

Thursday, 20 June 2019

(9.58 am)

**SIR BRIAN LANGSTAFF:** Good morning.

**MS FRASER BUTLIN:** Good morning, sir.

**SIR BRIAN LANGSTAFF:** Although it is just before

10 o'clock according to the clock on the wall, we will start because I think you are all ready.

We have reached P in the alphabet for those of you who have been watching proceedings and you will know that that means that this witness, the first witness, is going to be anonymous and be known as Mr P. You'll know that that protects his anonymity because it will be a contempt of court if anyone does anything to reveal his name outside this room and calls him anything other than Mr P.

But I have to make the order formally and I do so in terms which will be familiar to those again who have been here before and it is this, that the name and address of witness W0279 (that's Mr P to you and me) and any other identifying information such as the witness's image or a description of their appearance cannot be disclosed or published in any form unless express permission is given by me or by the Secretary to the Inquiry acting on my behalf.

Witness W0279 must be referred to only as

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given a blood transfusion through the scars as well as a skin graft. I do believe I may have received plasma as well at the time because the scalds were so bad that they needed to give me some clotting agent to stop the bleeds.

**Q.** Your understanding from your Mum is you received red blood and plasma?

**A.** That's correct, yes.

**Q.** Do you have any medical records from that period when you were in hospital with the burns?

**A.** I do, yes, but the medical records are missing a period from when I was scalded all the way up to when I was about nine years of age until I received my first letter from the NHS. There's little bits in there but even they have been cut out from the printout.

I've spoke to my GP and they've said that there's no more medical records that they have got. I have looked into trying to get them from the hospital as well from where I were, but the hospital itself is now shut down so I don't know where to turn to to try and get my medical records from that time.

**Q.** You've struggled to get them so all you've got is bits and pieces from the nine months to age nine and it's not entirely clear exactly what you received but your

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"Mr P". The order remains in force for the duration of the Inquiry and at all times thereafter unless otherwise altered and I may vary or revoke the order by making a further order during the course of the Inquiry.

That's the order. That gives him protection. It will be observed by the press and, as I always do on these occasions, can I ask you to be very careful if you are taking photographs on your mobiles, however much you may wish to take a photograph, just check that you don't accidentally capture an image of him so that those who are listening outside this room can put two and two together and know who he is.

Mr P.

**MR P, sworn**

**Questioned by MS FRASER BUTLIN**

**Q.** Mr P, when you were nine months old in 1987 you were rushed into hospital. Can you tell us what had happened?

**A.** I was in a baby walker at my Mum's friend's house and I managed to walk myself into the kitchen and the wire for the kettle was leaning over the side and I managed to pull the kettle over myself, scalded myself on my chest and on my right arm. The scalds were so bad, I was rushed into A&E for the burns. So then I was

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Mum is clear it was red blood and it was plasma?

**A.** Yes, that's correct, yes.

**Q.** Was your Mum as far as you know given any advice or information about the risks of receiving that transfusion?

**A.** No.

**Q.** Then in 1997 you were aged about nine and you received a letter. Before we talk about that letter, why are you so clear that the letter was sent to you personally rather than your parents?

**A.** On the day in question, the letter was received through the door. It had my name, my name on it and it had two love hearts on the right corner of the envelope and at the time I actually thought it was a love letter; so that's why it sticks with me and I know it was written for me.

**Q.** What did that letter say?

**A.** I can't 100 per cent remember. I know it was an appointment to go to hospital and it was in the state of saying that they may have given me hepatitis C when I received my treatment for my scald when I was nine months old.

**Q.** How did you react when you read that letter?

**A.** I ignored it. I was eight/nine at the time. I didn't really understand it. I just handed it to my mother

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1 because then I realised it wasn't actually for me.  
 2 **Q.** You realised it wasn't a love letter?  
 3 **A.** Yes, I did.  
 4 **Q.** You gave it to your Mum?  
 5 **A.** I did.  
 6 **Q.** You went up to the hospital --  
 7 **A.** I did.  
 8 **Q.** -- just after or just before your ninth birthday?  
 9 **A.** Yes.  
 10 **Q.** That's when you were diagnosed with hepatitis C?  
 11 **A.** Yes. I was -- went into the room and on the day the  
 12 nurse that actually took my bloods she said to me  
 13 I looked too fit and healthy to have hep C so I should  
 14 be all right, don't worry about it. Then I think it  
 15 was a few weeks later we received the news that I did  
 16 have hep C.  
 17 **Q.** How were you told that you did?  
 18 **A.** I think we went for a second appointment. I'm not  
 19 100 per cent sure. I can't remember, sorry, but I do  
 20 believe it was a second appointment and it was  
 21 addressed to my mother this time and we were told  
 22 then.  
 23 **Q.** Can you tell us a little bit about how you think the  
 24 hepatitis C affected you as you grew up?  
 25 **A.** I couldn't do what my friends was doing. I know that

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1 for a fact. I was told -- when I was first told I was  
 2 told I couldn't play any contact sports. Football  
 3 crazy, so to be told I couldn't do something I love  
 4 was heart breaking. I couldn't physically go out and  
 5 play with my friends, play football, I couldn't go  
 6 climb walls. I had to look after myself like I was an  
 7 adult from a young age because I weren't going to put  
 8 my friends at risk of catching what I had. I was told  
 9 it was -- I was able to pass it on but only in certain  
 10 ways but at a young age it doesn't mean anything to  
 11 you. You are just always cautious and you're always  
 12 wary of what you're doing.  
 13 **Q.** Once you got to high school I think you had a bit more  
 14 realisation of what hepatitis C was really about?  
 15 **A.** Mm-hm.  
 16 **Q.** What did you understand to be your life expectancy?  
 17 **A.** I was told I was going to live between 18 to 30 years  
 18 from a doctor. By this time, I was coming from age 11  
 19 and upwards. You are already counting down the years,  
 20 even from a young age.  
 21 I knew -- it's hard knowing that you're going to  
 22 die at some point and for someone to tell you that at  
 23 such a young age it was terrifying. You withdraw  
 24 within yourself. You can't do what you want to do.  
 25 You can't concentrate in school. You can't fulfil

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1 your potential because you don't think you've got  
 2 potential to live long enough to fulfil that  
 3 potential, so you don't want to -- I can't -- it's  
 4 hard, it was really hard.  
 5 **Q.** In those early years who knew that you had  
 6 hepatitis C?  
 7 **A.** It was my mother and my father, and myself, and the  
 8 doctors. That was pretty much it at the time until  
 9 I got a little bit older and then you start -- you  
 10 need to tell your friends because you need someone to  
 11 help you look after you when you're out. Some  
 12 disappeared, some stayed and the ones that stayed have  
 13 meant the world to me because they've stayed through  
 14 thick and thin with me and that's pretty much it, that  
 15 now.  
 16 **Q.** What about your brothers?  
 17 **A.** Not from a young age. It wasn't until they got old  
 18 enough to understand what was going on. From a young  
 19 age I was -- well, people said I was treated as the  
 20 golden boy, I was looked after better than -- well, it  
 21 looked like I was looked better than everyone else.  
 22 I was treated different.  
 23 My brothers didn't understand. They just  
 24 thought that I was the special one and it was hard.  
 25 I knew why but until they was old enough to realise

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1 and understand what was going on, I can see why they  
 2 felt the way they did.  
 3 **Q.** How did it affect your relationship with your parents?  
 4 **A.** I wouldn't say it affected them. I think they did  
 5 look after me a lot more. They was a lot more  
 6 cautious in what we did. I wouldn't talk to them  
 7 about anything. I've always kind of dealt with it on  
 8 my own. I never wanted to be an extra burden as what  
 9 I was already.  
 10 **Q.** Why didn't you want to ask your Mum questions about  
 11 hepatitis C?  
 12 **A.** I didn't want to know. I didn't want to know. It was  
 13 bad enough knowing that I had up to the age of 30 to  
 14 live. I didn't want to know anymore. It was hard  
 15 enough as a child to deal with what I was going  
 16 through with that alone, let alone asking any more  
 17 questions.  
 18 **Q.** You've said in your statement that the hepatitis C has  
 19 made your family life now with your children difficult  
 20 as you bring them up. Can you tell us a little bit  
 21 about that.  
 22 **A.** Yes. You're always cautious of what you do with your  
 23 children. You're always scared of passing it on. If  
 24 they cut theirself I would get my wife to deal with it  
 25 just because I was always scared and I don't want them

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1 to grow up with what I had to grow up with.  
 2 It's hard as well because I'm not always a nice  
 3 person. I have really severe mood swings. One minute  
 4 I can be really extremely happy and the next minute  
 5 I could be shouting at any of them for no reason.  
 6 Psychologically it's hard on them as well because they  
 7 don't understand what's going on. It's always daddy's  
 8 got a poorly liver or daddy's got to go see the doctor  
 9 again. It's just hard, it's really hard on the  
 10 children.  
 11 **Q.** When your wife was pregnant there was also  
 12 a particularly difficult interaction that she had with  
 13 a health visitor which I think you only found out  
 14 afterwards?  
 15 **A.** I did, yes.  
 16 **Q.** What happened?  
 17 **A.** At the time she went for an appointment with the  
 18 health visitor and the hep C got brought up just so  
 19 she knew what was going on and told [redacted].  
 20 (Pause)  
 21 **Q.** We will restart and I'll ask you the same question  
 22 again, okay. When your wife was pregnant there was  
 23 also a particularly difficult interaction that she had  
 24 with a health visitor that you only found out about  
 25 later. Can you tell us what happened.

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1 **A.** I did, yes.  
 2 **Q.** What can you remember about those?  
 3 **A.** Treatment was terrible. You was always ill when you  
 4 had them. I've had so many it's hard to remember  
 5 which ones are which but you always ended up with the  
 6 same feelings. You didn't want to get out of bed.  
 7 You had constant headaches or constantly sore. One of  
 8 the first ones I had it was the local nurse had to  
 9 come in and inject me. I had to take urine samples  
 10 every time to make sure there was no blood in my  
 11 urine. It was time off school from a young age  
 12 because of the effects it was having on me. It was  
 13 time away from my friends. I wasn't that much out  
 14 because of these injections, I was ill, I was really  
 15 ill, because of them.  
 16 **Q.** Then in adulthood you have had three rounds of  
 17 treatment to try and clear the virus.  
 18 **A.** That's correct, yes.  
 19 **Q.** What can you tell us about those?  
 20 **A.** The first one was meant to last for 12 months. I did  
 21 not get past three months. The interferon was dropped  
 22 in dosage because of the amount of weight I was losing  
 23 and how ill I were because of the treatment.  
 24 The first one as well I was, if I remember  
 25 right, I was over a million count on my hep C count

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1 **A.** My wife had an appointment with the health visitor and  
 2 hep C were brought up because we wanted to make sure  
 3 everything was fine and my wife would be looked after  
 4 in the right way and have all the checks done and the  
 5 health visitor told my wife that she hopes I've  
 6 changed my life style and I've stopped taking drugs  
 7 and drinking alcohol. She automatically assumed that  
 8 I was a drug addict and I got my hep C from being  
 9 a drug addict, even though I got it from that blood  
 10 transfusion when I was younger. Every time we had an  
 11 appointment from thereon it was stated where I got my  
 12 hep C from and every doctor I spoke to because you  
 13 always felt like the impression was they thought I was  
 14 a drug addict, always.  
 15 **Q.** You felt the need in every appointment to explain how  
 16 you contracted hep C?  
 17 **A.** I did, yes. I didn't want them to think I was a drug  
 18 addict. I was nine month old, it was never even  
 19 thought of, even growing up it was never even thought  
 20 of, so I had to explain myself to someone because they  
 21 were ignorant and automatically assumed where I may  
 22 have got it from.  
 23 **Q.** In terms of treatment you've received, you believe  
 24 that while you were a child you underwent some  
 25 experimental treatments for the hep C?

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1 and it needed to get below a million and I never got  
 2 close, so it was dropped and finished.  
 3 The second one --  
 4 **Q.** In the first one you remember being the bed, in your  
 5 statement you remember being in bed five months?  
 6 **A.** Yes, even after the treatment finished I was in bed.  
 7 I didn't feel myself, I didn't want to go face the  
 8 world especially afterwards when you're told it's not  
 9 worked as well that has a psychological effect on you.  
 10 They build you up telling you that there's a good  
 11 chance of it working and for it not to work you do go  
 12 into a depression state. You know you're going to  
 13 start again. It's not going to change.  
 14 **Q.** The second time round was for about six months?  
 15 **A.** Yes, the second time, this time we did pass the marker  
 16 stage but then again it failed. Again, it was just  
 17 physically feeling ill. I couldn't, again, get out of  
 18 bed and this time round I had my first child. I was  
 19 stuck in bed and trying to explain to my child why I'm  
 20 in bed, why I can't go out and why I can't play with  
 21 him, why he can't come upstairs. It was hard.  
 22 I was physically had like, especially after the  
 23 injection, I felt like I had a cold all the time,  
 24 I was shivering I couldn't get warm. The aches and  
 25 pains all over my body was terrible. It was really

12

1 just really hard to deal with.

2 **Q.** You've talked about that second treatment of you

3 sitting down and arguing with the injection pen.

4 **A.** Yes.

5 **Q.** What was going through your mind at that point? What

6 were you saying to the injection pen?

7 **A.** I was arguing with it. I was telling myself and

8 telling the pen how fed up I were with the pen. It's

9 not nice to have to sit there on the edge of your bed

10 every week looking at it and injecting myself. It got

11 to the stage where I felt I couldn't do it anymore

12 unless I motivated myself by arguing with a pen and

13 that's the only way I got through it was arguing with

14 a pen. And then it got to the point where you argued

15 with it and then you just stabbed yourself because you

16 are still arguing and you're not thinking about what

17 you're doing. It was terrible.

18 **Q.** Then the third treatment was just for 12 weeks --

19 **A.** Yes.

20 **Q.** -- in 2015, and how was that?

21 **A.** Like the rest of them but this time they say it's

22 worked, they say it's gone, they say I'm clear, but it

23 was exactly the same as the rest. You still deal with

24 the side effects, you deal with your children and it's

25 a situation I should never have found myself in in the

13

1 first place.

2 **Q.** Emotionally how did you find that third round?

3 **A.** I didn't really want to do it. The last two

4 experiences of knowing it never worked. It was

5 a sense of feeling it was never going to work. I was

6 going to have to deal with this for the rest of my

7 life.

8 I didn't -- to be fair, I didn't really want to

9 go on it no matter how much they promised me it was

10 going to work because I've been there and I've done

11 it. I didn't want to inject myself again. I knew

12 I was going to get to the point of fighting and

13 arguing with a pen again. I didn't want to have to

14 take tablets twice a day. I didn't want to have to

15 explain to my kids why I can't go out, why I can't

16 play with them.

17 It makes you depressed. You didn't want to go

18 to that place again. I'd been there so many times and

19 it's a road that never seemed to end. Don't get me

20 wrong, I'm fortunate that I am clear but I never felt

21 I was going to get there. Even when she told me, I

22 did not believe her. I expected to go back in a few

23 months, oh, it's come back, because it always came

24 back. That's how it was. It was always coming back.

25 **Q.** You said you didn't want to get your hopes up only to

14

1 be disappointed --

2 **A.** That's correct.

3 **Q.** -- if it didn't work again.

4 **A.** Yes. It does kill you when it does come back. It

5 knocks your life back. It puts you in a dark place.

6 You're alone. Even though I've got family around me,

7 you are alone. You deal with it all yourself.

8 I'm not a very -- I'm not the kind of person

9 that speaks to people. I like to keep it inside.

10 I like to deal with myself. It's going to sound wrong

11 but I'm the man. I'm meant to be the person in the

12 house that deals with everything and when that's taken

13 away from you because you've been put in a situation

14 where you should never have been put in and you can't

15 be the man of the house anymore, it's destroying.

16 **Q.** Because you've cleared the virus now but you still

17 have liver cirrhosis?

18 **A.** Yes, that's correct, yes.

19 **Q.** Physically, what symptoms have you been left with?

20 **A.** I suffer from a lot of short-term memory loss. It's

21 got worse over the last few years to the point where

22 I could be told something, even for the Inquiry I've

23 been receiving emails, I read the emails, I look at

24 the emails, and then it will be four or five days

25 later something will be brought up, I'll go through my

15

1 emails again, "Oh I didn't do this. I should have

2 emailed them this". It's every day I'm losing bits of

3 my memory and it's hard knowing that I'm getting told

4 stuff and it could be important stuff and I still

5 forget.

6 Being depressed -- I still believe I am in many

7 respects a little bit depressed even though it's gone.

8 I'm extremely tired all the time. I could have 12 to

9 16 hours sleep if I could get it and I'd still be

10 physically drained all the time. I wake up tired.

11 I'm tired in the day. I'm tired at night. It's just

12 a constant cycle.

13 **Q.** You've also got pain in the right-hand side of your

14 stomach and the rib area?

15 **A.** Yes, that's constant.

16 **Q.** You've also spoken about the mood swings that you

17 still suffer from?

18 **A.** Yes, I still have real bad mood swings. It's all the

19 time. I could be really nice and then switch and it's

20 from nowhere and for nothing. I don't have to --

21 there doesn't have to be a trigger to make me switch.

22 I just switch from being nice to being horrible and

23 it's not nice.

24 **Q.** Your wife works away from home two nights a week.

25 What effect do your symptoms have on family life

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1 particularly when she's away?  
 2 A. She's got to ring me in the morning to wake me up.  
 3 I can set so many alarms. I don't hear them. My  
 4 daughter comes into the room, tries waking me up. I'm  
 5 so far gone, I'm so tired, I don't physically want to  
 6 get out of bed. It takes the wife ringing me and  
 7 shouting at me to get out of bed, for me to get out of  
 8 bed.

9 Don't get me wrong, my kids aren't in any danger  
 10 and if anything were to happen like that I can deal  
 11 with it. It's just -- it's hard. I shouldn't be like  
 12 this. I'm fit, I'm kind of healthy, I'm working, I'm  
 13 trying to get myself back into the right place  
 14 I should be. I shouldn't be this tired all the time  
 15 but everything I try it doesn't work. I'm still tired  
 16 and it's hard.

17 Q. It's then a struggle to get the kids to school in time  
 18 and up and ready in the morning?

19 A. It is, yeah. By the time my wife's rang me and woke  
 20 me up, I've probably got 20 minutes to get both of my  
 21 kids ready, fed and taken to school. It's a bit like  
 22 Piccadilly Gardens in the morning, it's that hectic in  
 23 my house, it's just ridiculous.

24 Q. You have spoken a little bit about the emotional  
 25 impact and ongoing depression that you feel you

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1 I was told they'd have to refer it to the force's  
 2 medical team and I'll have to wait to see if I'd be  
 3 allowed to go in.

4 This was the biggest dream and the weeks and  
 5 weeks went by and then all of a sudden I received  
 6 a phone call telling me your dream's over. You're not  
 7 allowed in.

8 Now, that took me back. I couldn't for a long  
 9 while get over that. That's all I ever wanted to do,  
 10 was join the army. I knew I wanted to go in the army.  
 11 I had my career plan set out in the army from a young  
 12 age. I knew exactly where I wanted to go, what I  
 13 wanted to be and how far I wanted to take it, and for  
 14 someone to tell you you can't do your dream because  
 15 you were put in a situation from being given something  
 16 from a young age, it was -- it did make me really  
 17 depressed and, to be fair, I don't even think I've  
 18 ever got over, it even to the day.

19 Even when I got the all clear, this is how much  
 20 I wanted to do it, I got the all clear and the first  
 21 thing I did was I rang the TA. I was too old to join  
 22 the army but I could join the TA still. I rang them  
 23 up and told them it's gone but I still do have liver  
 24 cirrhosis can I get in? Within five minutes of being  
 25 on the phone she rang somebody else and then came back

19

1 suffer. Have you been offered any counselling or  
 2 psychological support during this time?

3 A. I have but again I feel like it's easy to deal with it  
 4 myself. I don't want to keep talking to people about  
 5 what's gone on, why I feel like this. I just feel  
 6 like I keep going round in circles. It's easy enough  
 7 to do with it myself. I do get myself out the  
 8 depression zone. It just sometimes takes a little bit  
 9 longer.

10 Yeah, I can't talk. I don't like talking about  
 11 it. I don't want to talk about it. It will just keep  
 12 coming back and keep coming back.

13 Q. When you were growing up, how did your hepatitis C  
 14 diagnosis affect your career aspirations?

15 A. When I was younger I had trials for a professional  
 16 club. I was told I couldn't play because of it so  
 17 that was knocked on the head straight away, so that  
 18 was one of my dreams gone.

19 The biggest dream I had was to join the army.  
 20 My father did it, my grandfather did it, and from  
 21 a young age it was all about protect the Queen and  
 22 country and then at the age of 16 I went to my local  
 23 recruitment centre, did all the tests in the  
 24 recruitment centre and then the question came up about  
 25 medical history. It was spoke about having hep C and

18

1 to me and said, "No, you've still thought antibodies  
 2 in your system. You've still got liver cirrhosis.  
 3 You still can't join".

4 So, again, it's still taken me back and I still,  
 5 like I say, I can't get over it.

6 Q. You said in your statement that:

7 "The hepatitis C just takes everything away from  
 8 me. It brings on a burden and rips away all my  
 9 aspirations."

10 A. It has done. It still does and to this day I've told  
 11 you my biggest dream that was taken away, football was  
 12 taken away. I grew up with football. I couldn't do  
 13 it. There isn't anything it lets you do. Police  
 14 force, couldn't join that; couldn't be a paramedic;  
 15 I just couldn't do anything to help anybody in  
 16 a career path of going out to help people, I couldn't  
 17 do. They limited you what you could do from a young  
 18 age and it's just not fair.

19 Q. You worked for a number of years as a train conductor  
 20 and had difficulties managing that. You underwent  
 21 performance management on a number of occasions. What  
 22 happened in relation to the performance management?

23 A. Getting up late for work because I was tired. They're  
 24 not the best of shifts in the world but it was  
 25 something I enjoyed doing so I plodded on. I tried

20

1 but the last five years of being a train conductor it  
 2 got worse. I became ill. I had many times off  
 3 because of having treatment and every time I went back  
 4 I would be staged to the point where I was stage 4 at  
 5 least three times, which is normally instant  
 6 dismissal. Every time they wanted to do that they  
 7 said they couldn't do it because I were covered by the  
 8 Disability Act. Then all of a sudden they found a way  
 9 to dismiss me.  
 10 **Q.** You've moved on now and work as a warehouseman.  
 11 **A.** Mm-hm.  
 12 **Q.** How is that?  
 13 **A.** It's boring. It's not what I want to do. It feels  
 14 like it's the best I can do.  
 15 **Q.** Because it's 9 until 5?  
 16 **A.** Yes. It's a little bit easier on lifestyle but I'm  
 17 better than that and I just feel education-wise  
 18 because of the time and length I had off in school  
 19 I never learnt what I could have. I'm not stupid.  
 20 I am actually quite clever but I've got nothing to  
 21 show for it. I've got -- my GCSEs weren't great  
 22 because of time off school, so I don't feel like  
 23 I could fill my potential in any role or whatever  
 24 I want to do. Now I'm stuck in a warehouse not being  
 25 able to do what I wanted to do.

21

1 physically fit but there are plenty out there that  
 2 have passed away, that are more ill than I am.  
 3 The whole situation should never have been  
 4 allowed in the first place. I believe they knew about  
 5 it and I believe that they've allowed people to suffer  
 6 for so long in a worse way than I have and it's wrong.  
 7 I just want to say I'm grateful, especially for  
 8 the campaigners for getting us into this situation  
 9 where we are now and actually can give our stories  
 10 across, and that's pretty much it.  
 11 **SIR BRIAN LANGSTAFF:** Thank you very much indeed for  
 12 coming to tell us what happened to you from getting  
 13 hepatitis C at such a young age. Thank you very much.  
 14 **A.** Thank you.  
 15 **SIR BRIAN LANGSTAFF:** We will take a break until 11.05.  
 16 **MS FRASER BUTLIN:** Thank you, sir.  
 17 **(10.34 am)**  
 18 **(A short break)**  
 19 **(11.07 am)**  
 20 **SIR BRIAN LANGSTAFF:** Our next witness is Courtenay, is  
 21 it?  
 22 **MS FRASER BUTLIN:** That's correct, sir.  
 23 **COURTENAY HILDYARD, sworn**  
 24 **Questioned by MS FRASER BUTLIN**  
 25 **Q.** Courtenay, when you were a child you were very active

23

1 Yeah, no, I don't want to work in a warehouse  
 2 but I've got children. I don't have a choice.  
 3 **Q.** In terms of your financial situation, you've received  
 4 some payments from the Skipton Fund, from Caxton and  
 5 from the EIBSS. What are your views of the process  
 6 involved with those funds?  
 7 **A.** Well, I've had -- they've been quick. They're not  
 8 easy. I feel like I've got to explain and I've got to  
 9 beg for any form of help. Early on I never asked for  
 10 anything. I didn't want to go through the process.  
 11 I know plenty of people that have gone through the  
 12 process and it was a nightmare. So I didn't want to  
 13 do it. I didn't want to have to beg for help but once  
 14 you are on treatment you're out of work because of  
 15 being on treatment. You've got next to no money  
 16 because of it you need the help and it feels like they  
 17 don't want to help, not without you having to beg them  
 18 first.  
 19 They want to know why you want it, how much  
 20 you're earning and it's not right. I shouldn't need  
 21 to beg for help when I've been put in this situation  
 22 in the first place. Yes, it's just not right.  
 23 **Q.** Those are the questions I have for you. Is there  
 24 anything else you would like to say?  
 25 **A.** See, I think I'm one of the lucky ones. I'm actually

22

1 and adventurous. What kinds of things did you enjoy  
 2 doing?  
 3 **A.** A lived in the country so we had animals and I guess  
 4 running around doing stuff and climbing trees and the  
 5 usual things that youngsters do in the countryside,  
 6 working on farms and things.  
 7 **Q.** Working on the farm?  
 8 **A.** Yes.  
 9 **Q.** You were known as a bleeder but did you have very many  
 10 problems with bleeding as a youngster?  
 11 **A.** I think I tended to sort of the dismiss it over the  
 12 years but I think in hindsight it did affect me quite  
 13 a lot and I think really given the time that I grew up  
 14 I'm not quite sure how my parents coped.  
 15 I mean, I suffered a lot from nose bleeds. It  
 16 was a time, you know, before kitchen roll was  
 17 available, before tissues were available, when we  
 18 still had shiny loo roll and really towels were the  
 19 only -- if you were bleeding for days it must have  
 20 been a nightmare for them.  
 21 **Q.** In 1963, you were diagnosed with low adhesion  
 22 platelets?  
 23 **A.** Yes.  
 24 **Q.** Then in 1970 you had a dental extraction and bled  
 25 quite significantly after that.

24

1 A. Yes.

2 Q. What were you diagnosed with after that dental

3 extraction in 1970?

4 A. In 1970 they decided that I had von Willebrand's.

5 I had a low factor 8. I think it was called

6 anti-haemophiliac factor then. They decided I wasn't

7 haemophiliac. I had von Willebrand's, largely because

8 my mother had been a bleeder and it was thought at

9 that time that a woman could only be a carrier and not

10 suffer from haemophilia but, basically, I was

11 a haemophiliac. That's why I was given a card to say

12 I was suffering from von Willebrand's.

13 Q. In that early stage it was diagnosed as

14 von Willebrand's?

15 A. Yes.

16 Q. Could we have document 2344124, Paul, please.

17 We can see bits a letter from September 1977 and

18 in the middle paragraph it says that you had been

19 retested and your Factor VIII clotting activity is

20 28 per cent, Factor VIII-related antigen 93 per cent

21 and platelet aggregation with ristocetin is normal:

22 "These results exclude classical

23 von Willebrand's disease and show he has mild

24 haemophilia A."

25 So at this stage in 1977 you were diagnosed with

25

1 the laboratory that you were smug about the British

2 products.

3 A. Yes, I think so. Things have changed so much now.

4 I think there was a feeling of belonging for

5 communities and the very fact that collection teams

6 went out to village halls and to factories and to

7 Women's Institutes and people felt as though they were

8 giving something back to it, I think it was quite a,

9 you know, a pride within the community, that there was

10 a contribution to. It was advertised as a gift of

11 life, all the transfusion vehicles were labelled with

12 that logo, so it was ...

13 Q. Did you ever have any conversations about American

14 products?

15 A. I can't remember specific conversations but I think it

16 was generally known that it was because donors were

17 paid I think that was the crucial thing and there was

18 little control over the people who were donating

19 blood, whereas in this country if you had had jaundice

20 you couldn't give blood and I don't think that really

21 applied in practice in the States. I think there was

22 a sort of skid row clinics, that was a term that was

23 used. It was as though it was a low quality product,

24 you know, that it ...

25 Q. You said earlier you remember those sorts of

27

1 mild haemophilia A as opposed to von Willebrand's?

2 A. Yes. I think that was because they knew that a woman

3 was not just a carrier and could be a haemophiliac.

4 Q. In the 1960s, you had moved to Newcastle to work in

5 the Pathology Department at the Royal Victoria

6 Infirmary and then moved on to the General Hospital.

7 A. Yes.

8 Q. Where you stayed working until 1973.

9 A. Yes.

10 Q. You said earlier to me that you had a close friend who

11 worked in the haematology labs then.

12 A. Yes.

13 Q. What were you aware of about blood and blood products

14 through that friend?

15 A. I think it was not just through him, I think the very

16 fact that the Regional Blood Transfusion Service was

17 on the two floors below the building so that the whole

18 regional transfusions took place from there, they went

19 out to collect blood. So it was very much part and

20 parcel of the whole process, but I think we were quite

21 proud of the fact that it was a voluntary service and

22 we were I think quite smug, in fact, I think, that we

23 were sort of like a world leader in the ethics of

24 blood collection and donor.

25 Q. You said earlier that you were -- there was a sense in

26

1 discussions going on when you were in the labs in the

2 1970s.

3 A. I can just remember one specific -- well, no, yes,

4 I think it was part and parcel of that sort of feeling

5 of, you know, at least we have a decent whatever the

6 States do and however good they are and however, you

7 know, fiddly we are in the UK, at least our sort of

8 transfusion service is quite good and we're proud of

9 it.

10 Q. After you finished working in the hospital labs, you

11 worked in film and advertising.

12 A. Yes.

13 Q. And built up something of a property portfolio?

14 A. Yes.

15 Q. Then on 26 October 1981 you had an operation to remove

16 a spermatocoele.

17 If we can have document 2344011, please, Paul.

18 We can see in the middle of this letter dealing

19 with the operation, this was treated surgically under

20 the cover of infusions of Factor VIII, yes? Do you

21 remember that?

22 A. Yes.

23 Q. Were you aware that you were given Factor VIII at this

24 time?

25 A. Not at all. I mean, the first I knew of that was when

28

1 I got my -- I obtained my hospital records, I think,  
 2 a year or so ago, a year and a half ago.  
 3 **Q.** By this time you were married?  
 4 **A.** Yes.  
 5 **Q.** You had a photographic studio and contemporary art  
 6 gallery in Newcastle and you had bought your dream  
 7 house on the North York Moors?  
 8 **A.** Yes.  
 9 **Q.** You planned to settle there with your wife and have  
 10 a family?  
 11 **A.** Yes.  
 12 **Q.** In June 1983, you had an accident when you were roller  
 13 skating. Can you tell us about that?  
 14 **A.** I was asked by Newcastle Council, because of my  
 15 supposed skill at skating, to check out Jesmond Dene  
 16 as a proposed venue for a roller skating spectacular  
 17 and it's a very steep-sided slope and I managed to  
 18 find some excavation on one of the paths and had a bit  
 19 of an accident damaged my knee.  
 20 **Q.** You are very softly spoken. Can you speak up a little  
 21 bit more so everyone can hear you.  
 22 **A.** I do mumble. Sorry.  
 23 **Q.** So you had the roller skating accident, you injured  
 24 your knee and you went into the RVI in Newcastle?  
 25 **A.** Yes.

29

1 **Q.** And what happened?  
 2 **A.** Well, I wanted -- all I said I needed was sort of bed  
 3 rest and, you know, a bag of -- not a bag of peas but  
 4 frozen compress because I was in a lot of pain, my leg  
 5 was totally stiff, I had quite a large swelling and  
 6 they kept me in and treated me.  
 7 Initially they thought, perhaps, I had an  
 8 infection, even though I was convinced it was a bleed,  
 9 a joint bleed and they took me to theatre to do an  
 10 investigation and it turned out that it wasn't an  
 11 infection. It was a bleed.  
 12 **Q.** At one point you had a conversation with a consultant?  
 13 **A.** Yes, I didn't want any blood products. I was quite  
 14 adamant about that because I think that that was part  
 15 of my philosophy. I think blood is quite a precious  
 16 thing and there's always an element of risk with blood  
 17 transfusions and I felt it had no application and  
 18 I refused any blood products.  
 19 The consultant assured me that it was perfectly  
 20 safe and on that basis I think I thought that it  
 21 was -- I knew there was a new chemical on the market  
 22 that had coagulant properties which I now know as  
 23 DDAVP and I assumed that's what I was getting.  
 24 **Q.** Can you tell us anything else about that conversation  
 25 just before you were given the product.

30

1 **A.** The consultant asked the sister who was there to  
 2 confirm that I hadn't been treated before, which  
 3 I don't know why, I mean, I had no knowledge of that  
 4 reason but it does stick in my mind.  
 5 **Q.** The nursing sister said you hadn't, which actually we  
 6 know is not right.  
 7 **A.** Yes.  
 8 **Q.** But your recollection of the conversation is the  
 9 nursing sister said, no, you hadn't received any  
 10 treatment.  
 11 **A.** Yes, she confirmed what he thought, that I had not  
 12 been treated before.  
 13 **SIR BRIAN LANGSTAFF:** By treated you mean what? Treated  
 14 with what?  
 15 **A.** With I assume blood products or, as I say, that  
 16 I wasn't really -- I mean, you're in pain and stuff.  
 17 You don't take conversation but they just stick in my  
 18 mind. They were her words, that she assured him that  
 19 I had not been treated before.  
 20 **SIR BRIAN LANGSTAFF:** So in the context that had to relate  
 21 to blood products.  
 22 **A.** I assume, yes.  
 23 **MS FRASER BUTLIN:** Please can we have document 2344004,  
 24 please.  
 25 If we can turn it round we can see you were

31

1 given cryoprecipitate at 1500 hours?  
 2 **A.** Yes.  
 3 **Q.** You think you might also have received Factor VIII but  
 4 it's not entirely clear whether that was the position  
 5 or whether you only received cryoprecipitate at that  
 6 time.  
 7 **A.** Yes.  
 8 **Q.** Although you've gone through your records and we've  
 9 gone through your records we can't track exactly what  
 10 you received at that time.  
 11 **A.** Yes.  
 12 **Q.** You underwent the surgery to the knee to exclude  
 13 infection and you were then discharged and went on  
 14 holiday to Portugal with your leg in a split, in  
 15 a cast.  
 16 **A.** Yes.  
 17 **Q.** What happened while you were out there?  
 18 **A.** Well, I think basically I spoilt everybody's holiday  
 19 I was such a misery and I was not well. I was sick  
 20 and I turned yellow fairly early on. It was obviously  
 21 something amiss. We were there for three weeks.  
 22 By the time we came back to the UK, largely my colour  
 23 had started to return to normal, so really they didn't  
 24 see that much evidence of my jaundice.  
 25 **Q.** But you are clear that while you were in Portugal you

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1 had been very unwell and had gone yellow.  
 2 **A.** Yes, absolutely.  
 3 **Q.** When you got home you went to the hospital.  
 4 **A.** Yes.  
 5 **Q.** What did they say?  
 6 **A.** They assumed that it was because of my treatment and  
 7 I assumed that it was because of cryoprecipitate, that  
 8 I'd received that.  
 9 **Q.** In terms of what they said to you, they confirmed it  
 10 was non-A non-B hepatitis?  
 11 **A.** Yes, that's what they called it then, yes.  
 12 **Q.** What were you told about the long-term prognosis.  
 13 **A.** I was really concerned because I had a pretty active  
 14 job and I was very much committed to it and I was told  
 15 I would make a complete recovery. In fact, I couldn't  
 16 work for a year. I was not good.  
 17 Within that year, the -- my bank actually  
 18 considered trying to make me bankrupt, having  
 19 described me as a rising star the year before. So  
 20 that was a bit of a problem. But I assumed from what  
 21 they told me that I would make a complete recovery and  
 22 I think, you know, the jaundice and the hepatitis was  
 23 considered to be relatively minor or I assumed, that's  
 24 the impression I was given, that wouldn't have  
 25 a long-term effect.

33

1 **Q.** You've said in your statement that the consultant  
 2 assured you that you would make a complete recovery  
 3 and would have no further problems.  
 4 **A.** Yes.  
 5 **Q.** But, as you say, you were unwell for about a year and  
 6 things with your business were going horribly wrong.  
 7 **A.** Yes, largely -- well, in fact, everything fell apart  
 8 basically, the gallery, the studio, because  
 9 I obviously was the driving force behind it and from  
 10 day 1 it was just impossible to work at all.  
 11 **Q.** You and your wife decided to return to London --  
 12 **A.** Mmm.  
 13 **Q.** -- in about 1985?  
 14 **A.** Before that probably, '84/'83, the end of '83, '84.  
 15 **Q.** Then in about 1985 you received a letter to say you  
 16 were negative for HTLV3?  
 17 **A.** Yes.  
 18 **Q.** What did you understand that to be about?  
 19 **A.** Well, at first we didn't really know. I think we  
 20 assumed it was HIV but that was -- it was all sort of  
 21 new, a new area that we knew nothing at all about. We  
 22 just assumed that's what it meant.  
 23 I was out of touch with the haemophilia  
 24 department. I was working seven days, seven nights  
 25 a week, whatever, trying to get back to where we were

34

1 and it was in a way incidental. It didn't have  
 2 a great deal of meaning. I was supposed to sign in  
 3 with Professor Savage at St Thomas' but never did  
 4 because, as I say, I had no need to so I never really  
 5 moved on from the RVI in Newcastle to the London  
 6 hospital, so I think to a large extent they lost touch  
 7 with me.  
 8 **Q.** Had you been told you were being tested for HTLV3?  
 9 **A.** No, no, no, not at all, no.  
 10 **Q.** By about 1985, it had become more clear to you and  
 11 your wife that the hepatitis was more serious than you  
 12 had understood.  
 13 **A.** I don't think -- I was just not well. I mean, we knew  
 14 that there was something amiss and I was not -- I just  
 15 didn't feel good at all. I think that continued and  
 16 there was nobody who said yes, this is what it is and  
 17 that's, you know, to be expected. We had no  
 18 communication. It was only much later in '93 or so  
 19 when I collapsed that my GP started to look at things  
 20 with some enthusiasm.  
 21 **Q.** Sadly, while you were in London, your wife was  
 22 pregnant?  
 23 **A.** Yes.  
 24 **Q.** And she lost the baby when she was knocked over in  
 25 a tube station?

35

1 **A.** Yes.  
 2 **Q.** We have a statement from your wife and we have her  
 3 permission to discuss it with you. She said in her  
 4 statement that once you both realised the dreadful  
 5 implications of hepatitis C you felt it was  
 6 irresponsible to try and have another baby, so she  
 7 says she's been robbed of any chance of a family life.  
 8 Was that something you discussed together?  
 9 **A.** I don't think so. I think we just really just sort  
 10 of, you know, bashed on together, worked together. We  
 11 closed our minds to options really. I think we had no  
 12 choice financially and I think it was felt that -- we  
 13 didn't know what the problem was. We knew that  
 14 I wasn't well, and because there was no guidance or  
 15 information, we really had nowhere else to go so we  
 16 just, I guess, just ploughed on with what we were  
 17 doing.  
 18 I don't feel as though we had an option really  
 19 to discuss that, financially. We were both working  
 20 very hard to try and get back to where we'd been, some  
 21 sort of stability.  
 22 **Q.** As you say, you were in London and you had managed to  
 23 work again at Pinewood Studios. Your wife was working  
 24 but you continued to feel unwell. Can you tell us  
 25 a little bit more about exactly how you were feeling?

36

1 A. Working in filming you start work very early, you work  
 2 late, and it was an immense struggle. As I say,  
 3 without any guidance we just knew something was amiss  
 4 and it was a permanent problem and eventually I did  
 5 collapse. Well, I got out of the business because  
 6 I realised it was too much for me and it was just  
 7 quite unrealistic to continue doing what I was doing.  
 8 Q. As you say you collapsed in 1993.  
 9 A. Yes, that was after I set up as a photographers' agent  
 10 and it was just beginning to make sense when I did  
 11 eventually collapse in '93 and went to see my GP in  
 12 London.  
 13 Q. What happened then?  
 14 A. She looked at my records and decided there was still  
 15 a question mark about the hepatitis and instigated  
 16 some further investigations at the Royal Free.  
 17 Q. Your GP had gone back through your records and seen  
 18 that you had had periodic tests in the '80s for liver  
 19 function?  
 20 A. Yes.  
 21 Q. And they had been slowly increasing over time?  
 22 A. Yeah, I didn't know that. I think in a way that was  
 23 a bit remiss of the people who treated me because  
 24 I think that was an indication that something was  
 25 changing, was not quite in keeping with what they had

37

1 hindsight really silly.  
 2 Q. Because you were trying to sort out the financial mess  
 3 that had arisen from the Newcastle gallery and studio  
 4 from your --  
 5 A. We'd sold our property in Newcastle with a view to  
 6 moving to London anyway where property was for some  
 7 reason still very cheap where it started to move in  
 8 Newcastle and the money we had we could have probably  
 9 bought maybe two or three houses in Highbury Islington  
 10 which were selling then for probably less than 20,000  
 11 each. I think we sold up for somewhere close to  
 12 100,000 in the end and that was the plan and then we  
 13 delayed things because Ann finished her college and  
 14 then of course illness changed all that.  
 15 Q. So you're in London trying to recoup --  
 16 A. Yes.  
 17 Q. -- what's gone wrong and 1993 you have collapsed.  
 18 You were referred to the hepatology department  
 19 in London and in 1994 started on interferon treatment  
 20 for six months.  
 21 A. Yes.  
 22 Q. What was that like for you?  
 23 A. We'd been burgled at the house so I decided to go  
 24 there whilst I was on treatment in order at least to  
 25 sort of man the barricades, as it were, but initially

39

1 told us. I think initially if we had been given any  
 2 words of warning as -- even if they didn't know what  
 3 the future held, if they had said, "Actually, we don't  
 4 know what the prognosis is. Perhaps you should be  
 5 a little bit more careful as to what you are doing to  
 6 do", I think we would have just stayed put in  
 7 Newcastle, which I think would have been a totally  
 8 different story.  
 9 Q. You said you feel that if you had had any inkling that  
 10 there was a major issue or a possible major issue you  
 11 simply wouldn't have uprooted down to London?  
 12 A. Not at all, no. I mean, we were perhaps a bit  
 13 cavalier I think but not stupid. You know, we were  
 14 perfectly capable of making things work there. We had  
 15 property and Ann had a perfectly good job. It was not  
 16 a problem. I think it was just trying to go back to  
 17 therefore we were. I knew I could earn more money  
 18 doing what we did do, in theory, than treading water.  
 19 I think there's a degree of, I don't know if any  
 20 illness, but there's a degree of lunacy takes over  
 21 when you're still driven to get back to where you were  
 22 without having all the same abilities that you had  
 23 before and certainly without the mental -- not  
 24 strength but understanding and I think it makes it  
 25 difficult. I'm pretty sure I did things that were in

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1 stayed in London and interferon had such a -- well,  
 2 I think it just changes your whole personality.  
 3 I became almost a threat to man and beast really.  
 4 I was very difficult to live with and we separated on  
 5 that basis, that I would be in the north and Ann was  
 6 in London. But that seemed to justify my being there,  
 7 that at least I felt I was doing something whilst  
 8 I was on treatment.  
 9 But it's an unbelievable, for me anyway, it was  
 10 an unbelievable treatment. I was totally deranged  
 11 I suspect and had quite a bad accident while I was  
 12 there. I think your reasoning powers disappear almost  
 13 completely I think, really.  
 14 Q. So at that stage during the treatment your wife and  
 15 you separated.  
 16 A. Yes.  
 17 Q. You were back up in the north in a house up there  
 18 while she was in London.  
 19 A. Yes.  
 20 Q. You have described the interferon treatment, as  
 21 a friend had said, that he wouldn't give interferon to  
 22 a dog.  
 23 A. Yes, he was a vet. But it did do one thing. It  
 24 actually stopped me working, which probably --  
 25 I probably don't think I would have had the sense to

40

1 do that. I think I'd have just tried to keep on  
 2 working and eventually dropped and, I don't know,  
 3 failed, so it did do one good thing but, as I say, it  
 4 had quite serious consequences.

5 **Q.** You have said in your statement that it had a huge  
 6 impact on your mental and physical faculties and you  
 7 had to stop work. Financially, things became quite  
 8 difficult?

9 **A.** Yes.

10 **Q.** You tried to activate various insurance policies you  
 11 had in relation to your mortgage and bank loans. What  
 12 happened with that?

13 **A.** Well, they decided that I think in benefit of  
 14 hindsight that the jaundice and hepatitis were  
 15 sufficiently serious that -- I'd assumed they weren't  
 16 and we hadn't mentioned them when we took out  
 17 insurance policies on mortgages and loans so they  
 18 refused to pay and that really was the start of  
 19 suddenly we had a fairly monstrous debt which we had  
 20 difficulty addressing.

21 **Q.** Because when you signed those insurance policies you  
 22 and your wife understood the situation to be that  
 23 there would be no long-term effects of hepatitis?

24 **A.** I think the whole status of hepatitis was played down.  
 25 The fact that it was well known that there would be

41

1 long-term effects I think which had been known for  
 2 years and years and the effects were unknown but there  
 3 would be some sort of consequence.

4 **Q.** At the time you signed those insurance policies, you  
 5 had also been told that your Factor VIII levels were  
 6 normal?

7 **A.** Yes.

8 **Q.** And you had been taken off the haemophilia register in  
 9 about 1986?

10 **A.** Yes.

11 **Q.** So when you signed those insurance policies you had  
 12 also not had to declare anything about haemophilia?

13 **A.** Yes.

14 **Q.** Yet they were refused?

15 **A.** Yes.

16 **Q.** Around this time, you tried to get hold of your  
 17 medical records.

18 **A.** Yes.

19 **Q.** Why was that?

20 **A.** I think we really didn't know what had happened. We  
 21 assumed it was an accident but I think had doubts  
 22 about it and there was sort of -- I don't quite know  
 23 what instigated those doubts but I think we felt we  
 24 needed some sort of explanation.  
 25 We were very much on our own in terms of

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1 knowledge and attention, we were just left to our own  
 2 devices and couldn't quite understand that and wrote  
 3 to, as I say, every health minister I think since the  
 4 early '80s. But of course we were assured they were  
 5 being treated correctly.

6 You couldn't actually just access your medical  
 7 notes then at all. It came in later, I think in the  
 8 '90s, that you could through a solicitor, you could  
 9 apply to see them in, say, in the GP's surgery, so it  
 10 was difficult to find out what had happened.

11 **Q.** Did you manage to obtain many records?

12 **A.** Only a year and a half ago when I obtained my records  
 13 from Newcastle, yes.

14 **Q.** Your treatment in 1994 didn't clear the virus.  
 15 Can we have document 2344013, please, Paul.  
 16 If we look at the main part of the letter, it's  
 17 a letter from 2008. There's reference there to you  
 18 drinking very little alcohol. When you got your  
 19 records elsewhere in your notes there were references  
 20 to significant alcohol intake. What is your view of  
 21 how much alcohol you were actually drinking?

22 **A.** I'm not quite sure why they said I was drinking very  
 23 little because I don't think I was drinking any, and  
 24 certainly in terms of any excess that just wasn't  
 25 true. I'm not quite sure where that came from.

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1 I did once ask my GP to say not to drink any  
 2 alcohol in the very early days because I felt it  
 3 didn't agree with me and stopped anyway but I was just  
 4 drinking wine in the evenings with a meal or whatever.  
 5 I've never been a boozer person, as it were.

6 **Q.** But despite having stopped alcohol very early on,  
 7 through your medical notes you found references to  
 8 having been drinking more substantially.

9 **A.** Yes, quite strangely. We never quite understood it  
 10 until relatively recently when we heard it has been  
 11 used by the doctors to -- as an add-on to their  
 12 records for perhaps no reason.

13 **Q.** If we see the main paragraph, it says:  
 14 "He has considered his options carefully. He is  
 15 now adamant he doesn't want re-treatment with  
 16 interferon under any circumstances."  
 17 Why was that?

18 **A.** Well, (1) it didn't work and it really -- I don't  
 19 think I was the same after that ever, really. You  
 20 know, six months' treatment and then probably two or  
 21 three years to recover, it's time out of your life  
 22 with no effect whatsoever. I think my viral count  
 23 dropped six months after I had finished treatment  
 24 a little bit but that was it, so I felt it wasn't  
 25 worthwhile.

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1 And in terms of the biopsy, I mean, I did have  
 2 a bleeding problem so it's a risky business.  
 3 I suspected it just wanted to be done for academic  
 4 purposes really. They had no treatment to offer even  
 5 if my cirrhosis had progressed, so I couldn't see the  
 6 point in it.  
 7 **Q.** So at that stage you were also declining a liver  
 8 biopsy?  
 9 **A.** Yes.  
 10 **Q.** And it says you were aware of the risks and decided  
 11 not to.  
 12 **A.** Yes.  
 13 **Q.** 2015 you did undergo treatment with Harvoni and  
 14 ribavirin?  
 15 **A.** Yes.  
 16 **Q.** What was that like?  
 17 **A.** Relatively easy in comparison to interferon but still  
 18 had the same sort of flavour to it. That was --  
 19 treatment was delayed because for -- I mean, I had an  
 20 accident. I had had an artery cut in my head and was  
 21 taken into hospital and I was treated for a pseudo  
 22 aneurysm and whilst doing that they found out that  
 23 I had a raised alpha-fetoprotein which is an  
 24 indication of cancerous growth.  
 25 So that was a bit of a problem, but they decided

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1 not to do anything until I had had treatment with  
 2 Harvoni, but treatment with Harvoni was delayed, I was  
 3 told by my consultant, because the NHS had asked NICE  
 4 not to release it because they didn't have the money  
 5 for it, so that put back everything for quite a long  
 6 time.  
 7 **Q.** But when you did have the Harvoni it cleared the  
 8 virus?  
 9 **A.** Yes.  
 10 **Q.** But as you say, in 2015 you had also discovered that  
 11 there were concerns, more serious concerns about your  
 12 liver?  
 13 **A.** Yes.  
 14 **Q.** Can you tell us what treatments you have undergone for  
 15 that.  
 16 **A.** Initially, they did I think it was called TACE, where  
 17 they put a catheter into your liver and surround it  
 18 with chemicals, which is like a chemotherapy to try  
 19 and seal off the tumour and destroy it and then later  
 20 I had what they call an ablation, which is like they  
 21 insert a microwave rod really and burn it out and  
 22 then -- that was relatively stable and I had a low  
 23 alpha-fetoprotein, the growth enzyme, and then that  
 24 started to rise again last year, last June.  
 25 **Q.** You were relatively stable from about the end of

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1 2015/early 2016?  
 2 **A.** Yes.  
 3 **Q.** Until June last year?  
 4 **A.** Yes.  
 5 **Q.** Then what has happened since June last year?  
 6 **A.** I used to, when I see my consultant I would get  
 7 a blood form and so I'd go in two weeks before my  
 8 appointment so I had something to talk about rather  
 9 than wait for the next time. So that was the end of  
 10 June and I had a raised alfa theta protein again and  
 11 my consultant asked for another CT scan to find out  
 12 what was going on.  
 13 But for that and then the joint disciplinary  
 14 meeting which took place, I think that happens every  
 15 two weeks, and then to arrange to see the surgeon took  
 16 something like four months, which was a little bit  
 17 foolish, and then I couldn't be fitted in for an  
 18 operation for another two months so it was six months  
 19 from that.  
 20 I went to theatre in the end of December and  
 21 I was anaesthetised and then they found out the tumour  
 22 had moved from the body of the liver into the portal  
 23 vein so they couldn't do anything, which was a bit  
 24 disappointing.  
 25 **Q.** Then you said you had an excellent surgeon who

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1 scrambled over Christmas.  
 2 **A.** Yes, people have been amazing. Yes, they managed to  
 3 get hold of some yttrium, radioactive yttrium beads,  
 4 which they installed in my liver in the January which  
 5 again the idea was that would destroy or hopefully to  
 6 destroy the tumour.  
 7 **Q.** What has happened since January?  
 8 **A.** I don't think it worked quite. It's still there,  
 9 still active, and we're not quite sure what the next  
 10 step is. I was booked in to see the oncologist but  
 11 that took a month to even -- I phoned up after a month  
 12 and there was -- my application was still there but  
 13 they were reluctant to see me and they don't know what  
 14 to do basically because I think the chemotherapy  
 15 that's available is limited success, and I think  
 16 within the framework of the NHS they've got such  
 17 a narrow field of choice because of the regulations  
 18 and availability of products, you know, where there's  
 19 so much going on in the outside world.  
 20 It's supposedly being a very exciting time for  
 21 cancer treatment so they say worldwide and nationwide  
 22 but within the NHS of course they are so trapped  
 23 within the system there's very little they can offer  
 24 at the moment, so I really don't know what the next  
 25 step is. I'm due to see the professor next week and

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1 we shall take it from there.

2 **Q.** You think that in terms of conventional medicine

3 there's not much more they can offer you?

4 **A.** Within the Health Service, from what I can gather

5 where I am, yes. I think other places may be, there

6 are other things on offer and certainly within

7 probably what they call now integrative medicine there

8 are lots of options which aren't part and parcel of

9 the NHS regime.

10 **Q.** For those who aren't so familiar with integrative

11 medicine, it used to be called something like

12 complementary medicine?

13 **A.** I think it's now accepted there's more to healing than

14 what is offered within traditional medicine but

15 I think they are looking at drugs that are out of

16 licence, which are used for specific things. So

17 basically they are very cheap to use and cocktails of

18 these things rather than a specific drug which has

19 been processed and there's lots of money to be made

20 within the pharmaceutical industry.

21 **Q.** Emotionally, you've said in your statement that this

22 has all taken a huge toll on you, but you find it very

23 difficult to talk about.

24 Is there anything you want to say in relation to

25 that? You are welcome not to?

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1 **A.** I think that I do feel actually guilty that I've

2 dragged, you know, the people around me who have loved

3 me into, you know, me doing almost like a headless

4 chicken, pursuing what I did do without any guidance

5 or advice as to -- nobody to say, well, hang on,

6 perhaps you should think about this, with

7 justification, perhaps, because we were always hoping

8 for some compensation and also for some truth, which

9 might have affected my decision.

10 So in a way I've just ploughed on over the years

11 and dragged the people around me with me and I suspect

12 that, you know, hindsight that's been fairly

13 selfish -- not deliberate -- by the way it's been and

14 I have some regrets on that.

15 **Q.** Although you have been separated for 20 years your

16 wife continues to support you.

17 **A.** Yes. I mean, we decided to work together until

18 something was resolved and, you know, as I say, other

19 people in my life have been the same. I've been very

20 lucky that I'm well loved and supported in terms of

21 what I've been trying to do.

22 We have I suspect from now on yet another battle

23 which will be part and parcel of my own research and,

24 you know, into what there is to offer to try and

25 survive really, which is what we did for 30 or so

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1 years of hepatitis.

2 I have a very dear friend who is a doctor who

3 works in the field of integrative medicine and his

4 philosophy was we keep my liver sufficiently healthy

5 until such times as there was a cure, which we did by

6 nutrition and diet and supplements I guess and that

7 worked to a large extent and I think that that's, you

8 know, we're back in that process.

9 **Q.** In terms of the support that your wife's been

10 providing for you over the years, she's also been

11 supporting you financially but that's now got to

12 a crunch point for both of you?

13 **A.** Yes. I mean, she was supporting in terms of things

14 like supplements and stuff like that. So I mean, very

15 much separate in other fields but, no, she's an age

16 and stage where she can't work and I'm supporting her.

17 We still have property or she has property which at

18 the moment is unable to get any benefit because she

19 has two properties, one, the house we bought the year

20 I was given hepatitis, we've never lived in, so that's

21 been what was meant to be a dream has been something

22 of a nightmare really.

23 **Q.** You are now trying to sell or you have tried over the

24 years to sell all that?

25 **A.** Sell everything really, sell everything. I mean,

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1 I have come to my senses at last and realised that,

2 you know, I can no longer do what I have been trying

3 to do for years and, you know ...

4 **Q.** You are in the process of instigating insolvency

5 proceedings?

6 **A.** Yes.

7 **Q.** In terms of financial assistance from the funds, you

8 have received stage 1 and stage 2 payments but

9 relatively recently you also applied for some items,

10 about six items.

11 **A.** Yes.

12 **Q.** What happened when you made that application?

13 **A.** To the NHS -- the EIBSS, yes. They just sent it back

14 saying I had to apply for each thing individually,

15 which is quite a long rigmarole and, you know, you

16 need three estimates for counselling or two elements,

17 and to show a copy of the certificate of the

18 qualification and even for things like car repairs you

19 have to show two estimates and so I'm not sure anybody

20 will apply for these because it's again another

21 hurdle, another -- which irritates me because in a way

22 the NHS is where we all started. There's a degree of

23 responsibility and I think it should be rather easier

24 than it has being made at the moment.

25 **Q.** You had applied for six things in one go.

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1 A. Yes, I had to.  
 2 Q. And you were sent back six separate forms that you had  
 3 to apply -- you were told you had to apply for  
 4 individually one item per form.  
 5 A. Yes. I think -- well, not form, I think there was  
 6 three double-sided forms for each application, so it's  
 7 quite a process.  
 8 Q. For you that's just been too overwhelming to try and  
 9 do.  
 10 A. Yes.  
 11 Q. Those are the questions I have for you. Is there  
 12 anything else you would like to say?  
 13 A. I'm sure there is. I'm really not very coherent.  
 14 I think that there are a couple of things about the  
 15 whole situation with blood and blood products and  
 16 I think it always concerned me that from my own it was  
 17 almost like a sort of worm's eye view of medicine and  
 18 state, that it was known that American products were  
 19 inferior to the UK and I think the business of the UK  
 20 products being considered to be a gift of life.  
 21 Our community felt involved in that and I think  
 22 that they -- I find it -- I think if somebody had told  
 23 me when I was treated in 1983 that there was a chance  
 24 that I'd been given or anybody had been given products  
 25 from the States, I don't think I would have believed

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1 them.  
 2 I think that, it's not a question -- the  
 3 Government always says there's never been a scientific  
 4 consensus about the dangers of blood products but  
 5 I think they've asked the wrong scientists or  
 6 scientists with vested interests primarily and I think  
 7 that it was more a question of common sense.  
 8 You know, if I was -- if somebody gave me blood,  
 9 it's a body fluid, you are exchanging blood, which  
 10 carries all the diseases that any individual has, so  
 11 it's a dangerous process anyway and a risky business.  
 12 Once you start multiplying that in the case of  
 13 cryoprecipitate one or two donors but Factor VIII  
 14 which can be countless thousands, it's something that  
 15 the average ten year old can work out quite happily.  
 16 You don't need any scientific evidence at all and  
 17 I think that's something I find quite difficult how  
 18 people can -- how they could have even considered  
 19 importing it, but I guess it was about finance. There  
 20 was -- somebody was going to make a lot of money when  
 21 they considered blood products as a commodity.  
 22 As I say, in my notes I wrote to the present  
 23 Secretary of Health recently having seen her on  
 24 television, who seemed to put blood products and  
 25 medicines together which is exactly what must have

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1 happened in the '70s, when you think suddenly they  
 2 both come under the same banner, that they've both  
 3 been tested to the same extent and it's just not true.  
 4 I think that's, you know, things I find difficult to  
 5 understand. Sorry. I'm probably rambling.  
 6 Q. I am just going to turn and see if Mr Williams who, as  
 7 you know, is representing you, has any points he  
 8 wishes for me to raise. *(Pause)*  
 9 There's just one point that Mr Williams would  
 10 like me to raise. We can't put the documents on the  
 11 screen but although you were told that there was no  
 12 long-term implications of the hepatitis C, in your  
 13 medical records in about 1983, July 1983, the blood  
 14 results, I think you were aware because you've seen  
 15 them, have been stamped with the symbol and the note  
 16 "bio-hazard".  
 17 Were you aware of that at the time?  
 18 A. No, I have absolutely no idea. That logo which I've  
 19 never seen before and have no idea what it means.  
 20 There was always a problem, whether it was CJD risk  
 21 I don't know, there has always been a problem as to  
 22 whether I was at risk of CJD infection, I think  
 23 largely because whether I'd been treated with  
 24 Factor VIII or not was read by different people at  
 25 different times and there was a bit of confusion about

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1 that. So different notes say, yes, I was at risk and  
 2 I gather my GP in London was informed in 2006 and  
 3 I was never informed of that.  
 4 Q. But in July 1983 the bio-hazard marking is put on your  
 5 blood test results and you weren't aware of that?  
 6 A. No, no idea what it means until I received those  
 7 records.  
 8 **MS FRASER BUTLIN:** Sir?  
 9 **SIR BRIAN LANGSTAFF:** I think we all have been  
 10 appreciative of your quietly reflective account which  
 11 I think rather understates what you have suffered over  
 12 the years. So can I thank you for myself for doing so  
 13 and say that what you have said has been noted.  
 14 A. Thank you very much.  
 15 **SIR BRIAN LANGSTAFF:** We will take a break there. I think  
 16 the way we will proceed is we will have time,  
 17 I suspect, for a third witness before a slightly later  
 18 lunch but it does depend upon the view which  
 19 Ms Richards has as to the time that the next witness  
 20 will take.  
 21 **MS RICHARDS:** Sir, there are a significant number of  
 22 relevant documents that I will want to show during the  
 23 evidence of the third witness and so I don't think his  
 24 evidence will be short.  
 25 **SIR BRIAN LANGSTAFF:** Let's stick with the original plan

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1 then and have lunch now, a slightly early lunch. It  
 2 gives us all the more time and nobody should feel  
 3 pressed for time. I want to hear everything that  
 4 anyone would wish to say to me.  
 5 **MS RICHARDS:** Thank you, sir.  
 6 **SIR BRIAN LANGSTAFF:** So we will take lunch now and come  
 7 back at 1.10 and then we hear from?  
 8 **MS RICHARDS:** We will hear from Richard Warwick and then  
 9 after Richard's evidence we will hear from Mrs Q.  
 10 **SIR BRIAN LANGSTAFF:** Thank you.  
 11 (11.55 pm)  
 12 (Luncheon Adjournment)  
 13 (1.19 pm)  
 14 **SIR BRIAN LANGSTAFF:** First of all, let me say sorry for  
 15 having kept you waiting. It shouldn't have happened,  
 16 it did, I'm sorry. But we're now ready for our next  
 17 witness who wishes to be known as?  
 18 **MS RICHARDS:** Richard, sir.  
 19 **SIR BRIAN LANGSTAFF:** Richard, please.  
 20 **RICHARD WARWICK, sworn**  
 21 **Questioned by MS RICHARDS**  
 22 **Q.** Richard, you have severe haemophilia A?  
 23 **A.** Yes.  
 24 **Q.** That was diagnosed at Hull Royal Infirmary when you  
 25 were about three years old?

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1 **A.** Yes, two years and nine months.  
 2 **Q.** How did your haemophilia affect your childhood and  
 3 your early years?  
 4 **A.** Before I was diagnosed I spent a great deal of time  
 5 going up to my local hospital in Scarborough. They  
 6 did not know what was wrong with me.  
 7 The lumps and swellings I was getting all over  
 8 my body were put down to infections. They tried all  
 9 sorts of different methods to try and control them  
 10 with drugs and the like but it was mainly splints and  
 11 other medication that they tried but they had no idea  
 12 that there was anything to do with haemophilia.  
 13 **Q.** Then you described in your statement how you spent  
 14 really the first eight years or so of your life in and  
 15 out of hospital?  
 16 **A.** Mm-hm.  
 17 **Q.** You spent periods of time in traction, in casts, with  
 18 ice packs?  
 19 **A.** Yes, that's right.  
 20 **Q.** You also received cryoprecipitate?  
 21 **A.** In 1970 that was the first time, I think actually  
 22 travelled to Hull, my parents were extremely concerned  
 23 and wanted a second opinion. I had a very large  
 24 swelling on my right hand, got a golf ball sized and  
 25 I was taken through to Hull and they gave me cryo

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1 there. They were extremely annoyed with Scarborough  
 2 hospital because they hadn't recognised the problem  
 3 and that was the first time I had cryo, yes, in Hull.  
 4 **Q.** You recalled in one of your statements a particular  
 5 day where you had a very swollen leg?  
 6 **A.** Mm-hm.  
 7 **Q.** Your leg was effectively locked and you couldn't bend  
 8 it?  
 9 **A.** Yes.  
 10 **Q.** And a burly nurse sat on it?  
 11 **A.** This was -- I'd probably be six or seven. It was  
 12 a side room, actually, to the children's ward. They  
 13 laid me on a black leather covered table, two nurses  
 14 young nurses restrained my feet and one on my  
 15 shoulders. I know the nurse's name and she -- my leg  
 16 was locked at about, I don't know, 25/30 degrees and  
 17 she just slowly sat down on it and pushed down on it  
 18 and I'll never forget that day as long as I live. It  
 19 was just horrific.  
 20 **Q.** Now, in being treated with cryoprecipitate. You had  
 21 a severe reaction to it.  
 22 **A.** Yes. Normally, I would be treating -- I'd always get  
 23 reactions to cryo but I would be treated with Piriton  
 24 and other antihistamines to prevent reactions. At  
 25 a later stage they actually gave me Piriton to start

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1 with before the Factor VIII -- before the cryo.  
 2 **Q.** That was because of effectively an allergic reaction  
 3 to the cryo?  
 4 **A.** That's correct.  
 5 **Q.** At the age of about nine in the middle of 1975 you  
 6 were referred to St James's University Hospital under  
 7 the care of Dr Swinburne?  
 8 **A.** Dr Elaine Swinburne, yes.  
 9 **Q.** That is the point you were put on a home treatment  
 10 program receiving Factor VIII products?  
 11 **A.** Yes. It was Kryobulin. They decided it might be  
 12 a good idea to start at home. My Dad used to go up to  
 13 the path lab at Scarborough Pathology Department, pick  
 14 it up from there and bring it back home and I started  
 15 on Kryobulin home treatment in I think it was  
 16 September '75 I first started having Kryobulin.  
 17 **Q.** You are very softly spoken, Richard, so if you speak  
 18 a little closer to the microphone there's a lot of  
 19 people keen to hear your evidence.  
 20 **A.** Yes.  
 21 **Q.** You yourself learned how to administer it as well.  
 22 **A.** I used to mix and administer it myself, yes.  
 23 **Q.** If we just have a document up on screen please, Paul,  
 24 a document from September 1975. It is 1592002.  
 25 We can see it's not a terribly clear document

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but it's a letter dated 17 September 1975. It's from Dr Swinburne and it refers in the second line to your severe reactions to cryoprecipitate in spite of Piriton and her recommendation was that you would use freeze-dried preparation and she was enclosing a note to authorise the purchase of that since it could only be done by directors of the haemophilia unit and Kryobulin was the specific product that was there named.

You have said in your witness statement that about a year later when you were about to start at Treloars, which you started I think in September '76?

A. September '76, yes.

Q. The then haematologist, Dr Peter Kirk, at Treloars wrote to Dr Swinburne saying that you should be restricted to Kryobulin?

A. That's correct, yes.

Q. You remained at Treloars from September '76 to July 1982.

If we just have another document on screen 1592004, please.

We can see, Richard, perhaps most clearly from the bottom document a date stamp, 10 September 1976. So very soon after you would have been starting at Treloars and we can see there, writ large, the words

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know what was going on.

They served us food separately and I think the serving -- the stainless steel serving dishes, as I remember, oval serving dishes, they had red stickers on them and it just seemed extremely strange to us that they actually physically separate haemophiliac boys, it was all boys, it was a boys' school at the time, from all the other disabled children and it sort of shocked us.

Q. You've also recalled in your statement an occasion where you and a number of others were taken ill.

A. Mm-hm. That would be -- I think that was '81 glandular fever outbreak.

Q. Before that, Richard. We will come on to what was thought to be a glandular fever outbreak, but you identified in your statement, it is either 1977, '78, '79, I don't think you were clear in your statement, just a period of time when a number of boys were ill and then not long after that are tests in your records for hepatitis B?

A. That's correct, yes.

Q. Can you recall anything about the nature of the illness?

A. I think a few of us were taken into sick bay but I think it was just -- I think at the time was just

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"hepatitis risk".

A. Yes.

Q. Was the existence of a risk of hepatitis something you or your parents were aware of at the time?

A. Not at all.

Q. You have described in one of your statements, Richard, an episode you remember from a relatively early stage at Treloars where boys with haemophilia and other children were separated in the dining hall.

What can you recall about that?

A. This would be, I would say, around 1977. I was actually in Burnham House. I remember that very distinctly. Our house master was Mr Green -- Cabbage. I remember that particular period at the lower school.

We were -- I can't exactly be totally specific whether it was the spring or the autumn of '78 but I know it was cold. We were queueing for dinner towards the dining hall as normal and as we were going in, turning into the door, there was someone that actually segregated the haemophiliacs from the other disabled children and there were two long tables, refectory tables, and we were seated, you know, around these two tables and all the place settings were laid out and the blue plates all had red stickers on them and we looked at each other very confused. We didn't

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what we thought was some sort of weird infection, you know, that just happened with the haemophiliac boys.

Q. If we have up on screen 1592009, please, Paul.

We can see here a document from your Treloars medical records and column is headed "Serum hepatitis", and we can see if we look four lines down 18 January '79, positive; 30 April 1979, positive. That's in the antibody column.

Were you ever told that tests for what was being described then as serum hepatitis were being undertaken and what the results of those tests were?

A. No, no.

Q. You have recorded in your statements that whilst you were at Treloars blood samples would be taken, perhaps every four weeks, sometimes as often as every two weeks?

A. Yes, there was one episode where in my notes there was two lots of samples were taken in one month but it was like clockwork I would say from September '76 through to '78 and '79 and it was basically every month and at the end of every term, it was usually Dr Aronstam he would send copies of all the test results and all my bleeds back to Dr Swinburne in Leeds and there were several covering letters to that effect.

Q. We will have a look at a couple of records one is, in

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fact, a letter to your father 1592010 from Dr Swinburne. This is 14 November '78. We can see reference in the second paragraph to discussing the liver problem at some length. That is discussion that has taken place between Dr Swinburne and Dr Aronstam and then if we have on the next page -- sorry, 1592012 please, Paul, a letter dated 12 December '79.

This is from Dr Wassef at Treloars to Dr Swinburne and if we look in the last paragraph we can see there reference to the SGOT being intermittently raised since January 1979.

You have identified in your statement that there are liver enzyme tests, liver function tests, liver problems being identified.

A. Yes.

Q. Do you know what was discussed with you or with your parents at the time about that?

A. Nothing that I remember relates to those tests at all. As far as I know SGOTs, I think that was the old name for ASTs, but all of my blood test results are actually headed SGOT along with other enzymes and, no, I had no knowledge of that at all.

Q. If we just look at one further document, 1592005 and we look at the top of the document it is an orthopaedic chart for you during part of your time

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Dr Swinburne 23 April 1979 and we can see by this time you receiving a range of different products as you just described. Second paragraph:

"Since Richard has been with us he has received a total of 208 transfusions. The material he has received is broken down as follows: Kryobulin 80, Lister 73, Factorate 24, Hemofil 16, Koate 15."

Then there is reference in the last paragraph to:

"... difficulties that we experience in supplying replacement material for 55 severe haemophiliacs", and Dr Aronstam's preference not to confine you to a single concentrate.

It's right, isn't it, you spent some time going through your records. They show you receiving a range of different Factor VIII products?

A. Huge range of commercial products, yes.

Q. What your records also show is that you received significant quantities of Factor VIII on a prophylactic basis.

A. They were crazy about prophylactics at Treloars. It was like every day. In many cases it would be come in after breakfast and go in to the sick bay out and either something would be laid out for us or we'd mix our own but generally it would all be pre-prepared and

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when you were at Treloars.

We can see written on the top "no cryo", presumably for the obvious reasons that you had a severe allergic reaction to cryoprecipitate and then these words:

"Not to be included in any trial."

Do you know what that refers to or what, if any, trials were being undertaken at Treloars?

A. No.

Q. You have observed in your statements, Richard, that you understood that the intention was that the Factor VIII products you had received would be restricted to Kryobulin?

A. Yes. There was specifically a letter that was sent, I think -- yes, Dr Swinburne had conveyed with Altem, Treloars and asking I think it was Dr Peter Kirk at the time whether he would make sure that I stayed on Kryobulin, and he wrote back to her and confirmed that that would be the case. And I think I was on Kryobulin for -- I think it was virtually a whole year they kept me on Kryobulin and then they suddenly started treating me with Hemofil and then it was Koate and Factor VIII of course, Armour Factor VIII.

Q. If we have up on screen please, Paul, 1592011.

This is a letter from Dr Aronstam to

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it would just be every morning, you know.

Q. There are again a number of time periods in your time at Treloars where we can see that and we'll just look at one merely by way of example. It's 1592023. These are some treatment records for 1982. We can see the product that you are receiving there is Factorate and the treatment in every line is prophylaxis?

A. Yes.

Q. Do you recall any discussion with you about why you received so much treatment prophylactically?

A. No, I had two real target joints and that was my left knee and my right elbow, but I can't understand why they would give me consecutive doses day after day, literally at 24-hour intervals for a whole month in that case. I just don't understand it.

Q. Then if we look at one further document it's 1592013, please, Paul, this is a letter from Dr Swinburne to Dr Aronstam 16 April 1980 and there's a reference in the second paragraph to you having mild symptoms with Lister Factor VIII and then in the last paragraph suggesting it might be safer to treat you with one of the proprietary brands, by which one assumes she meant commercial brands of Factor VIII rather than the Lister concentrate of Factor VIII?

A. Lister, that's the 8Y Elstree product, isn't it?

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1 Q. It is.  
 2 A. I always found that quite interesting because I read  
 3 a few entries like that:  
 4 "Has been having reactions to British-produced  
 5 Lister 8Y."  
 6 But, yes, I did have reactions to it. As I say  
 7 I just think it's ironic they changed, swapped me from  
 8 that to an American commercial product.  
 9 Q. You mentioned glandular fever and you have described  
 10 in your witness statement how in about July 1981 there  
 11 was what was suspected to be an outbreak of glandular  
 12 fever amongst some of the haemophiliac boys at  
 13 Treloars.  
 14 What do you recall?  
 15 A. It was summer '81 and I think there were probably  
 16 about 10 or 12 boys that I remember. We all sort of  
 17 had the same sort of high temperatures and swollen  
 18 lymph glands and all the rest of it, and they ran  
 19 tests on the boys. I think they did two  
 20 consecutive -- did one one month and then followed it  
 21 up I think it was July/August looking for the Epstein  
 22 Barr virus. I think in the notes and the comments the  
 23 doctors or doctor had written "looks like glandular  
 24 fever to me", and then second one just suspects  
 25 glandular fever, and it was about ten of us and it all

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1 the reports received from haemophilia centres on the  
 2 patients who received the same batches of blood  
 3 products as the Cardiff and Bristol AIDS cases."  
 4 If we look at the next page please, Paul,  
 5 there's a histogram. It's the top histogram we need,  
 6 please, Paul, histogram 1, showing number of patients  
 7 having received commercial Factor VIII related to AIDS  
 8 case A/1 and the bottom right-hand corner of that  
 9 table, Richard, you have identified a batch number  
 10 there R6511.  
 11 A. Yes, that's Armour Factor VIII batch R651 -- yes,  
 12 6511.  
 13 Q. Then if we have up on screen please, Paul, document  
 14 1592051 we can see an entry from your Treloar notes  
 15 again, Richard, if we look at the third date down,  
 16 29 June 1978, and then we read across we see there  
 17 Factorate 817 and then the batch number R6511.  
 18 You received that again on a date in July. The  
 19 precise date is unclear but it is obviously early July  
 20 and then again on 4 July 1978, R6511, and then if we  
 21 look down at the Christmas term, the same page, the  
 22 second entry, 28 September 1978 and here you are  
 23 receiving it prophylactically Factorate from R6511.  
 24 A. I was absolutely fascinated by this. We got a copy of  
 25 my Treloar notes via Basingstoke. I was delighted to

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1 happened just like that.  
 2 Q. We can look at the document you are referring to.  
 3 It's 1592017.  
 4 Turn it round please, Paul.  
 5 So there's reference to Paul Bunnell negative, so  
 6 that's the test, as you say, for the Epstein Barr  
 7 virus:  
 8 "Looks very like glandular fever", and then in  
 9 the other test says:  
 10 "Looks like early glandular fever to me."  
 11 This is 1981 and you've identified in your  
 12 witness statement that there is medical literature  
 13 that links glandular fever-type symptoms to early HIV  
 14 infection.  
 15 A. To early HIV infection, yes -- progression, yes.  
 16 Q. One of the other pieces of research work you have  
 17 undertaken has been to identify a link in terms of the  
 18 batch of Factor VIII that you received under a Public  
 19 Health Laboratory report.  
 20 We will just look at those, please. 1592026.  
 21 We can see here this is a document from The Public  
 22 Health Laboratory. It is dated 10 September 1984 and  
 23 it is headed:  
 24 "Current situation regarding AIDS.  
 25 "The attached table and histograms are based on

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1 find, you know, a comprehensive list of batch numbers  
 2 right from 1976 up to I think it was late 1980. I did  
 3 not have the full six years.  
 4 I went on to the Tainted Blood timeline and just  
 5 did a key word search for batch numbers and I think  
 6 half a dozen popped up. I thought let's have a game  
 7 of bingo. Let's just sit down with them and just go  
 8 through the pages and I did a double take. When I saw  
 9 the match as I went through each column and I got to  
 10 the end column, nothing, and Hemofil references and  
 11 I got to the end column and I saw R6511, and it was  
 12 like this between the notes, and I actually rang Tina  
 13 at work and said, "When you come home I've got  
 14 something to show you", but the thing that's always  
 15 puzzled me is the date. This is 1978.  
 16 In that report that mentions the Cardiff and  
 17 Bristol cases, it clearly suggests these batch numbers  
 18 were related to AIDS cases and I still don't  
 19 understand how it can be right but the date, the batch  
 20 numbers are there, there's a letter prefix followed by  
 21 a four-digit number and that is definitely Armour  
 22 product.  
 23 Q. You know from some of the other records that you have  
 24 shared with the Inquiry, amongst the many different  
 25 types of product you were given during these years at

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1 Treloars the Armour product Factor VIII featured  
2 large?  
3 **A.** Yes, very large, yes.  
4 **Q.** You started to have seizures in the summer of 1981,  
5 which was diagnosed as grand mal epilepsy?  
6 **A.** Yes.  
7 **Q.** Is there a family history of epilepsy?  
8 **A.** No.  
9 **Q.** Again, you have identified in your witness statement  
10 from literature and research you have looked at an  
11 association between HIV infection and the onset of  
12 seizures.  
13 **A.** Aggressive -- seizures can basically be an indication  
14 of aggressive -- early aggressive HIV infection, if  
15 it's not being treated and the virus level is getting  
16 incredibly high, with the HIV virus being able to  
17 cross the blood brain barrier I think it is in about 6  
18 or 7 per cent of cases that people have developed HIV  
19 HTLV III go on to develop grand mal epilepsy or some  
20 different types of epilepsy and it can happen very  
21 quickly and -- yeah, I believe that's what happened to  
22 me. The year's right, you know. If those previous  
23 batch numbers are correct, you know, the time-frame  
24 just matches perfectly.  
25 **Q.** You left Treloars in July 1982.

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1 **A.** Mm-hm.  
2 **Q.** And you returned to the full-time care at that point  
3 of Dr Swinburne, in terms of your haemophilia care?  
4 **A.** In Leeds, yes.  
5 **Q.** If we have up on screen please 1592024, we can see  
6 a letter there dated 28 April 1983 from Dr Swinburne  
7 to Dr Balfour at Scarborough General Hospital and it  
8 says this:  
9 "Dear Dr Balfour, this young man, like many  
10 other haemophiliacs, was severely upset by the recent  
11 Panorama programme on AIDS. After discussions with  
12 myself and his parents, he would like to treat himself  
13 with Armour Factor VIII instead of Hemofil. Both  
14 companies collect their plasma by plasmapheresis from  
15 known panels of donors. All are busily engaged in  
16 screening out homosexuals, et cetera. In addition  
17 Armour have a policy of collecting only from low  
18 hepatitis risk areas, which would correspond to low  
19 AIDS area. I have not made any recommendations to the  
20 Warwicks and, in fact, said that I was not aware of  
21 any significant differences between the products. No  
22 UK cases in haemophiliacs have been reported in spite  
23 of millions of units of millions of units of Factor  
24 VIII imported. Nevertheless in view of their concern  
25 I feel it would be wise to accede to their request.

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1 He has had Factorate without problems in the past.  
2 Because of previous anaphylaxis reaction Richard  
3 should not receive Elstree Factor VIII."  
4 First of all, Richard, what, if anything, do you  
5 recall about seeing that television programme and  
6 having a discussion with Dr Swinburne?  
7 **A.** As I remember, it revolved specifically around Hyland  
8 Laboratories, Travenol Labs, and their product, yes,  
9 their product Hemofil and I was just shocked. I was  
10 just shocked by it and I contacted -- I can't remember  
11 whether I telephoned her or wrote by letter. I was  
12 just very anxious about that, yes, asking for her  
13 advice really.  
14 **Q.** It would seem to follow from this letter but please  
15 correct if I'm wrong that you weren't given any  
16 warnings or any reason to be concerned about the  
17 Armour product?  
18 **A.** That's correct, yes.  
19 **Q.** If we look next at 1592025, this is about a week  
20 later, 4 May 1983, it is a letter from Dr Swinburne to  
21 you saying this:  
22 "We are carrying out blood tests on  
23 haemophiliacs to see if their immune reactions are  
24 normal. I know you are concerned about AIDS. If you  
25 would like to have a test please ring my department."

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1 Do you recall either receiving the letter or  
2 what your response to the letter was?  
3 **A.** I probably -- well, obviously, I did receive the  
4 letter. I can't remember if I rang back, though.  
5 I don't know whether I followed it up. Yes, I think  
6 I did -- yes, I don't actually remember receiving the  
7 letter.  
8 **Q.** Have you as someone who is, obviously, very familiar  
9 with such records as you have, have you ever seen any  
10 documents that suggest that after this letter  
11 in May 1983 that some kind of blood test was done?  
12 **A.** No, no.  
13 **Q.** What we do have at 1592027 is a letter from the end of  
14 the following year 14 December 1984. I know again you  
15 are familiar with this, Richard. It is from  
16 Dr Swinburne, at the bottom of the letter it hasn't  
17 been copied, but Dr Swinburne to Dr Balfour and  
18 picking it up in the second paragraph:  
19 "We've had discussions with Dr Tovey and  
20 Dr Hutchinson about heat treated Factor VIII and other  
21 meetings to be held next week. There is general  
22 agreement we should switch to heat treated Factor VIII  
23 as soon as possible. Heat treated Elstree material  
24 should be available from April. In the meantime we  
25 shall continue to use up stocks of Elstree and expect

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deliveries to be uninterrupted. We also agreed not to purchase any more untreated commercial material. Patients who have already had part of a batch can continue to use it until new material is available."

Then there's a request to return any stocks of new batches, and then it says this in the last paragraph:

"We are taking samples of blood from patients prior to giving them their first dose of heat-treated material. At the moment there are no general facilities for testing HTLV3 so I am freezing the samples until they can be tested and compared with later samples. By that time, I hope we shall know how to interpret the results."

A. Yes.

Q. What comment do you have on that, Richard?

A. Okay. She wrote to me regarding my concerns in I think it was May '83 --

Q. Yes.

A. -- the previous year. If I had indeed got back to her and went in for a test, based on this letter I wouldn't have been -- she wouldn't have been able to do the test. This was a year previously.

The end of this letter basically states "I've taken a sample", which you haven't got here, "I've

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1592028. It's a January '85 radioimmunoassay test for anti-HTLV III recorded as positive.

If we go on to 1592029, please, Paul, we have antibodies to HTLV III identified as present and that's dated 20 December 1985.

Then if we look at 1592030, please, if you look at the left-hand column, Richard, halfway down, HTLV III and then we have positive 23 January 1986.

A. Yes.

Q. So a number of reference and there are plenty of others that you have drawn to the Inquiry's attention in your records in 1985, 1986, 1987.

Were any of these test results drawn to your attention at the time?

A. No, they were not.

Q. Did you even know that tests were being undertaken other than that letter from Dr Swinburne and the sample that was going to be frozen?

A. Other than the one from 1984, I wasn't aware that tests were being done.

Q. If we have up on screen 1592032, this is a letter from 1 December 1986 from Dr Balfour, consultant haematologist at the Scarborough Hospital to a consultant ophthalmic surgeon. First sentence:

"This patient is a haemophilic HTLV3 positive."

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taken a sample from Richard", but this was, you know, a year later. Even at this point she couldn't do the test.

Q. You've got your UKHCDO records or some of them and they show, if we have up on screen please, Paul, 1592 -- I don't have the reference. It's probably 050 I suspect, Paul.

SIR BRIAN LANGSTAFF: Can I just raise one question. There is a difference I think between the testing proposed in 1983 which according to the letter was to test your immune reactions, to see if your immune reactions were normal. As I read the letter in 14 December 1984 it was to test for the presence of HTLV3. There may be a difference.

MS RICHARDS: We now have your UKHCDO records. If you go to ninth page please, Paul. We have here your HIV data and the date that's given as the first positive is 27 December 1984, although the sample date slightly curiously appears to be three years later than that but, in any event, that is what you have taken from your records as being the first positive HTLV3 HIV test.

A. That's correct.

Q. We've got elsewhere in your medical records, Richard, a number of HTLV3 tests. We can look at them briefly.

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So doctors providing you with treatment in late 1986 knew that you were HTLV III positive?

A. Mm-hm.

Q. If we have up on screen 1592033, we have an accident and Emergency Department record from December 1986 and someone has handwritten in capital letters across that "Positive to HTLV III", halfway down the page.

So that's again 1986 and then last document for these purposes, 1592034. Here we have the date is halfway down the page, 29 January 1987, and again we have antibodies for HIV present down the bottom of the page.

So these various references now '86/87 were any of these passed on to you?

A. No.

Q. When did you find out and how did you find out that you were HIV positive, Richard?

A. It was an appointment I had with my GP in Scarborough. It was sort of half routine and, as I remember, he wanted to chase up the quite recent number of severe epileptic attacks that I'd been having, going down in the street and just fitting in general, and he actually told me in -- it would be 1988 at that routine appointment, and I remember walking home and the journey seemed to take forever.

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1 It was actually your Mum and Dad's house and we,  
2 you know, we talked about it there, didn't we.  
3 **Q.** You remember walking home to tell Tina, your fiancée,  
4 now your wife who sits beside you, of your diagnosis.  
5 One of the reasons you can pinpoint that to 1988  
6 is that you and Tina started going out in late 1987?  
7 **A.** That's correct, yes.  
8 **Q.** So you were told you were HIV positive in 1988 by your  
9 GP in a semi routine appointment?  
10 **A.** Yes.  
11 **Q.** Having been told by your GP in those circumstances, do  
12 you think you were given adequate information about  
13 the diagnosis?  
14 **A.** No, no. It was -- to be quite honest with you,  
15 I think -- I don't know whether he was my  
16 haematologist or haematologists were scared or whether  
17 they were just unsure, whether they felt guilty even  
18 about divulging such information, especially as I was  
19 seeing them for so long, you know, ten years and more.  
20 I do not know, I don't know the mindset.  
21 There were all the obvious TV, you know, ad runs  
22 at the time. It was very scary for me and for my  
23 family but I don't understand why I wasn't actually --  
24 no-one actually sat me down and explained what it  
25 meant.

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1 **Q.** We've got a couple of letters from about three years  
2 after that, 1991, 1592040, 047 please. Paul.  
3 This is a letter to Dr McVerry from another  
4 doctor and we can see in the second sentence:  
5 "I understand he has been known to be HIV  
6 positive for about five years but was only told the  
7 diagnosis a year or 18 months ago."  
8 The precise time-frames may be slightly out but  
9 the delay there being recorded.  
10 **A.** Yes.  
11 **Q.** If we have 1592041 we have got a letter of the same  
12 date from Mr Brown, consultant physician, to the GP  
13 and this was the same GP who had given you the  
14 information and it says this:  
15 "He obviously feels very angry that Dr McVerry  
16 withheld from him the information that he's HIV  
17 positive and this anger continues", and that's how you  
18 felt at the time?  
19 **A.** Yeah, it not only put myself at risk but the people  
20 that I was around, including any potential girlfriends  
21 and partners, you know. It's just -- you couldn't  
22 make it up, you really couldn't.  
23 **Q.** I should say, Richard, we received your second  
24 statement yesterday morning so these matters have not  
25 yet been explored with Dr McVerry but they have been

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1 put to Dr McVerry and in the event a response is  
2 received that will be published.  
3 **A.** Okay.  
4 **Q.** Just a couple of further documents 1592036, please.  
5 Again, these are part of the materials you have  
6 supplied to the Inquiry, Richard, so I know you are  
7 familiar with this. This is a letter from Dr Aronstam  
8 to Dr Swinburne June 1989:  
9 "We're attempting to follow up the fortunes of  
10 ex Treloar College boys who have been treated in our  
11 haemophilia centre in the past. I would be grateful  
12 if you could provide me with some very simple  
13 information about these patients such as whether they  
14 are well or not. Please feel free to use any code you  
15 like in your reply and I can assure you of total  
16 confidentiality."  
17 Then we see Dr Swinburne's reaction at  
18 1592037 -- sorry, Dr McVerry's reaction. So  
19 Dr McVerry writes back to Dr Aronstam, 26 June 1989:  
20 "Dr Swinburne forwarded your letter to me  
21 regarding this man who was an ex Treloar college boy.  
22 I am not really sure what information you would like."  
23 Then it refers to your personal circumstances  
24 and your general health. Then in the last paragraph:  
25 "I think that is all I should say at this time.

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1 Please let me know if you require any further  
2 information and I would then of course have to obtain  
3 Richard's permission for this."  
4 So Dr McVerry didn't give very much if to  
5 Dr Aronstam.  
6 **A.** Gave none.  
7 **Q.** Had you been aware of this exchange of letters before  
8 you looked at your medical record?  
9 **A.** No, none whatsoever.  
10 **Q.** So it was not brought to your attention at the time?  
11 **A.** No.  
12 **Q.** In 1989, Tina became pregnant.  
13 **A.** Yes.  
14 **Q.** What happened?  
15 **A.** It was an unplanned accident, shall we say, and  
16 I think -- well, we both knew that something was amiss  
17 and my wife knew pretty soon after. She did a home  
18 testing kit and tested positive, of course, and she  
19 went to see her doctor and we went up, you know,  
20 things were discussed and we went up to I think it  
21 was -- was it your doctor at Scarborough or my doctor?  
22 **TINA:** I don't remember exactly.  
23 **A.** It was decided in the situation, the current  
24 situation, it was decided it would be -- well, we were  
25 advised in no uncertain terms not to go, for Tina not

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1 to go ahead.

2 It was a very bad time. I was fitting a lot and  
3 the prognosis, shall we say, wasn't very good at all.  
4 I was living on borrowed time. I felt I was living on  
5 borrowed time at that particular time of our lives.  
6 So she had to have the termination, which was  
7 incredibly tough.

8 **MS RICHARDS:** You put it in this way in your statement,  
9 Richard, and I know you and Tina are willing for this  
10 information to be shared:

11 "It was explained to us in very strong terms  
12 that it would be best for Tina to abort her unborn  
13 child as there was a high probability that the child  
14 could be born HIV positive. The mortality rate of HIV  
15 positive adults was very high and I had been lucky to  
16 date but was living on borrowed time. I was expected  
17 to live for up to two years following infection.  
18 There was absolutely no treatment available for HIV at  
19 the time. We were both heart broken."

20 Can I just ask you about the circumstances in  
21 which you became aware that you had also been infected  
22 with hepatitis C. We can look at a letter on screen  
23 again, Richard. It is 1592038.

24 **A.** I hadn't been told at any point that -- certainly  
25 not -- at no point I had been told -- I knew nothing

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1 your GP that you had hepatitis C.

2 **A.** Yes.

3 **Q.** How physically did your hepatitis C and your HIV  
4 infection affect you in the '80s and '90s?

5 **A.** Tiredness, lethargy, I've got some notes here which --  
6 this is a list. I'm sorry. Rashes, itching skin all  
7 over, yeah, fatigue, lethargy, nausea, diarrhoea, that  
8 sort of thing. You have probably heard it before but  
9 it was not nice.

10 **Q.** You said in one of your statements the years '81 to  
11 '87 were the worst.

12 **A.** That's mainly because of my epileptic attacks I was  
13 having. They were just constant and they sort of form  
14 a dominant part of that particular part of my life,  
15 more than anything else, I think. Yes, it was very  
16 difficult.

17 **Q.** You were started in March 1991 on AZT for the HIV  
18 infection.

19 **A.** Yes.

20 **Q.** What can you tell us about the side effects of that?

21 **A.** Horrific, awful. It was an anti -- I think it was an  
22 anti-cancer drug, wasn't it. Yes, pretty bad.

23 **Q.** You have described in your statement dizziness,  
24 nausea, diarrhoea, that it was dreadful is the way you  
25 put it in probably a very understated way?

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1 about non-A non-B, yeah.

2 **Q.** This is a letter, although we haven't got the bottom  
3 of it copied, it is from Dr McVerry to Dr Balfour  
4 28 February 1991 and the second paragraph refers to:

5 "Persistently abnormal liver function tests,  
6 almost certainly means he has chronic non-A non-B  
7 hepatitis."

8 Then it refers to interferon and says this:

9 "I rechecked Richard's liver function test today  
10 and if these once again are abnormal then I may  
11 suggest to him when I next see him that he has a liver  
12 biopsy performed to see whether he is a suitable  
13 candidate for interferon therapy or not. I did not  
14 discuss this particular point with him when I saw him  
15 today."

16 **A.** No, never offered a liver biopsy at that time.

17 Perhaps I dodged a bullet there in all fairness  
18 because I think the standard interferon, it was three  
19 injections a week, so yeah.

20 **Q.** You weren't told --

21 **A.** No.

22 **Q.** -- in February 1991 that you almost certainly had  
23 chronic non-A non-B hepatitis.

24 What you said in your witness statement was that  
25 you were told in perhaps April or May 1993 again by

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1 **A.** Yeah.

2 **Q.** And you continued on AZT from 1991 to January 1997.

3 **A.** Six years. I was also taking, shortly after I started  
4 AZT because I think I started on, I think it was,  
5 initially, I think it was five twice a day, which  
6 I think is 1,000, I think that was referenced in  
7 a previous thing that was up on screen, and then they  
8 reduced it down, I think, to 600 but they also  
9 I started having I think it's called cotrimoxazole  
10 sepsin. They introduced that.

11 So I was getting -- before I started treatment  
12 I was getting like carpets of thrush inside my mouth.  
13 It was very difficult to eat and then didanosine, DDI.  
14 I had I think it was about six weeks after starting  
15 that, I had these incredibly swollen feet, all my feet  
16 were swollen up and up my calves. You couldn't  
17 actually see the gaps between my toes. They were that  
18 bad. That was very interesting, a very interesting  
19 reaction but they stopped me very quickly after that.

20 Then obviously various different -- over the  
21 years, various different types of HIV  
22 anti-retrovirals. I developed quite a lot of  
23 mutations to the virus over the years.

24 I've probably had about everything, but I'm now  
25 on a four combination drug therapy and touch wood it's

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1 kept everything at bay.  
 2 **Q.** Even with that, you experience loss of appetite and  
 3 sickness?  
 4 **A.** Oh, yes, yeah.  
 5 **Q.** That's after many, many years of having to go through  
 6 different treatment regimes for HIV to which you  
 7 developed a multitude of side effects.  
 8 **A.** Yes.  
 9 **Q.** And resistance.  
 10 **A.** Yes.  
 11 **Q.** You have also developed peripheral neuropathy?  
 12 **A.** That's -- I can only describe peripheral neuropathy,  
 13 at least the effects that I have from it, if you  
 14 imagine strapping a couple of sparklers to your lower  
 15 calves and just setting them off and it's that sharp  
 16 fiery like pain in your feet and your lower legs and  
 17 your lower limbs, and over the last decade I would say  
 18 I've been having another issue which I think is  
 19 related is to it, is that my legs will go into spasms  
 20 and my left leg is particularly bad.  
 21 This happens every night and I can't straighten  
 22 my left leg but the contractions are so severe that my  
 23 leg goes from that (*indicated*) to past extension and  
 24 the ends of the bones snap together and that happens  
 25 three times second. That is incredibly painful.

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1 weeks but I was awful to be with, wasn't I?  
 2 I wanted to tear my skin off it was so bad, the  
 3 rashes, constant itching. I had a real problem with  
 4 my scalp. It felt like my head was on fire, a burning  
 5 sensation all the time on my scalp and it was --  
 6 I think it's psychologically as much as anything else.  
 7 You couldn't lie down because it was so painful to lie  
 8 down if you were tired, but you were tired all the  
 9 time. You had these flu symptoms all the time.  
 10 So even when you wanted to lie down you couldn't  
 11 because it was so painful. You covered yourself in  
 12 cream every -- twice a day bottles of Aveeno cream,  
 13 oatmeal cream. I put it all over myself or Tina would  
 14 help putting it on me and it was awful. I feel so  
 15 lucky I think for the first course I was only on it  
 16 for 12 weeks.  
 17 **Q.** You said in your statement that those side effects in  
 18 that first course were severe and frightening.  
 19 **A.** They were frightening, yes.  
 20 **Q.** You became a different person and you got very  
 21 frustrated and angry and irritable.  
 22 **A.** Very irritable, yes.  
 23 **Q.** Again in the documents you have supplied to the  
 24 Inquiry, if we look first of all at 1592048. This  
 25 says:

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1 And, of course, it is just bleed after bleed  
 2 after bleed after bleed and it's frightening because  
 3 you have no control over your muscles and it's  
 4 terrifying. You actually think your bones are going  
 5 to break when they go past full extension and then  
 6 snap back together.  
 7 **Q.** This is a permanent feature of your days and nights.  
 8 **A.** Yes. I mean, I think it's been getting worse, hasn't  
 9 it?  
 10 **TINA:** Yes.  
 11 **MS RICHARDS:** In terms of hepatitis C treatment, you  
 12 embarked upon a course with pegylated interferon  
 13 ribavirin November 2003 through to February 2004.  
 14 **A.** Yes.  
 15 **Q.** That was stopped because it was not having any effect.  
 16 **A.** I think it was stopped after the three or four months  
 17 I think they stopped it. There was absolutely no  
 18 impact whatsoever on the virus, on the viral load, and  
 19 they decided rather than risk reducing the chances of  
 20 a second round of treatment in the future they would  
 21 stop it then to give me the best chances at a later  
 22 date.  
 23 **Q.** What were the side effects of that course of  
 24 treatment?  
 25 **A.** I became a different person. I was only on it for 12

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1 "Assessment for treatment of ribavirin and/or  
 2 interferon for patients with hepatitis C relative and  
 3 absolute contraindications to treatment."  
 4 Then about halfway down the list of bullet  
 5 points is epilepsy?  
 6 **A.** Yes.  
 7 **Q.** Then if we look at 1592047, these are some handwritten  
 8 notes in your medical records:  
 9 "Epilepsy interferon is CI [contraindicated] in  
 10 epilepsy, i.e. manufacturers recommend it should not  
 11 be used."  
 12 Then there's a discussion about it and then:  
 13 "HIV and medication. Patient's co-infected with  
 14 HIV and HCV have a lower response rate than HCV  
 15 infected patients."  
 16 Can you recall whether these issues about  
 17 epilepsy or the co-infection of HIV were discussed  
 18 with you?  
 19 **A.** I think they were actually discussed at quite great  
 20 length. I think they were keen to get me on the  
 21 treatment and I think the risks at the time outweighed  
 22 the potential benefits of clearing the hep C. So  
 23 I think we mutually decided to go ahead and just keep  
 24 an eye on things.  
 25 **Q.** In October 2004 you received a letter in a form which

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1 I think we've seen a number of times now warning of  
 2 the possible risk of vCJD.  
 3 **A.** Yes.  
 4 **Q.** Then you received letters, subsequently, in February  
 5 and July 2009. What can you recall about those letter  
 6 and what your reaction was?  
 7 **A.** Do you know, at the time I thought here we go again.  
 8 There's only so much shall we say mud you can have  
 9 thrown at you, to be polite, before it stops sticking  
 10 and, yes, it was very worrying especially at the time  
 11 with all the news about vCJD but, you know, it was  
 12 just another thing, wasn't it. Just ... just waiting  
 13 for the next thing to drop through the letter box, you  
 14 know. What have they got for me this time, that sort  
 15 of thing.  
 16 **Q.** You had a second course of treatment for hepatitis C  
 17 in June 2013?  
 18 **A.** Telaprevir, yeah.  
 19 **Q.** Along with the pegylated interferon and ribavirin.  
 20 Again, that didn't reduce the viral load?  
 21 **A.** No.  
 22 **Q.** And was terminated prematurely?  
 23 **A.** Yes, it was.  
 24 **Q.** You had similar side effects?  
 25 **A.** Probably a bit worse. I think they were introducing

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1 the drug as well called G-CSF, they added to that  
 2 particular treatment as well, something to do with  
 3 your white blood cells to try and boost those. Yes  
 4 G-CSF I think it was, they tried that and it still  
 5 didn't make any difference.  
 6 **Q.** So having had that course of treatment unsuccessful  
 7 and having to be terminated, you then had a fibroscan  
 8 in late 2014?  
 9 **A.** Yes.  
 10 **Q.** That showed advanced cirrhosis?  
 11 **A.** Yeah. It was 24.8 I think it was, something like  
 12 that.  
 13 **Q.** Exactly right. Your third and final course of  
 14 treatment for the hepatitis C was August to  
 15 November 2015?  
 16 **A.** Yes.  
 17 **Q.** What drug combination?  
 18 **A.** That was Harvoni and ribavirin, I think, yes. That  
 19 was a 12-week course. I think -- I found that pretty  
 20 much plain sailing compared to the previous  
 21 treatments, of course, the ribavirin interferon-based  
 22 treatments, and although I think I'd, well, cleared  
 23 the virus it wasn't detectable at eight weeks, they  
 24 decided to carry on for the full twelve.  
 25 **Q.** You didn't have appreciable side effects, at least not

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1 in comparison to the earlier treatments?  
 2 **A.** No, there were the side effects to the ribavirin you  
 3 may think but compared to the PEG interferon, which  
 4 made you feel like crap, you know, nothing like,  
 5 nothing like.  
 6 **Q.** You had a follow-up test after six months and after  
 7 one year following the conclusion of that course of  
 8 treatment.  
 9 Have you had any follow up or monitoring of your  
 10 liver since then?  
 11 **A.** Not since the first full year I've been clear, nothing  
 12 at all, which has puzzled me because you would have  
 13 thought they would have at least wanted to keep an eye  
 14 on you.  
 15 **Q.** So no further fibroscans or ultrasounds?  
 16 **A.** No, nothing whatsoever.  
 17 **Q.** Can I ask you about the psychological effects of the  
 18 infection, the co-infection with HIV and hepatitis C  
 19 and the treatment you received for it.  
 20 **A.** Specifically hepatitis C.  
 21 **Q.** Or the HIV. Whichever you wish to answer.  
 22 **A.** I think generally speaking, it's living with the  
 23 viruses and the drugs, you know, to fight them.  
 24 Obviously, there was the rashes, the feet and legs  
 25 swelling up. I'm sorry. Anxiety and something that

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1 hasn't been talked about is that when you are -- when  
 2 you have HIV you're very wary about being out in  
 3 public.  
 4 I basically -- I've been housebound for  
 5 20 years. I haven't been able to drive or get out of  
 6 the house. So I haven't mixed with the general public  
 7 at large but it's -- one thing that frightens me is if  
 8 is have a seizure or fall down or trip and I cut  
 9 myself and bleed out at the side of the street or  
 10 whatever, that puts other people at risk and, of  
 11 course, I have to divulge my status to them.  
 12 So I do have, you know, almost anxiety attacks,  
 13 fear about mixing with people and also you probably  
 14 noticed today I have real trouble sort of putting  
 15 sentences together in either -- in an unfamiliar  
 16 environment or with people I haven seen or recognised,  
 17 I'll just freeze like that. I don't think of it as  
 18 a brain fog. As far as memories are concerned I think  
 19 of it more as a wall with random bricks missing and  
 20 through those gaps I can see memories.  
 21 But, yeah, I'll be speaking to someone fluidly  
 22 and then it will just stop, just like shutters coming  
 23 down, but there's dozens and dozens of side effects.  
 24 **Q.** Just picking up on the issues in relation to memory  
 25 you've got problems with both long-term and short-term

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1 memory?

2 A. Yes.

3 Q. You can't recall important dates and events such as

4 your honeymoon.

5 A. Yes, just no recollection of it. I know it was in '91

6 but I have no recollection of it at all. Nothing.

7 It's just gone, just gone.

8 Q. You talked in your statements about one of the worst

9 things being the feeling of stigma, the feeling of

10 being dirty?

11 A. Yes, with relation to the HIV/AIDS in the early days,

12 good Christian people don't get AIDS, all that sort of

13 thing, and it was just awful. You felt like you were

14 the lowest of the low. They were grouping people in

15 different parts of society, gay plague and all that,

16 and it was just awful.

17 Again, I feel lucky that I wasn't, that we kept

18 our heads down, you know, the whole family just didn't

19 talk about it, didn't talk about it, even though there

20 was the connection there with being haemophiliac but

21 there was obviously that risk but it wasn't talked out

22 about at all, not even close family, parents, used to

23 talk about it.

24 Q. You mentioned anxiety you also experienced depression?

25 A. Yes.

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1 Q. You have experienced guilt at being a survivor from

2 Treloars?

3 A. Yes. I often ... I just think why me? Why am I still

4 here? What have I done differently? I just don't

5 understand why I'm still here. Was it different

6 Factor VIII? Was it different concentrates? Was it

7 different lifestyle? We're all in the same place, you

8 know. Okay, I was there a couple of years earlier

9 than others but, yeah, it's just guilt of losing all

10 those friends. I can name ten that I knew that are

11 just gone. It's horrific.

12 Q. There's one Treloars boy, Andrew, who lived not far

13 from you and you wanted to specifically mention him.

14 A. Yes. In 1976, my parents knew a lad that wasn't too

15 far away, let's say 15 miles away from us, who had

16 haemophilia and my Dad, my father and his father used

17 to take it in terms to shuttle our respective sons to

18 the train station for the long train journey down to

19 King's Cross at the beginning of each term and it was

20 alternate.

21 I think he was a couple of years ahead of me and

22 when I left Treloars in '82, I think he would have

23 already been back home and unbeknown to us when we

24 shortly, about a year after we got married, we got

25 a bungalow and it happened to be within a mile of

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1 where he lived and I think I'd spoken to him on the

2 phone once and we joked and I asked him have you got

3 the lurgy, meaning HIV, and we sort of laughed and

4 joked about it, and that was the last time I spoke to

5 him and it wasn't until quite a few years after we'd

6 read -- we heard that he'd died and the reason he died

7 was because his wife had had a heart condition and she

8 died and he just stopped taking his HIV meds and

9 consequently he died shortly afterwards.

10 I'll never forgive myself at not actually going

11 to see him even though it was such a short distance

12 away and just speaking to him because I feel as though

13 I could have made the difference by visiting him in

14 that time of need.

15 Q. Richard, one of the observations you have made in your

16 witness statement in terms of the psychological impact

17 of the HIV medication, and you made this comment by

18 reference to AZT, is that one of the dreadful things

19 about having to take it was that it's a constant

20 reminder that you have HIV.

21 A. Yes. As all anti-retroviral drugs are, you know, you

22 have to take them in my case twice a day but in the

23 early days, we had a horrible instance when we went to

24 collect drugs, didn't we, from the hospital, we had to

25 go into a basement to collect the AZT retrovir. It

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1 was stored separately from normal medication and we

2 just felt like dirt having to go down there together

3 and to specifically collect AZT.

4 They ran out of it I think on two occasions and

5 they had to get it restocked, didn't have it at the

6 hospital, and this was when I was supposed to be

7 taking it on a regular basis, but that was so

8 demoralising. I felt awful, yes.

9 Q. Let me ask you a little about the impact on your

10 family and your private and family life. You said in

11 your statement that your parents had gone through

12 hell.

13 A. Yes and then some. They supported me -- they saw what

14 I went through as a toddler, as a child, and not being

15 diagnosed for so long, and then after that it's just

16 been constant for them every step of the way. They

17 have been so supportive but it's been awful for my

18 extended family as well. They have had to go through

19 it all ... and you.

20 Q. You said you have an extremely loving and supportive

21 wife.

22 A. Yes and she's everything to me.

23 Q. A source of great sadness to you both has been that

24 you haven't had children?

25 A. Yes.

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1 Q. You've said in your statement that sperm washing and  
 2 IVF became available too late for you.  
 3 A. Yes. There was a guy, I think a guy in Italy, they  
 4 call him the mad doctor. He developed this technique  
 5 for sperm washing and other medical professionals  
 6 didn't like it at all, you know. He's putting  
 7 people's lives at risk but he was giving people hope  
 8 in Italy. I forget the guy's name but he was doing  
 9 sperm washing, and it was a fair few years later when  
 10 it became available in the UK, but it was just too  
 11 late for us.  
 12 Q. For the reasons you have explained, you and Tina  
 13 decided to buy a small bungalow in a quiet area so  
 14 that you could lead the very quiet very private life  
 15 you described.  
 16 A. We were terrified that, you know, if something had got  
 17 into the community, if it had got spread about it  
 18 would have been -- it would have made our lives hell  
 19 so we just moved somewhere quite a way out of town,  
 20 little two-bed bungalow, just one neighbour a fair  
 21 distance away.  
 22 It's probably -- in hindsight it was probably  
 23 a bad move because with me not being able to drive and  
 24 Tina being, well, she works part-time because she has  
 25 to look after me but I'm stuck in that one place most

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1 of the time and it might have been better that we did  
 2 try and get a bit nearer.  
 3 Yes, it's just quiet. That's the main thing.  
 4 It's quiet.  
 5 Q. You had wanted to become an electronics or software  
 6 engineer but the combination of HIV infection,  
 7 epilepsy, severe haemophilia and the treatments you've  
 8 undergone for both your infections have prevented  
 9 that.  
 10 A. The thing is what's really prevented me I can't  
 11 entirely blame my career problems solely on the HIV  
 12 hep C co-infection but combined with the epileptic  
 13 attacks, which are quite frightening even to myself,  
 14 I was a danger not only to myself but to others. In  
 15 a workplace environment that would have been  
 16 unacceptable, so it's been very difficult.  
 17 And these viruses have had such a profound  
 18 effect on my life in general. They've defined -- my  
 19 life's been defined by these viruses. The thing is  
 20 I haven't known anything different. This is what  
 21 people short of say to you how have these viruses  
 22 affected your life? Well, if it's all you've known,  
 23 you know, you haven't really known anything different,  
 24 I mean, most of the time I'm in constant pain.  
 25 One of the reasons today I've sort of been

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1 perhaps burbling on a bit and not stringing sentences  
 2 together, I have constant pain in all my joints and  
 3 I have to take some degree of analgesics to keep that  
 4 bearable, and the side effects of all the other drugs  
 5 as well for the epilepsy, which tends to slow you  
 6 down, sodium valproate, the original epilepsy drugs  
 7 I was taking -- I think I mentioned it -- Epanutin,  
 8 they caused my gums to overgrow, I lost loads of  
 9 teeth. It wasn't working. They tried me on  
 10 gabapentin and all sorts of different things, but all  
 11 these different combinations -- the combination of all  
 12 these different cocktail of drugs, and the pain and  
 13 the arthritis and not being able to walk properly, it  
 14 just drags you so far down. And people say, "Oh,  
 15 you're looking well today, Richard. How are you?"  
 16 And you think okay, yeah, thanks for that compliment.  
 17 Q. The financial impact of everything you have described  
 18 has been immense --  
 19 A. Yes.  
 20 Q. -- because you have not been able to work.  
 21 A. Yes. Obviously, if you can't go out and work, that's  
 22 bound to have a financial effect. It's not being able  
 23 to provide on a personal level for my family, for my  
 24 wife, and it really does play on your mind, you know.  
 25 You're not able to provide what we need, and it's not

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1 all about the money either. It's the dignity. It's  
 2 the dignity of being able to have a productive -- lead  
 3 a productive life, be a productive member of society,  
 4 if you like, that you can contribute to society.  
 5 But it's, yeah, just being denied that really.  
 6 Q. You have been unable to obtain life insurance and that  
 7 distresses you because you can't provide for Tina in  
 8 the event of your death.  
 9 A. Yes. That applies I think across the board with  
 10 anybody that's ...  
 11 Q. You have had limited forms of counselling offered to  
 12 you from time to time but nothing that you've wanted  
 13 to take up or thought would be helpful?  
 14 A. No. It's just not my thing, talking. I tend to have  
 15 a very regressive attitude. I keep everything in.  
 16 I sort of put a shell around myself, if you like, when  
 17 I'm talking to other people and I try and deal with my  
 18 own problems by doing things online for other people.  
 19 I mean, many in this room will know me for the work  
 20 that I do for the campaign. It's not for the campaign  
 21 *per se*, it's for actually giving people the  
 22 opportunity to see what they've done. If they've been  
 23 on radio or the TV or whatever or if there's some news  
 24 out, it's just for them, you know. It forms part of  
 25 the big jigsaw puzzle of people's voices and people's

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1 feelings and for it to be a part of history, if you  
2 like.  
3 **Q.** That, in addition to your family, is where you found  
4 your support, through that community?  
5 **A.** 100 per cent, yes. They are my extended family.  
6 **Q.** There's one specific treatment that you say would  
7 alleviate some of your pain and that's hydrotherapy?  
8 **A.** Hydrotherapy for my joints.  
9 **Q.** Do you get that?  
10 **A.** None of the Trusts seem to be interested in providing  
11 it. We will come on to those later.  
12 But, no, it was so beneficial to me. I used to  
13 have it at Treloars College and it made such  
14 a difference. You know, it was more than a hot bath.  
15 You could -- you know, you could really -- it really  
16 eased your joints up, you do exercises, because  
17 I can't do much in the way of physical exercises  
18 because it just sets bleeds off. But that was really  
19 beneficial. We thought about sort of investing in  
20 a hot tub but it's not the same, it's not the same.  
21 But hydro is something that -- I think our nearest  
22 hydrotherapy pool is 30 miles away and I think there  
23 was one private BUPA hospital that could provide it.  
24 But that's something that I really miss, yes.  
25 **Q.** You participated in the 1991 HIV litigation.

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1 **A.** Yes.  
2 **Q.** You signed some form of waiver.  
3 **A.** I think that was in Sheffield.  
4 **Q.** At that time in 1991, you were in fact hepatitis C  
5 positive but didn't know it?  
6 **A.** I didn't know it, no.  
7 **Q.** What's been your experience of the process of  
8 approaching the Trusts and schemes for financial  
9 assistance?  
10 **A.** Okay. Well, to start with, I think we only ever made  
11 one claim to the MFT and that was for money towards  
12 a car, a replacement car. We had an old Datsun  
13 Bluebird, a coupe with a dashing blue vinyl top and we  
14 went all over the place in it. But there was  
15 a problem that it had holes in the floor, particularly  
16 on the passenger side, and it was just getting  
17 dangerous. All we wanted was some money towards  
18 a replacement vehicle, not a new vehicle, and we were  
19 flatly refused on that. I think we ended up saving  
20 from buying a Nissan Bluebird as opposed to a Datsun  
21 Bluebird.  
22 As far as The Skipton Fund goes, yes, I think  
23 we've had a couple of -- we had some, the usual  
24 cliché, double glazing, help with double glazing. We  
25 did get that. We had to chip in quite -- yes, we had

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1 to find, chip in, quite a lot of money towards it  
2 because, of the three quotes that they require, they  
3 give you the -- they go along with the lowest quote  
4 always and, as it happens, when the guys had finished,  
5 shall we say, "fitting" the double glazing, it was  
6 rubbish. We had to get somebody else in to put the  
7 job right and then they went into liquidation just to  
8 add insult to injury. So that was our experience with  
9 Skipton Fund.  
10 What else have we had from them? Not much, no.  
11 The MFT was brilliant when it first started up. They  
12 had these weekends -- I think they were once every two  
13 years -- something for the weekend, which is where  
14 partners could go as well, and men-only weekends. And  
15 they were -- it's respite care, nice hotels and the  
16 like, and that was -- I miss that because they stopped  
17 that within a few years. But that's where we could  
18 all get together and sort of share our experiences.  
19 The process of getting help through the Trusts  
20 was, and I believe as is today, is just awful. So  
21 many hoops. They're so demeaning. It's just an  
22 awful, awful process. It makes you feel like  
23 a beggar.  
24 **Q.** You have described it as intrusive, demoralising and  
25 monotonous in your statement.

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1 **A.** Yes.  
2 **Q.** Richard, those are the questions I have for you. Is  
3 there anything you would like to add?  
4 **A.** Yes. Just a little summary.  
5 Listening to the stories and testimonies of  
6 those infected and affected is both heart-breaking and  
7 humbling. I respect and honour the courage, dignity  
8 and bravery shown by our small and rapidly diminishing  
9 community. I have made a great many friends and  
10 acquaintances over the last 20 years whose  
11 circumstances vary widely and we all love and support  
12 each other.  
13 But the one emotion that has been building and  
14 growing for over 30 years is that of anger. The rage  
15 I feel at being lied to, dismissed and pushed aside,  
16 when all we asked for is recognition of our plight and  
17 meaningful recompense for the lives we have had so  
18 cruelly stolen from us. Instead, we have been treated  
19 with disrespect, disdain, and as if we are irrelevant,  
20 a group of people who shouldn't have expected any  
21 better because, by some, haemophiliacs are already  
22 disadvantaged and deemed lesser members of society, we  
23 should go away, not question our betters and die  
24 quietly.  
25 The truth is having haemophilia does not prevent

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a person having a successful career, a family life or prevent them from being a full and contributing member of society. There are extra challenges, especially for severe haemophiliacs, but many disabilities and conditions, whether genetic in nature or not, require making adjustments without compromising a successful life.

However, being multiply infected absolutely prevents a normal life being possible. Sufferers are consigned to the fringes of society, forever fearful of public reaction, without support from life or mortgage insurance and all the usual ways that people can protect themselves and their families from hardship through being unable to work. Desperately sick, exhausted and terrified about the future, this is the result of decisions made by those who were paid to do better. In the comfort of their offices, they pushed papers across desks, set aside the warnings and decided to gamble with people's lives for the goal of saving money. It is hard to avoid the conclusion that we were deemed expendable, collateral damage.

I want to thank my loving supportive parents, my family and, above all, my wonderful wife who has been my rock throughout this living nightmare. She has steadfastly stood by me in the most difficult of

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prescribing it."

So here is the hospital about to give you interferon which is counter-indicated and they are saying or noting that they take responsibility for prescribing it.

Did they tell you what they meant by taking responsibility?

**A.** No.

**SIR BRIAN LANGSTAFF:** Do you remember them saying so?

**A.** No.

**SIR BRIAN LANGSTAFF:** That's all that I have to ask.

Can I say that it has been deeply impressive to me that someone who has spent a lot of his life wishing to be private, who knows that in public he may struggle from time to time with bits of memory, is nonetheless prepared to come and share what is deeply personal, not only with those people who are here but with the world out there. It matters to me that you have done so. Thank you.

**A.** Yes, thank you.

**SIR BRIAN LANGSTAFF:** 3.15.

**MS RICHARDS:** Thank you, sir.

**(2.46 pm)**

**(A short break)**

**(3.20 pm)**

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times.

I would also like to recognise and thank the campaign groups and, in particular, the Tainted Blood community for their unending support and friendship. We have campaigned together, grieved together and shared stories together. You have all played a huge part in my life and helped me get through this.

Finally, thank you to Sir Brian and the Inquiry team for allowing me to tell my story.

**MS RICHARDS:** I am going to ask Mr Snowden if there's anything else if you just give me a moment. *(Pause)*  
There's nothing further, Richard.

**A.** Think you.

**SIR BRIAN LANGSTAFF:** There is one question which I would like to ask you, if I may. I'm sorry for asking a question after what you have just been saying but it's this. I wonder if we can have 048 back, Paul. If you go overleaf to the handwritten part, there should be a handwritten page.

**MS RICHARDS:** That's 047, sir.

**SIR BRIAN LANGSTAFF:** 047, thank you. This is when you remember there being discussions between yourself and the hospital. Under the heading "Epilepsy", the second sentence:

"The hospital takes responsibility for

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**SIR BRIAN LANGSTAFF:** Our next witness will be known as Ms Q. She is anonymous. Most of you I think probably all you were here this morning when I described what anonymity meant so I don't need to go through that again, do I. Let me just however read the order.

The order is the name and address of witness W1234, that's memorable (Ms Q to you and me) the surname of her husband who died and any other identifying information such as the witness's image or a description of their appearance cannot be disclosed or published in any form unless express permission is given by me or by the solicitor to the Inquiry acting on my behalf.

Witness 1234 must be referred to only as "Ms Q". The order remains in force for the duration of the Inquiry and at all times thereafter, unless otherwise ordered. I may vary or revoke the order by making a further order during the course of the Inquiry.

That's what I order.

Ms Q.

**MS Q, sworn**

**Questioned by MS RICHARDS**

**Q.** Ms Q, you are here to give evidence about your late husband.

**A.** Yes.

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1 Q. And you are going to refer to him by his first name,  
2 which was David?  
3 A. Yes.  
4 Q. That information will be public but the remainder of  
5 information about your identity and his will not be.  
6 A. Thank you.  
7 Q. You have provided us with a photograph of David which  
8 for obvious reasons won't go on the screen but you  
9 provided it so that Sir Brian and I can see who he was  
10 and that he was a real person, in your words.  
11 A. Yes.  
12 **SIR BRIAN LANGSTAFF:** I have seen it. Thank you.  
13 **MS RICHARDS:** You and David met at school at the age of  
14 about 15 or 16.  
15 A. Yes, we did.  
16 Q. You married in 1981.  
17 A. We did.  
18 Q. He had haemophilia A but it was very mild.  
19 A. Yes. He wasn't diagnosed properly until he was 16.  
20 Q. When he was four years old, he had an accident and  
21 fractured his skull and had surgery of some form of  
22 another?  
23 A. Yes, he had two craniotomies, one at the front of his  
24 head and one at the back.  
25 Q. He didn't require any treatment for his haemophilia.

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1 A. No, none at all.  
2 Q. He used to play rugby.  
3 A. Yes, he was prop forward.  
4 Q. So, as you say, he lived his childhood without  
5 experiencing any difficulties in relation to his very  
6 mild haemophilia.  
7 A. None at all.  
8 Q. In August of 1978, he was referred by a dentist to  
9 Manchester Royal Infirmary for a tooth extraction.  
10 A. That's right. In 1976, he'd a rugby injury and he'd  
11 had a very bad bruise to his thigh and the GP at the  
12 time sent him to Manchester Royal to find out why he'd  
13 bruised so badly and they had decided then that he was  
14 haemophiliac. So by 1978 they weren't going to risk  
15 a tooth extraction and they sent him to Manchester  
16 Royal.  
17 Q. You said in your statement at that stage of his life  
18 he'd never even spoken to a haemophilia doctor?  
19 A. No, never seen one or anything.  
20 Q. Then what happened in terms of his treatment?  
21 A. He went in, he had Factor VIII, nothing was discussed  
22 or no information at all, had his tooth extraction,  
23 was astonished that he hadn't bled and carried on as  
24 normal.  
25 Q. You have said in your statement no-one told you and

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1 David what the injection was?  
2 A. No, not a clue.  
3 Q. That was the first time he received Factor VIII and no  
4 information was given?  
5 A. None.  
6 Q. And certainly no advice or warnings about any risk of  
7 infection?  
8 A. No.  
9 Q. Was there any discussion with David about any  
10 alternatives to Factor VIII?  
11 A. None at all, no.  
12 Q. He didn't see a haematologist again until 1981 --  
13 A. That's right.  
14 Q. -- when he was seen because he was going to undergo  
15 some form of eye surgery?  
16 A. Yes.  
17 Q. What happened then?  
18 A. He wasn't seen by the haemophilia doctors at all. He  
19 was admitted to Manchester Eye Hospital and I was at  
20 work. When I went to visit him in the evening, he had  
21 a drip up which, to be honest, put the fear of the  
22 heavens in me. They'd given him some Factor VIII  
23 which we found out later and he was infused again  
24 whilst I was there and then he had to go every day for  
25 two weeks afterwards to have more Factor VIII, which

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1 seemed an awful lot because his factor level was  
2 15 per cent.  
3 Q. You have said in your statement he was given  
4 Factor VIII on that occasion before and after the  
5 surgery.  
6 A. Yes.  
7 Q. He was given it for a week in hospital afterwards.  
8 A. Yes.  
9 Q. And then he was given it -- he to go back --  
10 A. Every day.  
11 Q. -- to the hospital for a further week, so the two  
12 weeks afterwards.  
13 A. Yes.  
14 Q. Again, on that occasion was any advice, information or  
15 warnings given about the risks of infection?  
16 A. No, none.  
17 Q. Or any discussion about alternatives?  
18 A. No, no, I don't even think he even saw a haemophilia  
19 doctor before he actually went down for surgery and  
20 I think it was the house officer who was covering the  
21 wards that gave him the Factor VIII.  
22 Q. He had an immediate reaction on that occasionally on  
23 returning home. What was the reaction?  
24 A. Yes, he was really, really poorly. He was raging  
25 fevers, passing -- they had thought he had a urine

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1 infection because he had so much pain in his back and  
 2 his kidneys and he lost loads of weight. He lost at  
 3 least 2 stone in just a few weeks and, like I say, the  
 4 GP said it was a urine infection. His Mum, actually,  
 5 ironically said it's that damn stuff they gave him to  
 6 which I said no, no, no, it can't possibly have been.  
 7 How wrong was I?  
 8 **Q.** You observed that although David was a very mild  
 9 haemophiliac, there are references in his notes and  
 10 records to him being a moderate or moderately severe  
 11 or severe haemophiliac.  
 12 **A.** Yes.  
 13 **Q.** You have a fear that perhaps they'd mixed him up?  
 14 **A.** Yes.  
 15 **Q.** And he was simply given the treatment unnecessarily?  
 16 **A.** Yes, I do. I still to this day believe that it always  
 17 seemed a bit odd to me that he had so much treatment  
 18 post op and that they'd muddled him up with somebody  
 19 else and that's why he was given, you know, such  
 20 a long course of treatment.  
 21 **Q.** He wasn't seen again for his haemophilia between that  
 22 time and 1985.  
 23 **A.** No.  
 24 **Q.** Then in August 1985 he received a letter saying he  
 25 might have been infected with HTLV III and to come and

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1 be tested.  
 2 **A.** Yes.  
 3 **Q.** What can you recall about that?  
 4 **A.** I remember we were -- we'd not long since had a baby  
 5 and he showed me the letter and he said, you know,  
 6 what's HTLV III for a start, so I said I think it's,  
 7 you know, the AIDS virus, and he said, "Well, that  
 8 can't be. I've only had it, you know, once -- twice.  
 9 How can it be?" So I said, "Well, you'll have to go",  
 10 but I was I had the little ones so I couldn't go with  
 11 him, so he went to the hospital on his own and had the  
 12 blood test and came home.  
 13 **Q.** Then you got a letter?  
 14 **A.** Then we got a letter to say, "Come back, we've got the  
 15 results now".  
 16 **Q.** You went with him to that appointment?  
 17 **A.** Absolutely, yes.  
 18 **Q.** You saw Dr Wensley?  
 19 **A.** Yes.  
 20 **Q.** 30 August 1985?  
 21 **A.** Yes.  
 22 **Q.** What can you remember about that appointment?  
 23 **A.** We walked in, we sat down, he said it, "It looks like  
 24 we've given you the AIDS virus. Don't share your  
 25 toothbrushes, don't share a comb, don't share

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1 a hairbrush and don't have any children".  
 2 **Q.** What was your family situation at the time?  
 3 **A.** I had a four month old and a 20-month old.  
 4 **Q.** You were told that you and the children would have to  
 5 be tested.  
 6 **A.** Yes.  
 7 **Q.** What was David told about prognosis?  
 8 **A.** Two years.  
 9 **Q.** What was he told in terms of coming back for  
 10 a follow-up appointment?  
 11 **A.** Turn up again in six months.  
 12 **Q.** What about telling other people?  
 13 **A.** Oh, absolutely, do not tell anyone. They would count  
 14 the number of people that we told. You mustn't tell  
 15 a soul.  
 16 **Q.** I should say the concerns you have expressed about  
 17 those matters have been put to Dr Wensley and  
 18 a response is awaited and will be published in due  
 19 course if received, sir.  
 20 You were tested there and then?  
 21 **A.** Yes.  
 22 **Q.** Was any counselling or discussion --  
 23 **A.** No.  
 24 **Q.** -- taken place about it?  
 25 **A.** No. It was just like it was normal routine blood test

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1 that they did on everybody and that was it.  
 2 **Q.** Then an appointment was made for you to take the  
 3 children to Pendlebury Children's Hospital?  
 4 **A.** Yes.  
 5 **Q.** How that was that?  
 6 **A.** That was horrendous, having to hold down two small  
 7 children while they took blood from them, wondering  
 8 whether or not they had a life-threatening disease.  
 9 It was just awful.  
 10 **Q.** David phoned the hospital for the test results in  
 11 relation to the children and was told fortunately that  
 12 they were negative.  
 13 **A.** Yes.  
 14 **Q.** He was also told your results over the phone.  
 15 **A.** Yes, he was.  
 16 **Q.** Also negative?  
 17 **A.** Yes.  
 18 **Q.** But you've described a clear breach of  
 19 confidentiality.  
 20 **A.** Absolutely. That was my test result, not David's test  
 21 result. If, God forbid, if that test come back  
 22 positive, he would have been even more destroyed and  
 23 distraught than he was.  
 24 **Q.** You were advised by Dr Wensley to be retested every  
 25 six months but you declined, why was that?

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1 A. Because he, David, gone through enough pain and enough  
2 angst, worrying about the first lot of testing and  
3 I just couldn't bear to have been tested every six  
4 months because he would have known I'd been tested and  
5 he would have wanted to know the results. So if  
6 I wasn't tested I wouldn't have to tell him the  
7 results.  
8 Q. You were a young married couple with a very young  
9 family. What was the impact on you and on David of  
10 this news?  
11 A. Well, we were thankful that I was negative and the  
12 children were negative but for him it was just  
13 destroying. Utterly destroying. He -- I remember  
14 sitting -- he was sitting in the bath and I was, like  
15 you do, sitting on the loo talking and he said,  
16 "I just don't want to go on anymore".  
17 Q. You have said in your statement he was already, at  
18 that early stage, distraught.  
19 A. Absolutely.  
20 Q. A shadow of the man he used to be?  
21 A. Yes.  
22 Q. You weren't willing to put him through the possibility  
23 of having to find out that he'd infected you?  
24 A. That's right.  
25 Q. You have expressed the belief in your witness

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1 statement that he might have been tested for purposes  
2 of research.  
3 A. Yes.  
4 Q. At the time you wrote your statement, first of all,  
5 what's the basis for that belief?  
6 A. In the UKHCDO records his date of first positive is  
7 a month previous to him being recalled. I don't know  
8 where they've got that blood from but it must have  
9 been stored and tested, so they knew he was positive  
10 before they even sent the letter.  
11 Q. You very recently obtained a document, I think it  
12 arrived yesterday, from UKHCDO --  
13 A. Yes.  
14 Q. -- which -- and we haven't had time to get it scanned  
15 and put on the system but it has a medical research  
16 number in it; is that right?  
17 A. Yes, it does, yes.  
18 Q. What concerns you in particular about that?  
19 A. When I've unravelled the codes on it, this is  
20 a document that was produced ten months after he died,  
21 a medical research document that was produced ten  
22 months after he died. They were still trying to  
23 research what was going on ten months after he died,  
24 when they couldn't produce his medical records for the  
25 coroner.

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1 Q. And you've also identified from your consideration of  
2 his records that he had been tested for hepatitis B?  
3 A. Yes.  
4 Q. You don't think he'd consented to that?  
5 A. No, definitely not.  
6 Q. Or knew anything about it?  
7 A. No. In fact, hepatitis B had never, ever been  
8 discussed with us.  
9 Q. Now at this time David was working, we won't go into  
10 precise details about his career because of the  
11 anonymity, but he was working in a scientific  
12 capacity.  
13 A. Yes.  
14 Q. In a job that he loved.  
15 A. Yes.  
16 Q. And as part of it he had to have blood tests every  
17 three months?  
18 A. Yes.  
19 Q. That gave rise to a dilemma for him?  
20 A. Yes.  
21 Q. What was that dilemma?  
22 A. He was frightened that he couldn't disclose his  
23 infection and he would put the nurses at risk taking  
24 his blood. So he resigned from the job and took up --  
25 and it was a well paid job with a very good prospect

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1 and a handsome pension and he gave -- he just couldn't  
2 put them at risk, so he resigned and became  
3 a salesman.  
4 Q. He felt he couldn't tell them of his condition, the  
5 nurses at work who take the bloods for the testing,  
6 because of the stigma?  
7 A. Absolutely.  
8 Q. You have said in your statement this was the time of  
9 the terrifying adverts on TV?  
10 A. Yes, this was the tombstones time.  
11 Q. You had been told at the point that he was given the  
12 diagnosis not to tell anyone?  
13 A. Yes.  
14 Q. So he gave up the job he loved and took up a job  
15 which, from what you said in your statement, he didn't  
16 love?  
17 A. He did it and he was very good at it but he didn't  
18 enjoy it, like he had done being in the lab.  
19 Q. It was a very tiring job his new sales job because it  
20 involved an awful lot of travelling?  
21 A. An awful lot of travel.  
22 Q. At this point you went back to work a couple of nights  
23 a week.  
24 A. I was doing two nights a week, split nights, because  
25 I didn't anybody to look after the children, so

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1 I would stay up, you know, I'd do one night and then  
 2 I'd stay up with them, then I'd sleep the next night,  
 3 stay up with them and then work the following night.  
 4 **Q.** That was as a nurse?  
 5 **A.** As a nurse, yes.  
 6 **Q.** By September of the following year 1986, you described  
 7 him as a mere shell of the man you married.  
 8 **A.** Yes.  
 9 **Q.** What can you tell us about how he was?  
 10 **A.** He was distant. He wouldn't talk about things. He  
 11 was distant with the children. He didn't want to hug  
 12 them or -- and he was terrified if they went in the  
 13 bathroom without him, you know, watching what they  
 14 were doing. He was just broken, really broken,  
 15 psychologically he was shattered.  
 16 **Q.** Mentally in bits, you described him in your statement.  
 17 **A.** Yes.  
 18 **Q.** At that stage it wasn't so much the physical  
 19 ill-health but the diagnosis itself and the fear that  
 20 was destroying him?  
 21 **A.** Yes, absolutely.  
 22 **Q.** By 1988, his CD4 count was beginning to drop.  
 23 **A.** Yes. We had an incident where we were -- David had  
 24 gone for his six monthly check-up and Dr Wensley sat  
 25 there and said that his CD4 count had become low and

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1 had he thought about going on the Concorde trial, to  
 2 which I said, "Hang on a minute, if he needs AZT, he  
 3 needs AZT. He doesn't need a trial where he could get  
 4 a placebo. He needs the drug", and he sort of looked  
 5 at me a bit shocked and then he said, "Oh right, well  
 6 we'll just do some more blood tests", and they kept us  
 7 waiting for hours and hours and the CD4 count came  
 8 back and he said, "Oh, miraculously, it's raised so we  
 9 don't need to worry about AZT".  
 10 **Q.** David did start on AZT the following year, 1989.  
 11 **A.** Yes.  
 12 **Q.** You said in your statement he initially tolerated that  
 13 reasonably well.  
 14 **A.** Yeah. I mean, you know, as Richard said, it's  
 15 a constant reminder every time you take it.  
 16 **Q.** But then he started to suffer abdominal pains, weight  
 17 loss, loss of appetite and depression.  
 18 **A.** Yes.  
 19 **Q.** There came a point in time at which his liver and  
 20 spleen were discovered to be enlarged?  
 21 **A.** Yes.  
 22 **Q.** And then in December 1990 he was told that he might  
 23 have contracted hepatitis C.  
 24 **A.** Yes, they went through a bit of a rigmarole to start  
 25 with. They blamed the AZT. They wanted to stop that

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1 because they thought it was that that had caused the  
 2 problem. He'd been put on antidepressants by this  
 3 time and they wanted to stop them because they thought  
 4 that would cause the liver problems and then they said  
 5 it might be non-A non-B at that time.  
 6 **Q.** His AZT was stopped and he was told he might need  
 7 a liver biopsy.  
 8 **A.** Yes.  
 9 **Q.** And indeed told that he would need Factor VIII.  
 10 **A.** Yes.  
 11 **Q.** What were you told about how he could obtain  
 12 Factor VIII?  
 13 **A.** They said that they had some. Obviously, he said no  
 14 to Factor VIII, it wasn't happening, and they said,  
 15 "Oh well, we've got this really high specification  
 16 stuff, this really high purity. We reserve it for  
 17 children and if you want it we can't prescribe it so  
 18 it's £30,000".  
 19 **Q.** Something you simply couldn't afford?  
 20 **A.** No.  
 21 **Q.** Then there was some rigmarole surrounding the biopsy  
 22 itself. You received a call to tell you it had been  
 23 cancelled?  
 24 **A.** Yes, for a year they'd been saying that he needed  
 25 a biopsy and by this time it was Dr Lucas was in

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1 charge of the Haemophilia Centre and he -- between the  
 2 hepatologist and the Haemophilia Centre there was  
 3 a lot of hooing and hawing whether they could fit  
 4 everybody in. Anyway, the night before, 5.00 the  
 5 night before the biopsy, by which time you have  
 6 arranged childcare, a dog sitter, the whole thing, to  
 7 be told that it had been cancelled. I wasn't very  
 8 happy and I said, "How come it's cancelled and they  
 9 said that we haven't got a protocol for treating this  
 10 sort of patient".  
 11 **Q.** Do you know what was meant by that?  
 12 **A.** Well, I assume that he meant if David was positive  
 13 they didn't know what they could do about it. But my  
 14 thought was, well, if we haven't got a diagnosis why  
 15 are we worrying about treatment when we don't know  
 16 what the problem is.  
 17 So I did threaten the consultant who then rang  
 18 me back at 7.00 to say that the biopsy was on and  
 19 everything would be well.  
 20 **Q.** You said you would happily go to the hospital and blow  
 21 up the lot of them. You were angry.  
 22 **A.** Oh very. I was absolutely furious.  
 23 **Q.** It was after that liver biopsy that it was confirmed  
 24 that David did indeed have chronic active hepatitis,  
 25 hepatitis C?

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1 A. Yes. There was the ELISA tests around that time and  
 2 it was positive for hepatitis C.  
 3 Q. It was in early 1992 that David was then seen by  
 4 a doctor called Dr McClindon?  
 5 A. Yes.  
 6 Q. You said he was a doctor who finally sat down with you  
 7 and told you everything you felt you needed to know.  
 8 A. Yeah, he was absolutely amazing. He sat us down, he  
 9 went through everything. He went through -- he talked  
 10 to us like we were adult human beings who could  
 11 understand, you know, we weren't being treated like  
 12 small children. He was just amazing, absolutely.  
 13 Q. He told you that non-A non-B was now known as  
 14 hepatitis C.  
 15 A. Yes.  
 16 Q. He was honest with you, that they were uncertain about  
 17 the management of the condition.  
 18 A. Yes.  
 19 Q. He told you of particular potential difficulties  
 20 because of the combination of David's HIV and  
 21 hepatitis C.  
 22 A. Yes.  
 23 Q. Again, I think in that same year, David was started on  
 24 Septrin; is that right?  
 25 A. Yes, yes. He'd been on the AZT but the Haemophilia

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1 Centre hadn't bothered to put him on any prophylaxis  
 2 for pneumocystis carinii pneumonia, and it was  
 3 practice to put them on prophylaxis at the same time  
 4 as starting anti-retroviral drugs.  
 5 So by this time they had started doing joint  
 6 clinics with the HIV specialist and he started David  
 7 on Septrin -- they started David on Septrin.  
 8 Unfortunately, David was violently allergic to Septrin  
 9 he ended up with Stevens-Johnson syndrome, which is  
 10 where basically you shed all your mucus membranes, so  
 11 his mouth -- itchy rash everywhere, his mouth was  
 12 completely raw. He was in a mess.  
 13 Q. He was admitted to hospital and you've described the  
 14 nursing care at that time --  
 15 A. Dire.  
 16 Q. -- as appalling?  
 17 A. Yes, absolutely diabolical.  
 18 Q. In what way?  
 19 A. He was hallucinating because his temperature was that  
 20 high. He was left in a bed. He was given three  
 21 cotton wool bobs and a bottle of calamine lotion to  
 22 cover himself in calamine, but he couldn't reach his  
 23 back. He wasn't helped to have a wash. He was in  
 24 there it must have been nearly a week, never had  
 25 a wash, nobody would go near him.

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1 Q. Do you think that was because of the HIV?  
 2 A. Yes, I think so.  
 3 Q. He then embarked upon interferon treatment in 1992.  
 4 A. Yes.  
 5 Q. Again, he was admitted to hospital for that --  
 6 A. Yes, he was.  
 7 Q. -- because of potential side effects.  
 8 A. Yes, because of the potential side effects they  
 9 decided that they would take him in and he sat there  
 10 for I think it was about 48 hours he was in and waited  
 11 and waited for these dreadful side effects of which he  
 12 had none and it wasn't until some distance down the  
 13 line that he actually started getting the flu-like  
 14 symptoms and all the other side effects that people  
 15 get with interferon.  
 16 Q. There was even some debate about whose responsibility  
 17 it was going to be to fund the treatment, the hospital  
 18 or Trusts or the GP?  
 19 A. Yes. Basically, they said that -- and I think this  
 20 was going back to the liver biopsy, I think this was  
 21 what was probably at the root of it. They didn't know  
 22 who was going to pay and in the end we were asked to  
 23 go and see our GP and ask our GP if they would pay for  
 24 David's interferon.  
 25 Q. In 1993, David had another liver biopsy. This time he

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1 was given DDAVP.  
 2 A. Yes.  
 3 Q. You have said there that the treatment was an absolute  
 4 disgrace.  
 5 A. Yes.  
 6 Q. Again, in what way?  
 7 A. It's just, they can't -- the nurse that was giving the  
 8 DDAVP couldn't even set the drip rate on the IV. She  
 9 couldn't calculate how many drips a minute it was  
 10 supposed to run in over. She was supposed to be doing  
 11 observations every five minutes to start with but she  
 12 couldn't do that, so in the end I took over  
 13 administering -- well, running the drip and doing his  
 14 obs and making sure he was comfortable and then he  
 15 went down for the biopsy after that.  
 16 Q. That biopsy confirmed that the interferon had not had  
 17 any effect?  
 18 A. No, no effect at all.  
 19 Q. Did was also having to undergo various different  
 20 permutations of medication for his HIV.  
 21 A. Yes.  
 22 Q. Some of which had a very bad effect on him?  
 23 A. Yes.  
 24 Q. What can you tell us about that?  
 25 A. He became really, really aggressive. For the first

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1 time -- and he was a very proud man, a very -- a real  
 2 man's man, you know. He was quite old fashioned, the  
 3 woman's place was in the home, you know, preferably  
 4 tied to the kitchen, but he was very old fashioned  
 5 about that and he -- I've lost my thread, I'm sorry.  
 6 **Q.** You said he became really aggressive.  
 7 **A.** Yes, he'd never ever raised his hand to me but he did  
 8 then and one of the children became -- he lost his  
 9 temper with him and, you know, got hold of him.  
 10 **Q.** You've described that process of medication with all  
 11 these different drugs having to be taken at different  
 12 times and different intervals as an exhausting,  
 13 relentless process.  
 14 **A.** Yes. It was like being back in nursing doing a drug  
 15 round but it was a drug round every hour because the  
 16 combinations then were very difficult because they  
 17 were all very, very new drugs. So some were with food  
 18 some were without food, some were after food, some  
 19 were before food, some were, you know, every so many  
 20 hours and you'd wake up in the night to take them as  
 21 well and it was a full-time job just managing. Oh,  
 22 and some you couldn't eat certain foods with as well,  
 23 so it was managing that whole drug regime was hard  
 24 work.  
 25 **Q.** By 1995 in terms of David's physical condition he was

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1 complaining of polydipsia and polyuria?  
 2 **A.** Yes.  
 3 **Q.** He had no appetite.  
 4 **A.** No.  
 5 **Q.** But he had to try a high calorie diet to maintain his  
 6 weight.  
 7 **A.** Yes, for his liver, because his liver was causing  
 8 issues, they put him on a high calorie low fat diet to  
 9 try and keep his weight up, which exacerbated the  
 10 polydipsia and polyurea and when we went to the  
 11 haemophilia joint clinic they took bloods like they  
 12 always did and failed to notice that his blood sugar  
 13 level was at 28, normal being around -- well, under 5.  
 14 They left him for several months like that and  
 15 in the end I went to our GP and I said, look, I'm sure  
 16 there's something diabetic going on. So she gave me  
 17 strips to test and sure enough I graphed out his blood  
 18 test results, did it every day and graphed it out, and  
 19 I actually took it back to [redacted] by this time and  
 20 said, "These are his blood test results. How come you  
 21 didn't notice, you know, that's it's running high",  
 22 and he just didn't take me on at all.  
 23 **Q.** David's liver continued to deteriorate?  
 24 **A.** Yes.  
 25 **Q.** He was experiencing, again, continuing weight loss,

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1 itching, jaundice, leukodystrophy?  
 2 **A.** Yes.  
 3 **Q.** He was referred with a view to a liver transplant?  
 4 **A.** He was, yes, he was referred to St James's here in  
 5 Leeds. He was referred to see Dr Davis who was really  
 6 brilliant. He was very good. He sat us down. He  
 7 went in on -- I can remember it, he went on 7 May 1999  
 8 and we sat down and we spent the week in Leeds while  
 9 he underwent all the tests and everything to see if he  
 10 was suitable as a recipient and at the end of the week  
 11 he basically said, "We've never done a transplant here  
 12 for anyone who's got HIV as well as hepatitis C and  
 13 he'll have to have a HIV drug holiday after the  
 14 transplant", but they were willing to take him on.  
 15 They were willing to take him on, to give him a liver  
 16 transplant.  
 17 **Q.** You have said in your statement it was agreed he was  
 18 dying of the liver disease and not the HIV?  
 19 **A.** Yes, the HIV was under control by this time. His  
 20 viral load was undetectable.  
 21 **Q.** David had his transplant on 8 June 1999.  
 22 **A.** He did.  
 23 **Q.** You have said that medically the doctors did a really  
 24 good job --  
 25 **A.** Yes.

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1 **Q.** -- but the nursing --  
 2 **A.** Awful.  
 3 **Q.** -- was not so understanding.  
 4 **A.** No. They just didn't pick up on things that -- being  
 5 a nurse, unfortunately, sometimes you can see things  
 6 coming and they just didn't pick up on -- when he was  
 7 even in intensive care I could see ectopics on his ECG  
 8 and things weren't right that I couldn't explain.  
 9 They sent me off to have a sleep for a couple of hours  
 10 and when I came back he was on his way back to theatre  
 11 with a bleed, so they'd not noticed that.  
 12 They were really reluctant to nurse him, if you  
 13 see what I mean. They wouldn't help him have a wash  
 14 or anything and in the end I just did all the nursing  
 15 care myself. I used to go in at 6.00 in the morning,  
 16 get him up, make sure he'd had a wash and everything,  
 17 make sure he ate something during the day, got him  
 18 outside if I could, although he was on Tacrolimus by  
 19 this time which you can't really go out in sunlight.  
 20 Then I'd stay with him until 11 o'clock at night  
 21 and then our caravan was parked in the middle of the  
 22 park in Leeds, at Roundhay, so I used to go back to  
 23 the caravan, catch a bit of kip and then go back again  
 24 the next day and that went -- it was about three weeks  
 25 he was in.

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1 Q. David had been put in a side ward on his own due to  
2 his HIV status --  
3 A. Yes.  
4 Q. -- and the nurses didn't want to go near him.  
5 A. No, they wouldn't go near him. I did his dressings.  
6 I did this obs. I did everything. It was quite funny  
7 actually because he was the only one that didn't get  
8 MRSA, so there was some irony to it all.  
9 Q. As you have said, he ended up going back to theatre  
10 because he was bleeding.  
11 A. Yes, and then he went back again after that.  
12 Q. Because his bowel was blocked?  
13 A. Yeah.  
14 Q. He was suffering from hypothermia; he was  
15 hallucinating?  
16 A. Oh yes, he was away with the fairies. He could see  
17 Labrador dogs sitting on the opposite bed.  
18 Q. He was discharged home but by this time he was down to  
19 about 7 and a half stone.  
20 A. Yes.  
21 Q. He had been a big man.  
22 A. Yes, he was 15 stone at his fighting weight.  
23 Q. Then he had to have a stent put in in his bile duct?  
24 A. Yeah, the anastomosis where they join the bile duct  
25 together sort of collapsed on itself so they did an

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1 endoscopy, and that's not without risk, and put  
2 a stent across to open the bile duct up so that the  
3 bile could flow then because he'd gone jaundiced  
4 again.  
5 Q. Then in late 1998 you say his HIV reared its head.  
6 A. Yes.  
7 Q. He had herpetic ulcers and had to be put on medication  
8 for that?  
9 A. Yes. The other thing that I've only found out  
10 recently, I don't know whether I put it in my  
11 statement actually, was I got some medical records  
12 from North Manchester General and it turns out that  
13 the liver that he got and I -- if he hadn't had that  
14 liver he wouldn't have had those six months and  
15 I appreciate that, but it was cytomegalovirus risk, so  
16 he had an extra drug added. So he had to have  
17 ganciclovir as well as all his other drugs and the  
18 anti-rejection drugs and everything else so he got  
19 quite a cocktail and we think that's what had tipped  
20 the HIV.  
21 Q. Physically he continued to deteriorate?  
22 A. Yes.  
23 Q. You said that by the end of 1999 the hepatitis C was  
24 rearing its head again.  
25 A. Yeah, that had come back. He was jaundiced. He'd

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1 lost more weight. There's a photograph of him on New  
2 Year's Eve 1999 and he looks like he's just walked out  
3 of Auschwitz except that he's orange he's that badly  
4 jaundiced.  
5 Q. He was so ill by this time that doctors and nurses had  
6 to come to the house to run tests there. He couldn't  
7 get to hospital?  
8 A. No, we couldn't get to Leeds. There was no way we  
9 could have got down the M62.  
10 Q. There was a discussion about the possibility of  
11 a further liver transplant?  
12 A. Yes, and they were -- they talked about another liver  
13 transplant but he -- there was almost like conference  
14 call before conference calls happened. Our GP was sat  
15 at our house and he'd spoken with Dr Mandel and  
16 actually it was Dr Schmidt by this time, and he'd  
17 spoken with Dr Davis in Leeds and Dr Schmidt at North  
18 Manchester General and they'd come to the conclusion  
19 that they would give him another liver transplant, but  
20 David said that he'd had enough and he couldn't go on  
21 any more. He couldn't have another transplant because  
22 he just couldn't go through that anymore.  
23 Q. He just wanted them to leave him alone?  
24 A. Yes. That was on the Thursday.  
25 Q. What happened over the weekend?

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1 A. He stopped taking all his medication, he was up and  
2 about, just couldn't get downstairs very well. He  
3 came downstairs on the Sunday, wasn't eating, he went  
4 back up Sunday dinner time and he got up a couple of  
5 times in the afternoon just to go to the loo and back  
6 and then he -- at 2 o'clock in the morning I had to  
7 ring the GP because he was in so much pain and the GP  
8 came out and he said -- the GP had given me his phone  
9 number, his home phone number, to ring him and he said  
10 the only thing I can give him is morphine and we both  
11 know that that's the beginning of the end.  
12 At 8.00 in the morning he passed away with me  
13 and the boys in the room.  
14 Q. How old was David at the time of his death?  
15 A. He was just 40.  
16 Q. Those years between his diagnosis and his death, how  
17 had they been for David?  
18 A. Awful. Absolutely horrendous. He'd had -- we tried  
19 to do everything we could to give the boys good  
20 memories of him. Every time we went away, we tried to  
21 go away, we went in caravans, in the end I towed the  
22 caravan and set it up and everything so that we could  
23 get away just for a few days. Every time we went we  
24 had -- we made scrapbooks. We saved tickets and we  
25 kept everything, so that he would still be there.

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1 Tried to pick out the good things that happened and  
 2 not dwell on the horrible things.  
 3 And I personally made some horrendous mistakes.  
 4 I didn't tell the children that he was dying.  
 5 I didn't know how to. Nobody came up with a magic  
 6 recipe of, you know, this is the speech to have with  
 7 your children, you know, and we couldn't tell them  
 8 because it was HIV and it was hepatitis and if the  
 9 school had found out then, you know, some horrendous  
 10 stories of children being excluded from schools and,  
 11 you know, they had enough problems in their lives  
 12 without anything else, you know. They both [redacted]  
 13 and they were trying to forge their -- and I made  
 14 mistakes.  
 15 Q. David died at home.  
 16 A. Yes.  
 17 Q. There was due to be a coroner's inquest into his  
 18 death.  
 19 A. There was. The GP said that from what he'd read,  
 20 I mean he knew as well, he wanted a coroner's inquest  
 21 because it needed to be out in the open what had  
 22 happened.  
 23 My first thought was, "Oh my God, the press will  
 24 be there". Strange the things you think, so we did  
 25 have a coroner's inquest but because there was

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1 a coroner's inquest I had two burly policemen parked  
 2 on my door. I had to identify his body formally and  
 3 then they came and took him away.  
 4 Q. The inquest conclusion was that he died of liver  
 5 failure.  
 6 A. Yeah.  
 7 Q. Hepatitis C diagnosis was recorded.  
 8 A. Yeah.  
 9 Q. Secondary to -- and then HIV infection.  
 10 A. Yeah.  
 11 Q. And a verdict of misadventure?  
 12 A. Yes.  
 13 Q. You have touched on the impact that the medication  
 14 David had on his mood and his behaviour. How overall  
 15 did that impact upon you and the children?  
 16 A. I tried to minimise it for the children as best  
 17 I could. I think our eldest lad got more flak.  
 18 Sometimes you end up referee, you know, in the middle.  
 19 I'm sorry, I've lost my mind again.  
 20 Q. The David who behaved like that was the David who  
 21 behaved like that because of his medication --  
 22 A. Absolutely.  
 23 Q. -- and not because that was the man he was or the  
 24 father that he was?  
 25 A. No, not at all.

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1 Q. You had a nervous break down after his death --  
 2 A. Yes.  
 3 Q. -- in late 2000. What, if anything, would you like to  
 4 tell us about that?  
 5 A. I was -- there was -- when he died everything stopped.  
 6 You've been so busy -- I mean, I still had the  
 7 children and thank the Lord I did because I wouldn't  
 8 be here if I hadn't had them. All the caring stops  
 9 and you feel like you've got no purpose anymore and  
 10 then I got to the point where I actually -- I couldn't  
 11 read, I couldn't write, I couldn't string a sentence  
 12 together, I was treated at a psychiatric hospital.  
 13 I used to go once a week and my task was to colour  
 14 a picture and to actually have the concentration to  
 15 colour a child's picture was just hard, really hard.  
 16 Q. So you had given up work to care for David?  
 17 A. Yes, I gave up work in 1992.  
 18 Q. And pretty much since 1992 you had been isolated in  
 19 terms of social life and other interactions?  
 20 A. Yes, I couldn't go out. I couldn't leave him at all.  
 21 Q. You have said in your statement David never got to see  
 22 his sons grow up.  
 23 A. No.  
 24 Q. To get to degrees.  
 25 A. No.

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1 Q. He never got to see them marry and he never got to  
 2 hold his grandchildren.  
 3 A. No.  
 4 Q. You were left as a widow looking after two boys and  
 5 you were very substantially in debt.  
 6 A. Yes, significantly.  
 7 Q. You have been left, you explained in your statement,  
 8 with ongoing mental health problems in terms of  
 9 depression.  
 10 A. Yes.  
 11 Q. You continue to take antidepressants?  
 12 A. Yes. I have to be very -- I have to be quite careful.  
 13 You get used to the symptoms after a while and you  
 14 know when things are going a bit pear-shaped.  
 15 Q. You have remarried and your husband is extremely  
 16 supportive?  
 17 A. Very.  
 18 Q. You have said that if it wasn't for him you don't  
 19 think you would be alive now.  
 20 A. No. About five years ago I had another breakdown and  
 21 that was work-related. I'd just lost, my mother had  
 22 died at home and we nursed her and when I went back,  
 23 people, they weren't very sympathetic and everything  
 24 just went downhill from there.  
 25 I ended up being performance managed. When

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1 you're being performance managed it's all right as  
 2 long as the goal posts stay in one place but they kept  
 3 moving them and in the end I took ill-health  
 4 retirement, but because I had had so much time off  
 5 looking after David, my pension's nothing.  
 6 **Q.** David had been involved in the 1991 litigation?  
 7 **A.** Yes.  
 8 **Q.** And you have recorded in your statement that he had to  
 9 sign a waiver and it was very much take it or leave  
 10 it.  
 11 **A.** Yes. It was take it or leave it and, not only that,  
 12 if you don't sign it then nobody gets anything.  
 13 **Q.** What was yours and David's experiences of the trusts  
 14 and schemes?  
 15 **A.** The Macfarlane Trust were a nightmare. You needed  
 16 reams and reams of evidence to extract anything out of  
 17 them. I do remember when David died Ann Hithersay was  
 18 the -- I don't know whether she was the director or  
 19 something. She was very nice.  
 20 In fact, her letter saved my skin not that long  
 21 ago. She sent me a lovely letter after David died  
 22 enclosing the funeral grant which was £1,000 then and  
 23 that letter I had to use for EIBSS because somewhere  
 24 along the line from David dying in 2000 I received  
 25 money from them until 2002 when I went back to work.

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1 So they -- I was given a sort of monthly income until  
 2 I got my number back, because by then by number had  
 3 lapsed and I had to retain as a nurse, but once I was  
 4 back working then everything stopped and they,  
 5 basically, at that point, they must have thrown my  
 6 file in the bin because when EIBSS was invented  
 7 nothing was transferred, so I knew nothing about the  
 8 EIBSS money that had been given to widows. I didn't  
 9 even know anything about it.  
 10 When I had to fill the form in for that and  
 11 produce all the evidence, you know, his will, his  
 12 death certificate and everything else, they wanted  
 13 proof that I was living with him when he died and they  
 14 suggested perhaps bank statements might be useful but  
 15 I don't know anybody who keeps bank statements for  
 16 19 years. So I was really, really struggling because  
 17 they weren't going to pay the 10,000, they weren't  
 18 going to pay it out, until I happened to speak to  
 19 Victoria Prowse who was winding up the  
 20 Macfarlane Trust and she said -- I said have you got  
 21 anything in my file and she sent me a letter that --  
 22 the letter that Ann Hithersay had written and that was  
 23 the only thing I've got that says that I cohabited  
 24 with David.  
 25 **Q.** You have described overall your experience of dealing

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1 with the schemes as jumping through hoops and having  
 2 to fight for everything.  
 3 **A.** Absolutely. You fought for everything. You know,  
 4 I remember once applying for a washing machine and  
 5 they said what do you want one for? I thought I'd  
 6 grow flowers in it, you know. It's just ridiculous.  
 7 You needed the medical form, some medical forms have  
 8 come back with some of the notes from North Manchester  
 9 General and the form that they actually filled in is  
 10 in the case notes, you know. It's just crazy, you  
 11 know.  
 12 **Q.** A couple of years after David died, you and some other  
 13 widows of haemophiliacs who had been infected with HIV  
 14 and who had died made a complaint about the treatment  
 15 that they had received at Manchester Royal Infirmary.  
 16 **A.** Yes.  
 17 **Q.** You have touched on a number of your concerns about  
 18 the overall care at Manchester Royal Infirmary and  
 19 it's right I should say that the documents you have  
 20 given us also contain Manchester Royal Infirmary's  
 21 response.  
 22 You had a particular concern, you and others in  
 23 your position, about what had been -- the behaviour of  
 24 a nurse counsellor called Meg Openshaw?  
 25 **A.** Yes.

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1 **Q.** Can you just give us a flavour of what the concerns  
 2 were?  
 3 **A.** David and I with a few others had been to the weekends  
 4 that Richard was talking about and we'd found this  
 5 group called the Birchgrove Group and they were  
 6 amazing. So we decided that it would be a really good  
 7 idea to have something similar to that in Manchester.  
 8 So we approached the nurse counsellor, because she was  
 9 the one that knew everybody, if she would help us with  
 10 it, which she gladly did.  
 11 Anyway, it came down to later on that, as she  
 12 was going round doing her counselling she was taking  
 13 titbits from one person to the next so, for example,  
 14 if I got a washing machine she'd tell everybody else  
 15 I'd had a washing machine and how I'd got it and what  
 16 I'd done. There was some horrendous things that  
 17 she -- she divulged so much personal, very, very  
 18 personal information.  
 19 **Q.** Such as HIV status?  
 20 **A.** Oh, yes. HIV status of a widow -- not a widow, a wife  
 21 had been divulged to everybody who would listen. She  
 22 claimed that one of the wives who was HIV positive had  
 23 been raped by her husband. She was just obnoxious,  
 24 horrendous.  
 25 **Q.** The complaints that were made by, it was you and four

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1 other families, were of breaches of confidentiality  
 2 and that was, in particular, your concern but also  
 3 inappropriate treatment or lack of treatment and  
 4 unprofessional conduct --  
 5 **A.** Yes.  
 6 **Q.** -- specifically towards this group of haemophiliacs  
 7 who had HIV.  
 8 **A.** Yes.  
 9 **Q.** Without going into the detail of the documentation  
 10 because you have supplied it all to the Inquiry, you  
 11 and the others made a complaint to the  
 12 Macfarlane Trust or asked the Macfarlane Trust to  
 13 investigate the complaints?  
 14 **A.** Yes, the Macfarlane Trust and the Haemophilia Society  
 15 were there at that meeting and we'd raised concerns so  
 16 they got us all together and they -- Ann Hithersay was  
 17 there and she put together the report which then went  
 18 to the Chief Exec.  
 19 **Q.** It ultimately went to Manchester Royal Infirmary?  
 20 **A.** Yes.  
 21 **Q.** You said in your statement that you're not really  
 22 clear what happened to it after that.  
 23 **A.** No. The last I heard this matron contacted me whom  
 24 I met and who said, "There, there, dear", you know,  
 25 it's just a complete whitewash. They had no intention

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1 of taking it any further and I got a letter -- she  
 2 said put your questions in a letter, which I did, and  
 3 I got a response back from one of the consultants that  
 4 was basically, you know, he didn't answer my  
 5 questions.  
 6 **Q.** Ms Q, those are the questions I have for you. Is  
 7 there anything you would like to add?  
 8 **A.** Yes, if that's all right.  
 9 I would like to say thank you to those who have  
 10 helped us on this long and horrendously difficult  
 11 journey. My Dad: he was the first to know about  
 12 David's infection and wanted to sell everything, his  
 13 business and everything, to obtain whatever treatment  
 14 there was for him. David's brother, who would draw  
 15 cartoons for him, and who spent many hours talking to  
 16 him, driving me and the children to and from a variety  
 17 of hospitals. Sadly, neither of these wonderful men  
 18 lived to see us get this far.  
 19 My husband and two boys, their wives, our  
 20 wonderful grandchildren and the rest of our family who  
 21 have steadfastly supported us through the dark times.  
 22 Self-help groups and, more recently for me, Tainted  
 23 Blood and Factor 8, Collins Solicitors, Sir Brian, and  
 24 the Inquiry team. There was some clinicians who were  
 25 shining stars: Dr Azawi, who was swimming against the

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1 tied of apathy at Manchester Royal Infirmary; Dr John  
 2 MaClinton, hepatologist; Dr Bibak Mandell, Dr Bridget  
 3 Maier, and Dr Schmidt from North Manchester General;  
 4 Dr Davis and his team here at St James's, they gave  
 5 him a chance of life with a liver transplant, and  
 6 I want to thank the donor and their family.  
 7 I'd like to thank our GPs, obtaining the  
 8 interferon treatment when MRI wouldn't pay; the  
 9 district nurses who helped after David's transplant  
 10 and at the time of his death; and the psychiatric  
 11 nurse who latterly helped me back from the edge.  
 12 During our journey, we've met some diabolical  
 13 clinicians, and I include nurses, some who didn't  
 14 understand and were afraid of the viruses our loved  
 15 ones had been given, some incompetent, some who  
 16 downright lied, hid, and are still hiding evidence,  
 17 kept us isolated, alone and ignorant, and were  
 18 prepared to let our loved ones die.  
 19 Please, Sir Brian, with your team at your side  
 20 uncover the facts, the omissions, the lies and the  
 21 greed. Leave no stone unturned and let us understand  
 22 the whole truth of why and how this tragedy happened.  
 23 **Q.** Thank you. I am just going to ask if there's anything  
 24 further. No, there isn't. Thank you.  
 25 Sir Brian?

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1 **SIR BRIAN LANGSTAFF:** Thank you very much indeed, Ms Q.  
 2 That's it for you for today, even though you go on  
 3 living with what you've told us about but thank you  
 4 for telling us.  
 5 **A.** Thank you.  
 6 **SIR BRIAN LANGSTAFF:** Now, we have a 10.30 start to tomorrow,  
 7 do we?  
 8 **MS RICHARDS:** We do, sir.  
 9 **SIR BRIAN LANGSTAFF:** What do we have tomorrow?  
 10 **MS RICHARDS:** We are hearing from Peter Burney and from  
 11 Ann, Sarah, Eleanor and Jennifer Dorricott.  
 12 **SIR BRIAN LANGSTAFF:** Thank you. So 10.30 tomorrow.  
 13 Thank you all.  
 14 **(4.19 pm)**  
 15 **(Adjourned until 10.30 am the following day)**  
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1978</b> <b>[1]</b> 71/16  <b>3</b> <b>3.15</b> <b>[1]</b> 111/21 <b>3.20 pm</b> <b>[1]</b> 111/25 <b>30</b> <b>[3]</b> 8/13 50/25 59/16 <b>30 April 1979</b> <b>[1]</b> 64/7 <b>30 August 1985</b> <b>[1]</b> 118/20 <b>30 miles</b> <b>[1]</b> 105/22	<b>30 years</b> <b>[2]</b> 6/17 108/14 <b>30,000</b> <b>[1]</b> 127/18  <b>4</b> <b>4 July 1978</b> <b>[1]</b> 71/20 <b>4 May 1983</b> <b>[1]</b> 75/20 <b>4.19 pm</b> <b>[1]</b> 152/14 <b>40</b> <b>[1]</b> 140/15 <b>48 hours</b> <b>[1]</b> 131/10  <b>5</b> <b>5.00</b> <b>[1]</b> 128/4 <b>55</b> <b>[1]</b> 67/11  <b>6</b> <b>6.00</b> <b>[1]</b> 136/15 <b>600</b> <b>[1]</b> 88/8 <b>6511</b> <b>[1]</b> 71/12  <b>7</b> <b>7 May 1999</b> <b>[1]</b> 135/7 <b>7 per cent</b> <b>[1]</b> 73/18 <b>7.00</b> <b>[1]</b> 128/18 <b>73</b> <b>[1]</b> 67/7  <b>8</b> <b>8 June 1999</b> <b>[1]</b> 135/21 <b>8.00</b> <b>[1]</b> 140/12 <b>80</b> <b>[1]</b> 67/6 <b>817</b> <b>[1]</b> 71/17 <b>87</b> <b>[1]</b> 80/13 <b>8Y</b> <b>[2]</b> 68/25 69/5  <b>9</b> <b>9.58</b> <b>[1]</b> 1/2 <b>93</b> <b>[1]</b> 25/20  <b>A</b> <b>abdominal</b> <b>[1]</b> 126/16 <b>abilities</b> <b>[1]</b> 38/22 <b>ablation</b> <b>[1]</b> 46/20 <b>able</b> <b>[11]</b> 6/9 21/25 73/16 77/22 96/5 101/23 103/13 103/20 103/22 103/25 104/2 <b>abnormal</b> <b>[2]</b> 86/5 86/10 <b>abort</b> <b>[1]</b> 85/12 <b>about</b> <b>[153]</b> 3/13 4/4 4/7 4/8 5/14 5/23 6/14 7/16 8/7 8/10 8/21 9/24 11/2 11/19 12/14 13/2 13/16 16/16 17/24 18/4 18/10 18/11 18/21 18/24 18/25 23/4 26/13 27/1 27/13 29/13 30/14 30/24 33/12 34/5 34/13 34/15 34/18 34/21 35/10 36/25	37/15 42/9 42/12 42/22 46/11 46/25 47/8 49/23 50/6 52/10 53/14 54/4 54/19 55/13 55/25 57/25 59/16 60/5 61/11 61/11 62/10 63/22 65/17 67/21 68/9 69/10 69/16 69/25 73/17 75/5 75/12 75/16 75/19 75/24 76/20 81/2 81/12 81/18 82/1 82/6 83/13 85/20 86/1 87/20 88/14 88/24 92/4 92/12 92/16 93/5 93/11 95/17 96/1 96/2 96/13 97/8 97/19 97/19 97/22 97/23 98/24 99/4 99/19 100/9 101/17 104/1 105/19 109/15 111/2 112/23 113/5 113/14 115/6 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51/5 51/17 52/15 52/21 54/9 54/14 54/25 55/18 56/10 56/18 61/12 68/22 73/5 74/18 77/25 78/10 85/6 85/21 87/5 88/5 89/6 89/18 92/25 95/3 95/12 102/13 103/5 107/13 110/14 111/3 113/2 113/7 115/21 115/23 115/25 117/6</p>	<p>122/14 124/15 126/2 126/19 128/5 130/9 131/11 132/22 134/9 136/19 145/22 148/10 149/17 150/2</p> <p><b>Whichever</b> [1] 95/21</p> <p><b>while</b> [10] 10/24 19/9 32/17 32/25 35/21 40/11 40/18 120/7 135/8 144/13</p> <p><b>whilst</b> [5] 39/24 40/7 45/22 64/13 115/24</p> <p><b>white</b> [1] 94/3</p> <p><b>whitewash</b> [1] 149/25</p> <p><b>who</b> [62] 1/9 1/17 2/12 2/13 7/5 26/10 27/18 31/1 35/16 37/23 47/25 49/10 50/2 51/2 51/2 54/24 55/6 57/17 71/2 76/8 77/3 81/4 82/13 83/10 83/21 98/12 98/15 108/20 109/16 109/23 111/13 111/14 111/17 112/8 113/9 116/20 124/5 128/17 129/6 129/10 131/22 135/5 142/20 142/20 146/15 146/19 147/13 147/14 148/21 148/22 149/7 149/24 150/9 150/14 150/15 150/20 150/24 150/25 151/9 151/11 151/13 151/15</p> <p><b>who's</b> [1] 135/12</p> <p><b>whole</b> [12] 23/3 26/17 26/20 40/2 41/24 53/15 66/20 68/14 97/18 128/6 133/23 151/22</p> <p><b>whom</b> [1] 149/23</p> <p><b>whose</b> [2] 108/10 131/16</p> <p><b>why</b> [29] 4/8 4/15 7/25 8/1 8/10 12/19 12/20 12/20 12/21 14/15 14/15 18/5 22/19 25/11 31/3 42/19 43/22 44/17 68/9 68/12 81/23 98/3 98/3 98/5 114/12 117/19 120/25 128/14 151/22</p> <p><b>widely</b> [1] 108/11</p> <p><b>widow</b> [3] 144/4 148/20 148/20</p> <p><b>widows</b> [2] 146/8 147/13</p> <p><b>wife</b> [24] 8/24 9/11 9/22 10/1 10/3 10/5 16/24 17/6 29/9 34/11 35/11 35/21 36/2 36/23 40/14 41/22</p>	<p>50/16 81/4 84/17 99/7 100/21 103/24 109/23 148/20</p> <p><b>wife's</b> [2] 17/19 51/9</p> <p><b>will</b> [35] 1/6 1/9 1/13 1/17 2/7 9/21 15/24 15/25 18/11 23/15 50/23 52/20 56/15 56/16 56/16 56/20 56/22 56/24 57/6 57/8 57/9 63/14 64/25 70/20 83/2 89/19 96/22 104/19 105/11 112/1 113/4 113/5 119/18 141/23 146/11</p> <p><b>Willebrand's</b> [6] 25/4 25/7 25/12 25/14 25/23 26/1</p> <p><b>Williams</b> [2] 55/6 55/9</p> 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<p><b>wonderful</b> [3] 109/23 150/17 150/20</p> <p><b>wondering</b> [1] 120/7</p>	<p><b>wood</b> [1] 88/25</p> <p><b>wool</b> [1] 130/21</p> <p><b>word</b> [1] 72/5</p> <p><b>words</b> [5] 31/18 38/2 61/25 66/5 113/10</p> <p><b>work</b> [36] 12/11 14/5 14/10 15/3 17/15 20/23 21/10 22/1 22/14 26/4 33/16 34/10 36/23 37/1 37/1 38/14 41/7 44/18 50/17 51/16 54/15 70/16 72/13 103/20 103/21 104/19 109/14 115/20 124/5 124/22 125/3 133/24 143/16 143/17 144/21 145/25</p> <p><b>work-related</b> [1] 144/21</p> <p><b>worked</b> [9] 12/9 13/22 14/4 20/19 26/11 28/11 36/10 48/8 51/7</p> <p><b>working</b> [16] 12/11 17/12 24/6 24/7 26/8 28/10 34/24 36/19 36/23 37/1 40/24 41/2 103/9 123/9 123/11 146/4</p> <p><b>workplace</b> [1] 102/15</p> <p><b>works</b> [3] 16/24 51/3 101/24</p> <p><b>world</b> [6] 7/13 12/8 20/24 26/23 48/19 111/18</p> <p><b>worldwide</b> [1] 48/21</p> <p><b>worm's</b> [1] 53/17</p> <p><b>worry</b> [2] 5/14 126/9</p> <p><b>worrying</b> [3] 93/10 121/2 128/15</p> <p><b>worse</b> [5] 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<p><b>wrote</b> [7] 43/2 54/22 61/15 66/18 75/11 77/17 122/4</p>	<p><b>Y</b></p> <p><b>yeah</b> [25] 17/19 18/10 22/1 37/22 73/21 82/19 86/1 86/19 87/7 88/1 89/4 93/18 94/11 96/21 98/9 103/16 104/5 126/14 129/8 137/13 137/24 138/25 142/6 142/8 142/10</p> <p><b>year</b> [26] 29/2 29/2 33/16 33/17 33/19 34/5 43/12 46/24 47/3 47/5 51/19 54/15 61/11 66/20 76/14 77/20 77/23 78/2 82/7 95/7 95/11 98/24 125/6 126/10 127/24 129/23</p> <p><b>year's</b> [2] 73/22 139/2</p> <p><b>years</b> [49] 3/13 6/17 6/19 7/5 15/21 20/19 21/1 24/12 42/2 42/2 44/21 50/10 50/15 51/1 51/10 51/24 52/3 56/12 57/25 58/1 58/3 58/14 72/3 72/25 78/19 81/19 82/1 82/6 85/17 87/10 88/3 88/21 88/23 89/5 96/5 98/8 98/21 99/5 101/9 107/13 107/17 108/10 108/14 113/20 119/8 140/16 144/20 146/16 147/12</p> <p><b>yellow</b> [2] 32/20 33/1</p> <p><b>yes</b> [281]</p> <p><b>yesterday</b> [2] 82/24 122/12</p> <p><b>yet</b> [3] 42/14 50/22 82/25</p> <p><b>York</b> [1] 29/7</p> <p><b>you</b> [784]</p> <p><b>you'd</b> [1] 133/20</p> <p><b>you'll</b> [2] 1/12 118/9</p> <p><b>you're</b> [22] 6/11 6/12 6/21 7/11 8/22 8/23 12/8 12/12 13/16 13/17 15/6 19/6 22/14 22/20 31/16 38/21 39/15 96/2 103/15 103/25 145/1 149/21</p> <p><b>you've</b> [34] 3/23 3/23 7/1 8/18 10/23 13/2 15/13 15/16 16/13 16/16 20/1 20/2 21/10 22/3 22/15 32/8 34/1 49/21 55/14 63/10 70/11 78/4 96/25 101/1 102/7 102/22 104/12 120/18 123/1 130/13 133/10 143/6 143/9 152/3</p> <p><b>young</b> [16] 6/7 6/10 6/20 6/23 7/17 7/18 11/11 18/21 19/11 19/16 20/17 23/13 59/14 74/9 121/8 121/8</p> <p><b>younger</b> [2] 10/10 18/15</p> <p><b>youngster</b> [1] 24/10</p> <p><b>youngsters</b> [1] 24/5</p> <p><b>your</b> [205]</p> <p><b>yours</b> [1] 145/13</p> <p><b>yourself</b> [6] 6/24 13/15 15/7 60/21 91/11 110/22</p> <p><b>yttrium</b> [2] 48/3 48/3</p>
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