, for my condition, the psychiatrist released me; they said they could not keep me indefinitely at Saint Anne's. Whilst a forced patient at St. Anne's I experienced a great deal of physical discomfort, excruciating agony. Discharged from the psychiatric hospital, the family GP, accompanied by 2 female psychiatric nurses visited me, on an appointment basis, at home; their unwelcome presence threatened me; I believed they were harassing me.
48. Also, before returning to Royal Bournemouth Hospital for a hysterectomy, to stop the worsening haemorrhage, I couldn't leave the house due to requiring a change of sanitary protection almost on the hour, as best I can remember. It turned out I was only weeks away from developing cancer from the fibroid growths on my womb. This information was given me by the surgical team at Royal Bournemouth Hospital. The blood I received at the Royal Bournemouth Hospital was not contaminated and saved my life.
49. Finally, an unscheduled visit of a psychiatrist to my house, compelled me to close the front door on him. I did not want to risk being sectioned again.
50. By what method is anyone to suffer this mishap, forever asking how these doctors/consultants react emotionally on witnessing their patient,

ineffective to that viciously attacking, venomous bacteria – to me Hepatitis B - physically distressed, out of their normal minds with suffering, sometimes reduced to muteness, undergoing a severe ordeal. Transfusions helped the patient to cope with terrible illness; respite whilst nursing the injured blood cell; that is until a misfortunate Russian roulette potion has submitted them to wretched death throes.

51. I do believe that there is a stigma against Hepatitis B. When the hospital was preparing to discharge Bryan, my two brothers brought Bryan's bed to the living room. They also brought into the living room Bryan's record player and vinyl records. These were among Bryan's well-loved treasures. On Bryan's final night alive [GRO-D] and myself were sitting with Bryan, who was now reduced to a coma state. The district nurse told me hearing is the last thing people lose before death and to be careful of what we said near him. All at once, at midnight on the 16<sup>th</sup> [GRO-D] got up and tore the blankets off Bryan. He said excitedly or animated at least, he had always wanted to see someone die. He said he was going to hurry this up. He wanted to get home before 07.00. Everyone should be appalled at the reaction of [GRO-D] upon a dying boy. I have never been able to speak of this. I am utterly confused. He would not allow me to cover up Bryan. He blocked me all the time. I wanted to get more blankets from upstairs, but [GRO-D] would not let me pass, then I wanted to call the police for help, but I could not get by him. Neither could Arthur. Then he put on Bryan's records full volume. I did not dare leave the room. I did not understand what [GRO-D] was trying out. I was terrified so much so I tried to strike [GRO-D]. I wanted him to leave us. He refused. I told Arthur to stop him, to turn off the music, to force [GRO-D] to leave. Arthur did not know what to do either. [GRO-D] is an ex-para in the army and served in Germany. Why was this happening? Bryan had returned home to die peacefully if you can call leukaemia and Hepatitis B allowing a peaceful end. I am still staggered at [GRO-D]'s vile and conceited attitude, his belittling, thoughtless laughter.

52. After Bryan had passed, about 06.00 **GRO-D** told me we would never receive any family here again because of that infection. His tone had a sarcastic edge, I never knew him before like this. I cannot stand his company for this not that I have seen him in many years. That Christmas, 1986, one Bryan had hoped he would see, Lynda and Lee did not come here as they always had. Jo-Ann and Angela went to visit friends, Arthur went to his mother's house and my mother and aunty left me alone to see a fox hunt. I was alone and never got over the shock of **GRO-D** A few weeks later **GRO-C** and **GRO-C** said I would like to know of their decision to donate their bone marrow to a database or records to help others with leukaemia. But they also said they would not want to be around me again because they believed Hepatitis B is a sexually transmitted disease and we would mostly likely develop Hepatitis as well.

53. Lynda will provide more information about the effect of Bryan's illness and death on her in her own witness statement, but I remember became withdrawn like her sisters, more aloof and temperamental and less communicative towards me after Bryan died

54. When Bryan was seventeen, he struggled to focus on the YTS courses due to his leukaemia; rather than continue, he sometimes visited his married sister, Lynda and her 3-year-old son, Lee, whom Bryan idolized. Until it was time to return home Bryan, stayed with Lynda, in **GRO-C** Bryan was - and would have continued to be, had he survived - an emotional support, a confidante, to Lynda. Likewise, Lynda encouraged Bryan, to lean emotionally upon her – for instance, when Bryan started to notice girls. Both siblings were very close, the first children of my marriage. Lynda became more aloof and temperamental and less communicative towards me after Bryan died.

55. Before the coronavirus, my youngest daughter, Angela, residing within **GRO-C** met my sister, Wendy and me fortnightly. Since the lockdown Angela, telephones me daily. We call it our daily blog. When

Bryan was alive, Angela had planned to become a nurse. Visiting Bryan, at Poole hospital, the nurses allowed Angela to serve refreshments with them. Inside of a few months, following Bryan's death, Angela's dream changed. Unhappy with an obvious horror, Angela, could not talk very easily about her decision to leave the Saint John's ambulance first aid course. One day she remarked that since the professional medics had failed to save her brother, she could never commit to nursing. Angela entered life with bad vibrations from her shock of losing her brother. The trauma and distress Angela suffered, in my humble opinion, stole away the career she had desired whilst at school and gave her a world without any detail.

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I struggled to overcome my anxiety to visit Poole hospital around this time.

56. Not long ago, my daughter Jo-Ann told me I had made her feel guilty that Bryan did not survive, the fallout of so many misunderstandings and distress. Jo-Ann became estranged after Bryan died. There were days when she was not calm. She reacted with little concern towards responsible relationships at home, then more and more rebellious to most maternal authority. I had made her feel guilty the bone marrow transplant did not save Bryan's life. Jo-Ann believes her sacrifice was futile through my eyes and I was punishing her in some way.

57. After leaving school, at sixteen, Bryan could not decide what type of a career he wanted but applied for a few sparse apprenticeship courses through the YTS. There were not many positions available. His employment is sketchy. To get started Bryan applied for part time temporary employment at the newly opened Bournemouth Square branch of McDonalds.

58. So desperate was Bryan to secure full-time employment he even considered travelling to a military institution, who were hiring school leavers. This establishment was outside of Wareham – a 15-mile cycle ride - but Bryan's application came to nothing.
59. Finally, he achieved employment nearer home, I cannot remember exactly where Wessex Chemicals was - but Bryan worked here for a short while. His weak condition did not permit the lifting of heavy containers. I believe his employers were going to inform the YTS of their situation to compassionately send Bryan home. They were angry with the YTS for referring him to them with a specified condition that had weakened him to the edge of collapse.
60. Bryan received sick notes from Poole Hospital and possibly Hammersmith Hospital while he was admitted there. A medical exemption certificate was first issued by the GP. When these finally expired, passing their limit, Bryan being sick longer than they were legally able to issue them, Poole Hospital issued them, (I believe) and the Department of Social Security, allowing Bryan about fifty-six pounds per week.
61. Whenever Bryan was an in-patient at Hammersmith hospital, I was helped with travel expenses, the amount usually was about £25.00. I always drove to London, visiting Bryan at least 3 – 4 times a week and claimed the cost of petrol from Bournemouth to London, and home, from the pharmacy department within Hammersmith hospital. I brought Bryan home when he was discharged after his bone marrow transplant. Those in charge of Bryan's ward - not Dr Arthur - discussed in my presence, of getting a ticket, putting Bryan on a train home after treatment. One of the male nurses / doctors, put it to the consultant the train might be busy or very crowded and Bryan would not get a seat. I said I am his mother and didn't want that journey one bit for him. They granted me permission to collect Bryan from Hammersmith hospital and bring him back home. The Department of Social Security also paid for Bryan's funeral costs.



## **Section 6. Treatment/Care/Support**

62. Bryan did not face any obstacles other than that by the time he had contracted Hepatitis B, he was so ill with leukaemia that no treatment for either illness could save him. The only obstacles I recall, with hindsight, is Bryan having low blood-pressure, anaemia, Septicaemia, and an alleged Herpes infection. Of course, I do not know if this is an obstacle or not. There was Hepatitis B contaminating the blood transfusion, nothing else to my knowledge and memory. I suppose there are always risks with any kind of medical procedure, including tablets, but when you are so ill as Bryan and other cancer patients, you are hoping for a cure or, alleviation.

63. Bryan never received any counselling. I did report my feelings of grief to my GP after Bryan's death and was prescribed tranquilizers but did not receive any counselling.

## **Section 7. Financial Assistance**

64. No financial assistance was available for Bryan or anyone in our family as a result of his hepatitis B.

## **Section 8. Other Issues**

65. I am not sure about answering the question regarding Bryan's medical records. I wouldn't know where to start, having a dystopian-like view, a bad dream episode whilst remembering Bryan's treatment. If anything has been missed out of these records, I hope I will remember some or, most of Bryan's health throughout that awful predicament of leukaemia.

66. My expectations, from the predicament of loss, regarding the conduct of the inquiry, topped anything I could have foreseen. I am so glad my eldest daughter Lynda, born 1965, was able to bring us before the

revelations of the Inquiry Team, especially of the huge toll upon siblings and family members due to serious illness. Lynda and I attended 1 day on 31 October 2019 and the full five days, 24 – 28, February 2020. It was an uplifting balm, a tonic, meeting with such great kindness from strangers. For me, every minute of the inquiry counted. Thank you for the excellent, sincere evaluation, the curative power of concern, allowing deep injuries to heal a little, soothing various undistinguishable symptoms inflicted by this never-ending, exhausting grief.

67. The revelations made from the inquiry panel have given me confidence; I am less afraid of my stress and disquiet, realizing this as a natural disorder that most probably accelerated 34 years ago with my son's demise.

68. The psychological arrangements truly achieved for me an emotional relaxation, especially a break from self-loathing and that realization a burden lifted, allowing my forlorn spirit comfort. Many worries, regarding anxiety, depression and insomnia previously defeated me. Via the inquiry there is enlightenment, recognition of the vile Karma we are experiencing constantly. Insight from the panel confirmed a view of my mental fatigue and the understanding of how creepy although natural, paranoia is as part of an off-handed guilt.

### **Statement of Truth**

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

Signed

GRO-C

Dated

28 July 2020