11 12 13 14 15 16 17 18 19 20 21	after I have asked Mrs BF questions, so it may be worth having him sworn at the same time as the panel. SIR BRIAN LANGSTAFF: I will swear him in immediately after Mary has sworn in each of our panel witnesses. Mary. MRS BF (sworn) WENDY WOODS (affirmed) ROBERT ELLINOR (affirmed) SIR BRIAN LANGSTAFF: Let us have Mr BG then. Mr BG, can you hear me? THE WITNESS: Yes.	10 11 12 13 14 15 16 17 18 19 20 21	 head and then I damaged my nose and my forehead, and I kind of remember that I had a big turban because I had lots of stitches at my head. Of course the stitches have now the scars are now reduced. MS FRASER BUTLIN: It also affected your sinuses ROBERT ELLINOR: It did. MS FRASER BUTLIN: and had some impact on your hearing. ROBERT ELLINOR: It did. MS FRASER BUTLIN: You had ongoing problems after that with facial pain and hearing difficulties. ROBERT ELLINOR: I did. MS FRASER BUTLIN: So in 1970 you underwent facial cranial
12 13 14 15 16 17 18 19	after I have asked Mrs BF questions, so it may be worth having him sworn at the same time as the panel. SIR BRIAN LANGSTAFF: I will swear him in immediately after Mary has sworn in each of our panel witnesses. Mary. MRS BF (sworn) WENDY WOODS (affirmed) ROBERT ELLINOR (affirmed) SIR BRIAN LANGSTAFF: Let us have Mr BG then.	11 12 13 14 15 16 17 18 19	 I kind of remember that I had a big turban because I had lots of stitches at my head. Of course the stitches have now the scars are now reduced. MS FRASER BUTLIN: It also affected your sinuses ROBERT ELLINOR: It did. MS FRASER BUTLIN: and had some impact on your hearing. ROBERT ELLINOR: It did. MS FRASER BUTLIN: You had ongoing problems after that with facial pain and hearing difficulties.
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	after I have asked Mrs BF questions, so it may be	11	I kind of remember that I had a big turban because
	C .		
10	MS FRASER BUTLIN: Indeed. I will be asking him questions		
9	be joining us, will he not, for the panel discussion?	9	ROBERT ELLINOR: I received a big cut on the top of my
8	Ms Fraser Butlin asks you the questions. Mr BG will	8	injuries. What were they?
7	by swearing asking you each to take the oath before	7	MS FRASER BUTLIN: You sustained some fairly serious
6	of those individuals are protected. Let us begin then	6	ROBERT ELLINOR: Yes.
5	Those two orders then are made. The identities	5	wall at what you have described as "full force".
4	order.	4	MS FRASER BUTLIN: You fell, hitting the edge of a brick
3	at any time during the Inquiry by making a further	3	ROBERT ELLINOR: I did.
2	otherwise ordered, and I may vary or revoke the order	2	home.
1	the Inquiry and at all times thereafter unless	1	you were about 5 years old, you had an accident at
4		4	and the second state of th
	1		2
25	careful because they should not be identified or	25	This order remains in force for the duration of
24	camera mode might catch someone, please just be very	24	Witness W5228 must be referred to only as Mr BG.
23	are anywhere where, for instance, your mobile phone in	23	the solicitor to the Inquiry acting on my behalf.
22	please remember if you are taking any photograph or	22	form unless express permission is given by me or by
21	As before, those of you who haven't been here,	21	appearance cannot be disclosed or published in any
20	a restriction order.	20	such as the witness's image or a description of their
19	each case I need first, before we start, to make	10	of witness W5228 and any other identifying information
18	Mr BG, as they will be known to the Inquiry, and in	18	Now, Mr BG, (Bravo Golf). The name and address
10	we have on the panel Mrs BF and, in a side room,	10	the Inquiry.
16	of those who are giving evidence, and on this occasion	16	order by making a further order during the course of
15	now making restriction orders to protect the anonymity	14	unless otherwise ordered, and I may vary or revoke the
13	I will swear him in, but first you are used to me by	13	duration of the Inquiry and at all times thereafter
12 13	ask you to take the oath. We have, in a room aside, another witness who is anonymous, and let me say that	12 13	Witness W0855 must be referred to only as Mrs BF (Bravo Foxtrot). This order remains in force for the
11	In a moment or two I am going to invite Mary to	11	acting on my behalf.
10 11	of you, Gemma, being a supporter for your Mum.	10 11	been given by me or by the solicitor to the Inquiry
9 10	of you to the Inquiry, three of you witnesses and one	9 10	or published in any form unless express permission has
8	system, but we're now ready to start and welcome all	8	a description of their appearance, cannot be disclosed
7	to be sorted out, a document to be scanned into the	7	information, such as the witness's image or
6	who have been waiting. There were logistical matters	6	address of witness W0855 and any other identifying
5	SIR BRIAN LANGSTAFF: First of all, an apology to those	5	Mrs BF, ladies first, is this, that the name and
4	(10.16 am)	4	The first restriction order then in respect of
3	(Proceedings delayed)	3	that, and you have done throughout.
2	(10.00 am)	2	come to the Inquiry, and we really have to respect
1	Friday, 7 October 2022	1	identifiable. It takes quite an effort for many to

1	ROBERT ELLINOR: Yes. did.	1	
2	MS FRASER BUTLIN: On that occasion there were	2	
3	considerable complications in the operation.	3	
4	ROBERT ELLINOR: Yes.	4	
5	MS FRASER BUTLIN: What can you tell us about what	5	1
6	happened?	6	
7	ROBERT ELLINOR: I can tell you about what happened	7	1
8	afterwards. Obviously, during the operation I can't	8	i
9	really tell you too much. I know that after the	9	
10	operation it seemed to take a very, very long time	10	
11	and after I'd kind of woken up, I was talking to my	11	I
12	Mum and saying, "What happened?" And she said, "Well,	12	1
13	during that time you had to have a blood transfusion	13	-
14	because you had lost a huge amount of blood."	14	
15	I would like to just go slightly back.	15	
16	During the time from when I hit the brick wall	16	
17	until up until the first operation, I used to	17	
18	routinely get nosebleeds. So a couple of times the	18	
19	ambulance came to the house and took me away to the	19	
20	local hospital. So nosebleeds were something that	20	
21	were quite common for me. The second operation	21	
22	I remember I had some very large packs put into my	22	
23	the first operation they were relatively small packs	23	
24	but the second time they were enormous, and I didn't	24	
25	really understand why and then, about three or	25	
	5		
1	because he kept seeing me, for one reason or another,	1	
2	and lots of infections, and he came to see me daily.	2	
3	I don't know why but he seemed very, very concerned	3	
4	about me.	4	
5	MS FRASER BUTLIN: But you did recover after that	5	
6	ROBERT ELLINOR: I did.	6	
7	MS FRASER BUTLIN: and life went back to normal?	7	
8	ROBERT ELLINOR: Yes.	8	
9	MS FRASER BUTLIN: Between then and when you found out	9	
10	that you had hepatitis C, were you ever contacted by	10	
11	anyone about the transfusion or followed up in any way	11	
12	at all?	12	I
13	ROBERT ELLINOR: No, and I could kind of understand that	13	
14	because I lived ten years in the United States and	14	I
15	then 30 years in Singapore, so my medical records	15	I
16	would have been under the basis that medical	16	
17	records get destroyed, I could understand why they	17	
18	couldn't find me.	18	
19	MS FRASER BUTLIN: Then how did you first come to know	19	
20	that you had hepatitis C?	20	
21	ROBERT ELLINOR: Oh, in 2015 I was working on a pretty big	21	
22	project to build an underground metro system in	22	
23	Singapore, and part of that work was to do testing and	23	
24	we had to take a team of Fire Service people to Spain	24	
25	where they had a kind of a practice tunnel, if you	25	
	7 REDACTED VER	SION	

1	four days later then, to remove them, I had to have
2	another general anaesthetic to remove them, and
3	I ended up staying in the hospital for quite a long
4	time.
5	MS FRASER BUTLIN: You were in hospital you think for
6	about two to three weeks.
7	ROBERT ELLINOR: Yes.
8	MS FRASER BUTLIN: Then a few months after the surgery you
9	
	became very unwell.
10	ROBERT ELLINOR: I did.
11	MS FRASER BUTLIN: Again, what can you tell us about that?
12	ROBERT ELLINOR: Well, at that time, in 1974 '73/'74,
13	people didn't talk about hepatitis, they talked about
14	jaundice and I think that's a fairly common theme for
15	most people that have suffered from it.
16	I remember being very yellow and my eyes were
17	very yellow. My skin was really not very nice. But
18	I had terrible stomach pains and back pain. And
19	I lived in a kind of post-war council house, so, you
20	know, when you were really sick, your mum moved your
21	bed from upstairs to downstairs, and I ended up
22	staying in the living room it was the TV room
23	basically, with the fire for quite a long time.
24	Then when that happened, the doctor bear in
25	mind, this doctor I'd known him for a long time
	6
1	like and we get up and we did a let of werk inside
1	like, and we set up and we did a lot of work inside
2	the tunnel. That was for about nearly six weeks.
3	During that time I really started to notice that
4	things were not quite right in my body, terrible aches
5	in my legs, back to the stomach pains again, but the
6	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more
6 7	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge
6	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more
6 7	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge
6 7 8	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but
6 7 8 9	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another
6 7 8 9 10	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one
6 7 8 9 10 11	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me.
6 7 8 9 10 11 12	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night
6 7 8 9 10 11 12 13	in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night a lot
6 7 8 9 10 11 12 13 14	 in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night a lot ROBERT ELLINOR: A lot.
6 7 8 9 10 11 12 13 14 15	 in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night a lot ROBERT ELLINOR: A lot. MS FRASER BUTLIN: and it was very dark.
6 7 8 9 10 11 12 13 14 15 16	 in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night a lot ROBERT ELLINOR: A lot. MS FRASER BUTLIN: and it was very dark. ROBERT ELLINOR: Yeah. You know, we're working in Singapore, running and managing a team of people. We
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night a lot ROBERT ELLINOR: A lot. MS FRASER BUTLIN: and it was very dark. ROBERT ELLINOR: Yeah. You know, we're working in Singapore, running and managing a team of people. We had a lot of people that were Muslim, and they routinely would drink sorry, not drink during the Ramadan period, and so it was almost common to have
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night a lot ROBERT ELLINOR: A lot. MS FRASER BUTLIN: and it was very dark. ROBERT ELLINOR: Yeah. You know, we're working in Singapore, running and managing a team of people. We had a lot of people that were Muslim, and they routinely would drink sorry, not drink during the Ramadan period, and so it was almost common to have pictures of what urine is supposed to look like.
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night a lot ROBERT ELLINOR: A lot. MS FRASER BUTLIN: and it was very dark. ROBERT ELLINOR: Yeah. You know, we're working in Singapore, running and managing a team of people. We had a lot of people that were Muslim, and they routinely would drink sorry, not drink during the Ramadan period, and so it was almost common to have pictures of what urine is supposed to look like. I know this might sound a bit funny, especially I don't know if they do it in ladies' toilets but in
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	 in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night a lot ROBERT ELLINOR: A lot. MS FRASER BUTLIN: and it was very dark. ROBERT ELLINOR: Yeah. You know, we're working in Singapore, running and managing a team of people. We had a lot of people that were Muslim, and they routinely would drink sorry, not drink during the Ramadan period, and so it was almost common to have pictures of what urine is supposed to look like. I know this might sound a bit funny, especially I don't know if they do it in ladies' toilets but in men's toilets we have little signs, and it goes from
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 in my legs, back to the stomach pains again, but the thing that was happening to me that was probably more prevalent than anything was that I was losing huge amounts of weight. I'm not a big guy. I'm tall but I'm pretty skinny. I'm 68 kilos. So to lose another 15 kilos was quite ridiculous. So yes, that was one of the biggest things that happened to me. MS FRASER BUTLIN: You were needing to urinate at night a lot ROBERT ELLINOR: A lot. MS FRASER BUTLIN: and it was very dark. ROBERT ELLINOR: Yeah. You know, we're working in Singapore, running and managing a team of people. We had a lot of people that were Muslim, and they routinely would drink sorry, not drink during the Ramadan period, and so it was almost common to have pictures of what urine is supposed to look like. I know this might sound a bit funny, especially I don't know if they do it in ladies' toilets but in

four days later then, to remove them, I had to have

			12
25	face and I put it in a filing cabinet and I buried it.	25	take a medical check. So since I was a project lead,
24	So I took the file, I took it home with a smile on my	24	do every year after you pass 62 in Singapore is to
23	which I also didn't know what he was talking about.	23	considerably and one of the measures that you have to
22	was at the time and to go and get a genome test,	22	was my platelet count was decreasing quite
21	for an RNA test, which I really didn't know what that	21	The other thing that was happening at that time
20	I buried it. I took his he wrote me a prescription	20	losing my job.
19	So yes, I just put it to one side, frankly.	19	Dr Monga, that was it. So it could have meant me
18	needed for my family at the time.	18	The only people that knew about it was me and
17	I was going to spend on my health care, it was more	17	because, to be honest with you, I didn't tell anybody.
16	money and certainly, as a man, it wasn't money that	16	my wife why my company has taken away my insurance
15	£50,000. Quite frankly, I didn't have that kind of	15	of insurance. It would have also meant explaining to
14	will still cost you \$100,000", which was about	14	provides you insurance and you need to have some kind
13	you this medicine relatively kind of off brand but it	13	very difficult because, as I've explained, the company
12	that, "Oh, yes, I have a friend in India that can get	12	ROBERT ELLINOR: In Singapore, it would have really been
11	The biggest thing of all that he mentioned, he said	11	job in Singapore?
10	But, yeah, it just had a stigma attached to it.	10	were hepatitis C, what impact that would have on your
9	over-the-counter things that would make it go away.	9	MS FRASER BUTLIN: What were your concerns about, if you
8	that over. I could take Ibuprofen and all the other	8	ROBERT ELLINOR: Yes, I was.
7	of cramps and pains in my stomach but I could cover	7	after that.
6	I didn't feel that unwell. I mean, okay, I had lots	6	you were due to return to the UK about three years
5	was it the right medicine for me at that time?	5	MS FRASER BUTLIN: Part of the context as well was that
4	I would need to take this medicine but it seemed like	4	I was hep C positive, yes.
3	hepatitis C was anyway and he explained it to me that	3	a look at it, just to remind myself that possibly
2	with AIDS, I think. I didn't really know what	2	next couple of years, I would dig it out and take
1	ROBERT ELLINOR: For me, interferon had something to do	1	Every now and again, when I felt really ill over the
	9		10
25	ROBERT ELLINOR: No, not exactly. The doctor was a very	25	that?
24	you were positive for hepatitis C?	24	MS FRASER BUTLIN: What was your sort of thought about
23	MS FRASER BUTLIN: did blood tests and told you that	23	ROBERT ELLINOR: He did.
22	ROBERT ELLINOR: Yes.	22	ribavirin as a treatment.
21	MS FRASER BUTLIN: That doctor took blood tests	21	MS FRASER BUTLIN: Dr Monga told you about interferon and
20	to go and go to see the doctor. So, yes.	20	put that to one side.
19	insurance system, so you go to that managed business	19	it's not that, it must be alcohol use". So I kind of
18	for, normally by your company and your employer's	18	a lot of alcohol use, so I thought maybe, "Never mind,
17	have an NHS. Everything that you do has to be paid	17	know, working in business in Asia it involves quite
16	a GP. Now, please understand, in Singapore we don't	16	Now, at that time, I will confess that, you
15	So I went to the local kind of equivalent of	15	test and showed that my liver was fatty.
14	to do something."	18	sent me to the next room where they did an ultrasound
13	a kindergarten teacher", and she said, "You just have	13	the way that the doctor's offices are there he then
12	annoying me. I'm trying to do my job, I'm a teacher,	12	take a sample, and it was showing positive. So being
10	"Enough. You have to go to the doctor's. This is	10	He then did the little prick test, blood test,
10	what's going on with my body? She finally said,	10	were not right.
9	was like irritable bladder, you know. It was like	9	numbers that weren't right, AFT ALT levels that
8	three times a night, this was about every hour. This	8	explained to me what the results were. I had high
0 7	I mean, it was not just old man syndrome of two or	6 7	that time, had the blood tests and he sat and
5 6	she got tired of me constantly needing to urinate.	5 6	our group of hospitals, group of medical", and he sent me to see a man called Dr Monga. Dr Monga then, by
4	Men are not very good at taking care of their bodies I think women are much better at it and		
3	ROBERT ELLINOR: My wife made me go, I have to confess.	3 4	samples. Then he wrote me a note. He said, "Please go and see this other specialist gastro guy, within
	that point you went to the doctors.	2	And he then wrote me a note he took the blood
2			

(3) Pages 9 - 12

14	I separated them. That's how I did it really.	14	came from overseas, so we had to isolate.
13 14	whereas the private test that I had done so I separated them. That's how I did it really.	13 14	first batch of Priti Patel's quarantine people that came from overseas, so we had to isolate.
15	MS FRASER BUTLIN: You have just said you didn't also tell	15	So the first thing I wanted to do was re kind
16	your family.	16	of resurrect our doctor's registration where we lived.
17	ROBERT ELLINOR: No.	17	So I did that, went there, but the system had
18	MS FRASER BUTLIN: Why was that?	18	completely changed so it took some time.
10	ROBERT ELLINOR: Shock, I think. Shock and stigma.	10	By that time we're now into lockdown 2, so
20	Like I said, when he told me, I related hep c to	20	things just got extended further out. So by the time
21	HIV, especially when there was when he talked about	21	that I actually got a blood test to get what was in my
22	the interferon and ribavirin treatment, I didn't know	22	mind the official diagnosis because I knew but
23	how to explain to them. My children were already	23	I never didn't know I only had a prick test, so
24	left and come to university in the UK anyway, so it	24	I didn't have RNA test, so I don't know my viral load,
25	was just me and my wife. But yeah, I honestly, I	25	I certainly didn't know what genome type I was. So by
	13		14
4	the time that I did that I want to the OD that was	4	colled Compatible May, who they pointed upp in the right
1	the time that I did that, I went to the GP that was	1	called Samantha May, who then pointed me in the right
2 3	August 2021, and then in August 2021 the doctor that	2 3	direction. She said, "I can't give you a clinical diagnosis but it rather seems that you based on
3 4	I talked to and I will say that he didn't actually go to see him said, "Okay, please come and	3 4	your viral load, that you do actually have
4 5	get a blood test". And he asked me why and I said,	4 5	hepatitis C."
6	"Because I believe that I might be infected with	6	So then I went back to, I think talked
7	hepatitis C". He said, "Okay, so you come to see the	7	to Sam. I went back to the doctor, now the third
8	phlebotomist and she will take some samples". Well,	8	doctor, Dr Shehata, and talked with her and I said,
9	unfortunately by that time he'd left. So now I have	9	"Look, I'm pretty sure that I have hepatitis C.
9 10	another doctor and that doctor looked at my results	9 10	I don't want to become a burden on the system".
11	and he wrote a what do you call it, a kind of	10	I said, "If my viral load is this high, does it make
12	letter to a referral letter.	12	sense to get me treatment now rather than later?
13	MS FRASER BUTLIN: Referral.	12	Please hurry. I really want to take the medicine and
13	ROBERT ELLINOR: That got lost in the system. Then talked	13	see if I can get cured".
15	to another doctor, because by that time that second	14	So she then wrote a referral letter to the
16	doctor had now left, so now it's a third doctor, and	16	hospital, which was then lost again. I then went back
17	she sorry, one step before that, may I, because	10	to Mid Sussex Council and talked to their referral
18		17	
	I need to thank somebody sitting there.		service, who immediately wrote a message then saying,
	The results that I had came to me through the	19 20	"Okay, please, Mr the East Surrey Hospital, please
19	notions appage NUC website and the results that I had	20	do something for this guy" and they then wrote and
19 20	patient access NHS website, and the results that I had		
19 20 21	seemed to suggest that my viral load was very high.	21	told me sent me an appointment. So by now that's
19 20 21 22	seemed to suggest that my viral load was very high. I didn't know what to do. So I wrote a very nice	21 22	told me sent me an appointment. So by now that's now December 2021.
19 20 21 22 23	seemed to suggest that my viral load was very high. I didn't know what to do. So I wrote a very nice letter to The Hepatitis C Trust saying, "To whom it	21 22 23	told me sent me an appointment. So by now that's now December 2021. That's kind of the sequence of events there.
19 20 21 22	seemed to suggest that my viral load was very high. I didn't know what to do. So I wrote a very nice	21 22	told me sent me an appointment. So by now that's now December 2021.

(4) Pages 13 - 16

1		1
1 2	ROBERT ELLINOR: Yes. MS FRASER BUTLIN: What were you told then?	1 2
2	ROBERT ELLINOR: Erase everything that you already know	2
4	and start again. So it was kind of funny because	4
5	a friend of mine said to me that he said, "You	5
6	know, they will probably start again", and they did.	6
7	And then the series of tests then, I have to say, was	7
8	amazing because it seemed like every day I was going	8
9	to the hospital, I had a pile of orders for bloods	9
10	like this high <i>(indicated)</i> , they were just one after	10
11	the other and then started things like ultrasound and	11
12	CT scan and another ultrasound and that took me	12
13	through Christmas 2021.	13
14	By that time, I got a phonecall one evening,	14
15	slightly embarrassing phonecall for me, anyway. The	15
16	doctor, the young registrar underneath the doctor,	16
17	called me on my mobile phone in my car and my wife was	17
18	sitting there and I was sitting here and he said "Oh,	18
19	Robert, I can confirm you have hepatitis C", like it	19
20	was some like Christmas gift.	20
21	MS FRASER BUTLIN: This was on speaker phone because you	21
22	were in the car.	22
23	ROBERT ELLINOR: Yes, and considering I must have	23
24	l know sorry, no, l must have l have	24
25	an incredible wife who was very, very understanding	25
	17	
1	of our journey. You have to be" at the time she	1
2	explained it in a way and my recollection of it was	2
3	that it seemed like I had to be put forward as	3
4	a recommendation to take the medicine because she	4
5	explained that the medicine was very expensive and the	5
6	way that it was kind of put to me was that there was	6
7	a panel decision.	7
8	Now, the problem Minister that I was having	8
9	because of Covid 2 and the high peak of Covid 2, there	9
10	were no spaces to measure what genotype I was. So it	10
11	was sent originally to Sussex Hospital in Brighton	11
12	then eventually it was then changed and sent to	12
13	another testing agency, independent testing agency,	13
14	I think, and it came back as genotype 1a. At that	14
15	point then they could then prescribe the actual	15
16	medicine for me. So again, just one delay after	16
17	another, primarily caused by the pandemic, to be	17
18	honest with you.	18
19	But she sat me down, did the FibroScan for me,	19
20	explained what was going to happen to me in the next	20
21	few weeks and months and years, and she's just been	21
22	amazing. She's so helpful to me, explains everything.	22
23	We sit through, we look at the results each time. The	23
24	day that she called me about my SVL level was	24
25	fantastic. She was I think I honestly believe she	25
	19 REDACTED VEI	RSION

(Red	acted) 7 October 2022
	and we went back home and she thought I kept
	reading all these papers and she thought I was just
	being what do you call it, when somebody is so
	involved in their medical life being a bit paranoid
	about what was wrong with me, and I said "Now you
	understand why I was looking. The good news is I'm
	getting tested". Then the hospital then referred me to
	a fantastic lady called Karen Street, who was my hep c
)	lady.
1	MS FRASER BUTLIN: She was a hepatitis specialist nurse.
2	ROBERT ELLINOR: Specialist nurse, yes.
3	MS FRASER BUTLIN: From then you had more tests and
1	a FibroScan but you also got started on a 12-week
5	course of Zepatier.
6	ROBERT ELLINOR: Yes.
7	MS FRASER BUTLIN: You speak very positively about the
3	hepatitis nurse specialist.
)	ROBERT ELLINOR: I do.
,	MS FRASER BUTLIN: What particularly was so good in her treatment of you?
<u>2</u>	ROBERT ELLINOR: I think when I walked through the door
- 3	she has a very strong Irish accent, which is very cute
1	and she told me about how this was going to be
5	a journey for us and she said "This is the first day 18
	10
	was happier than I was. I think she was amazing.
	When she called the telephone rang and it was
	quite it was quite interesting because it was the
	same day that the investigator
	MS FRASER BUTLIN: The Inquiry member.
	ROBERT ELLINOR: Yes, the Inquiry member had interviewed
	me, so I literally finished interviewing with him,
	came out, there was a message on my telephone "Please call Karen", and it was the same day.
)	MS FRASER BUTLIN: You had cleared the virus?
- 	ROBERT ELLINOR: No, at that point my viral dropped from
2	20 million to 43 and I remember asking her, "You mean
3	4,300, 43,000?"
1	"No", she said, "43". So in half the time the
5	viral load had gone to almost nothing.
6	MS FRASER BUTLIN: Having finished the treatment your
7	viral load is
3	ROBERT ELLINOR: Now zero. SVL12 was zero not zero,
9	unmeasurable, I should say. Sorry.
) I	MS FRASER BUTLIN: You obviously had a lot of support from
,)	the hepatitis nurse specialist. Were you also offered any more formal psychological support at any point?
-	ROBERT ELLINOR: I was, I was. I'm a pretty positive

person. I think we've met a couple of times, so you can see that I'm a fairly positive person. Although 20

REDACTED VERSION

1	there are times when I don't know if it's the	1	
2	appropriate time to talk about it but the, kind of,	2	
3	ongoing things, the things that I'm now left with.	3	
4	It's okay the virus has gone but what about all the	4	
5	things that accumulated over time and that I'm left	5	
6	with?	6	
7	So, for example, I can't close my hand and	7	
8	there's other I was described by the rheumatologist	8	
9	at the hospital the other day as 67 years old but	9	
10	having a body of a 78-year old internally. So I'm	10	
11	very worried about the future, to be honest with you.	11	
12	MS FRASER BUTLIN: Do you want to tell us anymore about	12	
13	what the ongoing physical impacts have been?	13	
14	ROBERT ELLINOR: I started with, you know, terrible cramps	14	
15	and joint pains and that's when I first started to	15	
16	notice that the virus was sort of really starting to	16	
17	come out in my system because, prior to that, I was	17	
18	a climber, I'm a runner, I'm a diver, I'm pretty	18	
19	healthy but I've noticed that since really since	19	
20	2015, that things have started to fall apart a bit.	20	
21	That could be just age, I guess, I suppose.	21	
22	The problem for me with hepatitis C it's too	22	
23	easy to write things off. Grumpy: well, if you're	23	
24	only sleeping about three hours a night, of course	24	
25	you're grumpy. Everybody is. I think most people	25	
	21		
1	exactly well known in Singapore. Never heard of it.	1	
2	Really had never heard of it until the very first time	2	
3	when I contacted with The hep c Trust, and they told	3	
4	me about the Inquiry and told me about the EIBSS. So	4	
5	I gathered together as many of my own personal	5	
6	documents that I could and I scanned all those and	6	
7	I sent them with my application. So I sent them,	7	
8	first of all, by email. But what I did I come from	8	
9	a contracting world so copied myself and then sent	9	
10	them a screenshot of all the zip files that I had sent	10	
11	to them.	11	
12	The EIBSS called me and said, "Oh, we need	12	
13	additional information from you". So I asked them,	13	
14	"What would you like?" I'd had a shoulder operation	14	
15	in Singapore. "Do you need information from the	15	
16	National University Hospital in Singapore?" Because	16	
17	if it does, I'm going to have to pay for that, it's	17	
18	going to be a bit of a trek to be able to do it. They	18	
19	said, "No, no, no". Then they told me they said	19	
20	they didn't need any documents. I said, "But hang on,	20	
21	you just called me to tell me that you needed	21	
22	documents and now you're saying, well, you don't need	22	

them." I said, "Have you actually looked at what I've sent?" And I really feel, even now, that they didn't

really look at the PDF files that I sent. I really 23

23

24 25

	1	would be anyway. So it's during it's something
	2	funny is that during the time of actually taking the
	3	medicine, I felt much better but, since that time,
ne	4	some of the effects have all started to come back
eft	5	again.
	6	I have the guy was feeling my fingers the
nd	7	other day, he said "You have nodules", I have nodules
ologist	8	in my toes, I have problems with my L3 and L4 spine.
t	9	So I've been taken care of by the Queen Victoria
n	10	Hospital in East Grinstead for really for
you.	11	physiotherapy for my hands, my back. You know,
ore about	12	I mean, almost everything frankly. But they are
	13	again, they are being very good to me.
e cramps	14	MS FRASER BUTLIN: You applied to the EIBSS for financial
	15	assistance.
)	16	ROBERT ELLINOR: I did.
was	17	MS FRASER BUTLIN: You sent with your application a bundle
	18	of documents.
	19	ROBERT ELLINOR: I did.
	20	MS FRASER BUTLIN: You were then asked for further
	21	documents. So you phoned the EIBSS to query that.
00	22	ROBERT ELLINOR: I did.
	23	MS FRASER BUTLIN: What happened in that conversation?
se	24	ROBERT ELLINOR: When I first made my application
ole	25	please understand that the EIBSS or the Inquiry is not
		22
of it.	1	don't believe they did.
me	2	MS FRASER BUTLIN: Your application was refused, and
y told	3	I just want to look at the refusal letter, at
SS. So	4	WITN7082005, please.
al	5	If we just pick it up in the middle:
and	6	"Unfortunately, your application has been
3	7	declined.
m	8	"Applications can only be authorised where there
ent	9	is evidence that, on the balance of probabilities, an
sent	10	applicant has been chronically infected with
	11	hepatitis C through treatment with NHS blood or blood
need	12	products in England prior to September 1991.
em,	13	"You have provided evidence that your
ation	14	hepatitis C has become chronic.
e	15	"There is no evidence of a transfusion being
cause	16	administered during your rhinoplasty operation. Our
	17	assessors believe the need for a transfusion for this
ey	18	type of operation is very low.
id	19	"Our assessors also noted occupational exposure
ing on,	20	during the 30 years you spent in the Singapore Police
	21	Force could also be a risk factor. Police officers
n't need	22	face elevated risk of acquiring blood-borne diseases
t l've	23	such as hepatitis C from accidental needle stick
ln't	24	injuries. Your dual exposure to Hepatitis and
	25	Hepatitis B supports this."
REDACTED VE	RSION	24

1	Now, you accepted in retrospect the description	1	Police."
2	you used on your application form of having had	2	Th
3	a rhinoplasty rather than craniofacial reconstruction	3	report.
4	didn't sufficiently capture how serious the surgery	4	Yo
5	had been.	5	is a stand
6	ROBERT ELLINOR: No, it didn't.	6	were per
7	MS FRASER BUTLIN: But have you ever been a member of the	7	ROBERT ELL
8	Singapore Police Force?	8	have to h
9	ROBERT ELLINOR: No. I can't be because I was never	9	check, th
10	a Singapore citizen.	10	MS FRASER I
11	MS FRASER BUTLIN: Could we turn to WITN7082006, please.	11	you then
12	Within your bundle of documents that you had	12	ROBERT ELL
13	submitted, it included a letter, this letter, and	13	MS FRASER I
14	a form that followed, and it says in terms:	14	ROBERT ELL
15	"2. As you have been certified medically fit to	15	MS FRASER
16	drive, you may continue to drive until your next	16	informati
17	medical examination. We will notify you of the need	17	had beer
18	to attend your next medical examination when you are	18	ROBERT ELL
19	approaching your next age limit under the law.	19	MS FRASER I
20	"3. If you are a foreigner, you may continue to	20	would be
21	drive until your driving licence expires of until your	21	ROBERT ELL
22	next medical examination, whichever is earlier.	22	MS FRASER I
23	"4. Should you at any time be diagnosed to be	23	that corre
24	unfit to drive by a medical practitioner, you are	24	W
25	required to return your driving licence to the Traffic	25	Lawrence
	25		
1	It's the email at the bottom:	1	policema
2	"Dear Jess thanks for the information today.	2	as explai
3	Appreciate that you are sending back my original	3	never be
4	application. Was hoping that I might get back the	4	infected
5	original assessment so I can understand why my	5	the NHS
6	application was denied. In particular I want to	6	"A
7	understand why had assessor thought I had worked for	7	medical r
8	the Singapore police Force from the original	8	confirme
9	information I submitted with my application. Can	9	forwarde
10	I have these documents please or is this included with	10	explanat
11	the application documents you are sending back to me?"	11	as a poli
12	If we go to page 3, at the bottom, you got	12	my appe
13	effectively a standard response saying:	13	Th
14	"We have arranged for your application and	14	apology
15	postal evidence to be returned to you as requested.	15	they said
16	"An appeal may be considered if you feel our	16	"Y
17	decision on the medical application was not justified	17	assessor
18	on the evidence you provided."	18	applicatio
19	You then responded at the top of this page,	19	EIBSS h
20	please:	20	there is r
21	" I think there has been a misunderstanding.	21	force in S
22	I didn't ask for my application to be returned, what	22	infection
23	I asked for was an explanation from the review of my	23	probabili
24	application as to why my most [probable] cause of	24	"Т
25	infection was due to my 'employment' as a Singapore	25	and we v
	27 REDACTED VER	RSION	

REDACTED VERSION

	61108:
	Then the document continues with a medical
	Port. You have explained in your statement that this
	a standard letter in Singapore confirming that you
	ere permitted you were fit to drive in Singapore.
	RT ELLINOR: Yes. When you reach the age of 62 you ave to have a medical examination, eye test, heart
	neck, this kind of thing.
	ASER BUTLIN: After your refusal of your application,
	but then sought your medical records.
-	RT ELLINOR: Yes.
MS FR	ASER BUTLIN: But they had been destroyed.
-	RT ELLINOR: Yes.
MS FR	ASER BUTLIN: You then tried to obtain more
in	formation from the EIBSS about why your application
ha	ad been rejected.
-	RT ELLINOR: I did.
MS FR	ASER BUTLIN: You were told your application form
W	ould be returned to you.
-	RT ELLINOR: Yes.
	ASER BUTLIN: You replied, and I just want to look at
th	at correspondence.
	WITN7082010, starting on page 4, please,
La	awrence. 26
D	oliceman. Can you please help me with this question,
-	s explained in earlier correspondence that I have
	ever been a policeman and the way I could have been
	fected is through a blood transfusion given to me by
	e NHS in 1973.
	"As to additional evidence as you are aware my
m	edical records have been destroyed. This has been
cc	onfirmed by North Bristol Trust by email which was
fo	rwarded to EIBSS. Would like to have the
	xplanation as to why EIBSS think that I was infected
	s a policeman to include with my further evidence for
m	y appeal."
	Then if we go back to page 2, there is an
	pology for the confusion that's been caused and then
un	ey said this: "Your concerns surrounding the medical
24	ssessor's opinion on your hepatitis C stage 1
	oplication and the evidence received have been noted.
	IBSS have reviewed the application and agrees that
	ere is no mention of you working within the police
	prce in Singapore, which would carry risk of
	fection with hepatitis C on the balance of
	robabilities.
	"This assessor's opinion will be disregarded,
ar	nd we will be submitting your application for
	28

(7) Pages 25 - 28

(8) Pages 29 - 32

1	a separate opinion."	1	MS
2	That was 30 September.	2	
3	Thank you, Lawrence.	3	WE
4	Then three days ago you were told that your	4	MS
5	application to the EIBSS had been accepted and was	5	
6	successful?	6	WE
7	ROBERT ELLINOR: Yes.	7	MS
8	MS FRASER BUTLIN: Thank you.	8	
9	ROBERT ELLINOR: You're welcome.	9	WE
10	SIR BRIAN LANGSTAFF: Did they, by any chance, know that	10	MS
11	he was due to give evidence here?	11	
12	MS FRASER BUTLIN: Sir, I wouldn't know.	12	
13	SIR BRIAN LANGSTAFF: Have you any reason to think they	13	WE
14	did?	14	MS
15	ROBERT ELLINOR: I'm sorry, I didn't hear the question.	15	
16	SIR BRIAN LANGSTAFF: Yes. Do you have any reason to	16	WE
17	think that they knew that you were going to give	17	MS
18	evidence here?	18	WE
19	ROBERT ELLINOR: I don't believe so. I certainly never	19	MS
20	told them anyway.	20	
21	SIR BRIAN LANGSTAFF: That's all I wanted to be clear	21	WE
22	about.	22	
23	MS FRASER BUTLIN: Wendy, you gave birth to your third	23	
24	daughter, Gemma, who is sitting next to you, in 1981.	24	
25	WENDY WOODS: Mm-hm.	25	
	29		
1	like you have when you have a baby.	1	
2	MS FRASER BUTLIN: The ultrasound scan.	2	
3	WENDY WOODS: Ultrasound, that's right and I went for	3	
4	that and I didn't get anything until I received	4	WE
5	a letter to say that I had hepatitis C.	5	MS
6	MS FRASER BUTLIN: Just tracking back, in terms of that	6	WE
7	very first blood test that triggered the referrals,	7	MS
8	why did you have that first blood test at the GP?	8	
9	WENDY WOODS: I still can't remember why, what I had it	9	
10	for because, I mean, I hadn't had I'm not the type	10	WE
11	of person who's had anything else. I don't go to the	11	MS
12	doctor's unless I have to. So I don't know why he	12	
13	said that that was fatty and then turned out to be	13	
14	hepatitis C.	14	
15	MS FRASER BUTLIN: As far as you and the family can	15	
16	recall, you think it was just a routine blood test	16	
17	WENDY WOODS: I think so.	17	
18	MS FRASER BUTLIN: that flagged that your liver	18	
19	function was abnormal.	19	
20	WENDY WOODS: Must have been.	20	
21	MS FRASER BUTLIN: Initially what were you told about the	21	
22	probable cause of the fatty liver before it was	22	
23	hepatitis C?	23	
24	WENDY WOODS: They rejected it and said that I'd	24	
25	MS FRASER BUTLIN: When you first saw the doctor and they	25	

-
31

REDACTED VERSION

	You required an emergency caesarean
section?	
WENDY WOODS: I di	
	You woke up and saw that you were
receiving blood.	
WENDY WOODS: I di	
	From that time on did you ever
,	ner blood transfusion?
WENDY WOODS: No	
	From 1981 until you were diagnosed with
	yone contact you at all about that
	ow you up in any way?
WENDY WOODS: No	
	Had you moved house many times in that
window?	_
WENDY WOODS: Yes	
	How many times had you moved? A lot?
WENDY WOODS: Mm	
	Can you tell us how you then came to
,	vere infected with the hepatitis C?
	ent to have a blood test, obviously, and
	is doctor at West Suffolk Hospital
	me and he said he thought I had fatty
	next thing I knew, I had an
appointment to ha	ive a scan, whatever they call it, 30
-	ty liver, I think they said they e something to do with your
WENDY WOODS: Yes	S.
MS FRASER BUTLIN:	Is that right?
WENDY WOODS: Yes	s, yes.
MS FRASER BUTLIN:	Then you were tested and, as you say,
the first thing you	knew about having hepatitis C was
a letter through the	e post.
WENDY WOODS: Mm	n-hm.
MS FRASER BUTLIN:	Can we look at that letter,
WITN3812003:	
"I saw you i	in the GI clinic because you have
some abnormal bl	ood tests regarding the liver. I had
explained to you t	hat the most probable explanation of
that is an underlyi	ng fatty liver disease due to your
diabetes and bein	g overweight. Unfortunately, the new
bloods have revea	aled that you have another factor that
contributes to the	blood's abnormality and affect the
	hronic hepatitis C and is
	ection of the liver, which needs
some specific trea	
	that it is generally quite
	nent. But what were your feelings
when you receive	d that letter telling you that you had
	32

1	hepatitis C?	
2	WENDY WOODS: Shock. I didn't realise. When I went into	
3	it, I realised that all the things I'd had the	
4	complaints and that I'd had earlier were to do with	
5	the hepatitis C.	
6	MS FRASER BUTLIN: Immediately after that letter, what	
7	discussions did you have with doctors about having	
8	hepatitis C?	
9	WENDY WOODS: The only one I went to see at Ipswich	
10	Hospital and she was very, very good and she told me	
11	that I'd definitely got hepatitis C and that I should	
12	report it because, you know, that was an infection	
13	that they gave me, sort of thing, in the blood	
14	transfusion.	
15	MS FRASER BUTLIN: I think you say in your statement that	
16	was a hepatitis nurse specialist.	
17	WENDY WOODS: Yes, she was, yes. She was very good	
18	because I had to travel to Ipswich from [redacted].	
19	The first time, I did go to see her but, at the time,	
20	I was looking after my husband, who was on the oxygen	
21	24/7, so I was his carer, and I had to get somebody to	
22	sit in with him because I couldn't leave him. And	
23	from then on I had a blood test in the Ipswich	
24	Hospital and then, from then on, she sent me all the	
25	things that I needed through the post, and she also 33	
	55	
1	WENDY WOODS: It did	
1 2	WENDY WOODS: It did. MS ERASER BUTLIN: What particularly frightened you?	
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1	put me on a tablet that they delivered to the door.
2	MS FRASER BUTLIN: That was the Epclusa treatment.
3	WENDY WOODS: Yes. I had that for three months.
4	MS FRASER BUTLIN: She did everything for you by phone and
5	post at that point?
6	WENDY WOODS: She used to keep in touch with me on the
7	phone every week to see I was all right and
8	everything. She was very, very good.
9	MS FRASER BUTLIN: Did she provide you with an opportunity
10	to talk about the infection and the effect it had on
11	you as well?
12	WENDY WOODS: Yes, I did speak to her about it, yes.
13	MS FRASER BUTLIN: Just thinking a little bit more about
14	that, did anyone talk to you about whether you'd
15	had sorry, did anybody offer you any formal
16	psychological support at that point?
17	WENDY WOODS: No.
18	MS FRASER BUTLIN: In hindsight, do you think that might
19	have been something you would have wanted to take up?
20	
20	,,
21	looking after my husband, so I had that job to do so
	I really didn't sort of dwell on this, you know,
23	having the hepatitis C.
24	MS FRASER BUTLIN: You have talked in your statement,
25	though, that the infection did frighten you.
	34
1	WENDY WOODS: Well, I worked with children and I didn't
1 2	WENDY WOODS: Well, I worked with children and I didn't know I had it, obviously, so I could have infected
2	know I had it, obviously, so I could have infected
2 3	know I had it, obviously, so I could have infected anybody, couldn't I, in that time?
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(9) Pages 33 - 36

1	of things crawling?	1
2	WENDY WOODS: Yes, I did, very bad, and I thought that was	2
3	probably me to do with something I'd eaten. And	3
4	you just I mean, I just couldn't even sit down on	4
5	a chair. It was just horrible. It just felt like	5
6	there was a load of ants crawling on me.	6
7	MS FRASER BUTLIN: You also had thyroid problems?	7
8	WENDY WOODS: Yes.	8
9	MS FRASER BUTLIN: And you have diabetes?	9
10	WENDY WOODS: Well, it's diet-related. I don't take any	10
11	pills or anything like that.	11
12	MS FRASER BUTLIN: During the investigations for those	12
13	health concerns over the years, did anyone talk to you	13
14	about whether you had had a blood transfusion in the	14
15	past when they were investigating any of that?	15
16	WENDY WOODS: No, not that I knew of. Not that I can	16
17	remember, no.	17
18	MS FRASER BUTLIN: Since having the treatment, what's your	18
19	situation now?	19
20	WENDY WOODS: At the moment I they say I'm all right.	20
21	I haven't had any blood tests until which seems	21
22	funny I had Wednesday before I came up here,	22
23	I had a letter from my doctor to say I've got to go	23
24	for a hepatitis blood test at the hospital and this	24
25	I was supposed to have this a year ago, and I didn't	25
	37	
1	that this is the case."	1
2	That you had been infected through treatment	2
3	prior to September 1991.	3
4	"Our medical assessor also states that in	4
5	addition to there being insufficient evidence,	5
6	[hepatitis C] genotype 2a is rare in the UK and so it	6
7	makes it more unlikely that the infection was acquired	7
8	from a blood transfusion if given."	8
9	Thank you.	9
10	So in terms of your medical records, first of	10
11	all, you, with assistance from Gemma, tried to get	11
12	hold of your records.	12
13	WENDY WOODS: We did.	13
14	MS FRASER BUTLIN: In terms of your own medical records,	14
15	you found there was a gap?	15
16	WENDY WOODS: Yes, there was.	16
17	MS FRASER BUTLIN: And the gap ran from the end of	17
18	March 1981 to the day after Gemma's birth.	18
19 20	WENDY WOODS: Mm-hm.	19
20	MS FRASER BUTLIN: But everything else was there.	20
21	WENDY WOODS: Yes.	21
22	MS FRASER BUTLIN: So there was just this gap in the	22
23		23
24 25	WENDY WOODS: There was.	24
25	MS FRASER BUTLIN: There was then the day after her birth 39 REPACTED VE	25
	39 REDACTED VE	RSION

a a t 11	
act 11	
-	ne letter until Wednesday.
MS FRAS	ER BUTLIN: What can you tell us about what's I
happ	ening with your follow-up? What's been the
diffic	ulty?
WENDY V	VOODS: I haven't had any follow-up. I haven't h
any h	nelp, really. I've just carried on. I'm just
hopir	ng that I'm all right and everything else.
MS FRAS	ER BUTLIN: Because once you'd finished the
treatr	ment, everything just seemed to then
WENDY V	VOODS: Stop.
MS FRAS	ER BUTLIN: And you have been working to try to
hold	of people to have a proper follow-up?
	VOODS: Exactly, exactly, which the hospital s
they	didn't want to see me anymore. They'd put it
•	gh to the doctor. And, like I say, I haven't had
	blood tests or anything until I got this letter on
•	nesday to go to have a blood test.
	ER BUTLIN: You applied for financial assistance
	the EIBSS and your first application was refused
	VOODS: Mm-hm.
	ER BUTLIN: If we can look at that refusal letter.
	WITN3812006, please.
	We see the standard paragraphs, and then this
	"The supporting medical information submitted
Vour	application did not provide sufficient evidence
your	
	38 busly reference to you having given birth.
WENDY V MS FRAS Trust right ² WENDY V	busly reference to you having given birth. VOODS: Mm-hm. ER BUTLIN: You also contacted, then, West Su about whether they had blood records; is that ?
WENDY V MS FRAS Trust right WENDY V MS FRASI	ously reference to you having given birth. VOODS: Mm-hm. ER BUTLIN: You also contacted, then, West Su about whether they had blood records; is that VOODS: Mm-hm.
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(10) Pages 37 - 40

6 records, why that came to mind? 6 We have carefully checked our electronic moords at can confirm that you have not received a blood 7 GEMMA WOODS: Just - T think just purely because it made her in the 9 my sister had recollection of going to see her in the 9 B	1	GEMMA WOODS (affirmed)	1	Suffolk NHS Foundation Trust has kept all records
 Do you have any records rather than the medical the transfusion receased rather than the medical the transfusion receased rather than the medical the transfusion receased rather than the medical GEMMA WOODS: Just - I think yis pravip because I know GEMMA WOODS: Just - I think yis pravip because I know Min And recollection of having a block transfusion and ornspontin the paried you have stabled. the base of thock there and having WENDY WOODS: Most - I think you So because were hitting such as brick wall WENDY WOODS: Wast - Min Any condition was preventing. the stable of the same there and having WENDY WOODS: Wast - Min Any you the stable of find samething. So I did othere alse can I go find samething. So I did there alse can I go find samething. So I did with medical documents from the CPI, thank you WENDY WOODS: Wast - Min Any you WENDY WOODS: Wast - Min Any solution the I block or find any tecrets and WENDY WOODS: Wast - Min Any solution the generation of the administry on know, a general to generation or the generation of the administry on know, a general water the generation of the administry on know, a general work wast at the solution wast and the you that the solution wast and the generation or the generatio	2		2	-
 the transfusion records relation the medical records, why that came to mini? GEMMA WOODS: Just – I think just paraly because I know GEMMA WOODS: Just – I think just paraly because I know Mom had recollection of having a blood transfusion and my sister had recollection of paraly because I know the III. hospital and seeing the bags of blood three and having bospital and seeing the bags of blood three and having with medical documents from the GP, it was just a case of whore else can lgo to find something. So I did methely the you had any records and contact them to see if they had any records and with medical documents from the GP, it was just a case outhare ly they dint. MS FRASER BUTLIN: If we just and the lefter up. WTIN31202, please. with adoptic you know a genoto and you know a genotope 2a. WTIN31202, please. with adoptic you know a genotope 2a. with all cocked that blood work AUROSTAFF: What idi you do in relation to work and boads and A gadised that blood work and boads and A gadised that blood work and east and having the allow do component. there shall blood component. there shall intraceability of blood component. there and having a blood bank must retain. there and having a blood bank must retain. the stack of documents was catainly – it was transfusion for a least 30 years fram	3	you and whoever can help most is welcome to answer.	3	30 years.
6 records, why that came to mind? 6 We have carefully decided our electronic records at confirm that you have not received a blood component in the period you have stated. 7 GEMMA WOODS: Just – I think just purely because I know for the period you have stated. 7 8 Mum had recollection of having a blood transfusion and any guide because I know for the period you have stated. 8 9 my sister had recollection of going to see her In the guide bace and period you have stated. 8 11 to leave quick because It made her feel III. 11 MS FRASER BUTLIN: Thank you. 12 So because were hitting store a blood transfusion and the see here blood there and having the size of the guide bace and you put some material logether to challenge the issue of the guide bace and you put some material logether to challenge the size of the guide bace and you go on relation to GeMMA WOODS: Yes. 13 with medical documents from the GP. It was just a case 13 with addes that it medical you do in relation to GeMMA WOODS: Well I mean, intiality was a case of the you have, and poly and in contacted T 14 of where else can 1go to find something. So 1 idd 14 WelDW WOODS: Well I mean, intiality was a case of the you have, material loggether to was the size of the poly out on in relation to GeMMA WOODS: Well I mean, intiality was a case of the you have, material poly out have, fantate in the poly out onthere healthavell 12 </td <td>4</td> <td>Do you have any recollection of why you sought</td> <td>4</td> <td>"In addition, we advise that the Trust's</td>	4	Do you have any recollection of why you sought	4	"In addition, we advise that the Trust's
7 GEEMA woods: Just – It link just purely because I know 7 can confirm that you have stated." 8 Mum had recollection of paving a blood transfusion and 8 component in the period you have stated." 9 my sister had recollection of going to see her in the 9 But of course 1988 postdates the birth. 10 hoospital and seeing the bags of blood three and having 10 WENDV WOODS: Ym-Im. 11 to leave quick because it made here feel it. 11 WENDV WOODS: Ym-Im. 12 So because we were hitting such a brick wall 12 Yu decided then to apply again for financial 13 with medical documents from the GP, it was just a case 13 assistance, and you put some material together to challenge the issue of the genotype 2.a. 14 of where else can 1go to find something. So 1 did 14 WENDV WOODS: Yes. Yes 1 did you do in relation to the genotype 2.a. 16 WITN3812002, please. 16 GEMMA wOODS: Yes. Yes 1 did you do in relation to they yes a case of what dees that mean? What is, you know, i agenoty and things? And that's when we again contacted they were you know, find that bod 21 u.o. think is sod - Goole was my best finand. 23 data needed for full treaxability of blood component 23 yeen type thing was going on ab	5	the transfusion records rather than the medical	5	electronic records for blood components began in 19
8 Mum had recollection of having a blood transfusion and my sister had recollection of going to see her in the populal and seeing the bags of blood thers and having to leave guick because it made her feel it. 9 But of course 1986 postidates the birth. 11 to leave guick because it made her feel it. 11 MS FRASER BUTLIK: Thank you. 12 So because were hitting such a brick will to drwhere else can it po to find something. So I did 14 MS FRASER BUTLIK: Thank you. 13 with medical documents from the QP. it was just a case 13 assistance, and you go not meterial together to challing the issue of the genotype 2a. 14 of where else can it hav had any records and utimately they didn't. 16 SIR BRAIN LANGSTAFF: What id you do in relation to challing with medical documents from a spin solito. 19 Hasys this: 19 GEMMA WOODS: Weil, Imaen, intelling Was as case what does that mean? What is, you know, a genoty and thing? And that's when we gain contracted To you know, fantastic in helping us with that. I locked it up. Think I used - Google was my best find, 24 10 26 resubsithments and hospital blood banks must retain 24 27 what does that mean? 27 receint the biod component. Therefore, the West 25 receint think used at ansfusion. But yeah, 24 26 26 one, but it cartainly usen thom boint of 24 24 24 26	6	records, why that came to mind?	6	We have carefully checked our electronic records ar
9 my sister had recellection of going to see her in the hospital and seeing the bags of blood there and having to beave quick because it made her feel ii. 10 11 to leave quick because it made her feel iii. 11 13 with medical documents from the CP, it was just a case 13 14 of where else can I go to find something. So I did 14 15 contact them to see if they had any records and 15 16 ultimately they dinht. 16 17 MS FRASER BUTLIN: They just put the letter up. 17 18 SPR SER BUTLIN: They just put the letter up. 17 19 It says this: 19 and things? And that's when we again contacted T 10 WTN3812002, please. 18 With add the tas when we again contacted T 10 under regulations 6 and 9, advised that blood 21 under regulations 6 and 9, advised that blood 21 21 under they sain thosic other point of 24 presty much, and I looked it threability for blood component 23 presty much, and I looked it they is as ease of 24 transfusion for at least 30 years from the point of 24 greaty much, and I looked it up to save what his 25 reocip of the blood component	7	GEMMA WOODS: Just I think just purely because I know	7	can confirm that you have not received a blood
10 hospital and seeing the bags of blood there and having 10 WENDY WOODS: When the apply again for financial assistance, and you put some material together to challenge the issue of the gentype 2a. 11 to leave quick because we were hitting such a brick wall 11 MS FRASER BUTLIN: Thank you. 12 So because we were hitting such a brick wall 12 You decided then to apply again for financial assistance, and you put some material together to challenge the issue of the gentype 2a. 13 with medical documents from the CP. It was just a case 13 Sist BRAN LANGTAFF: What did you do in relation to challenge the issue of the gentype 2a. 14 or where else can index the spot sector of the gentype 2a. 14 15 contact them to see if they had any records and 15 Sist BRAN LANGTAFF: What did you do in relation to challenge the issue of the gentype 2a. 15 contact them to see if they had any records and 16 Sist BRAN LANGTAFF: What did you do in relation to relation to relation they are again contacted Ti they set issue of the gentype 3a, and they was gin on about and they was gin and bhogtab iblood banks must retain 12 the does that mean? What is, you know, a genty you know, a genty you know, agentype 3a, and they was ging on about and i finally transfusion for at least 30 years from the point of 24 gentype thing was ging on about and i finally 14 transfusion for at least 30, years from the point of <t< td=""><td>8</td><td>Mum had recollection of having a blood transfusion and</td><td>8</td><td>component in the period you have stated."</td></t<>	8	Mum had recollection of having a blood transfusion and	8	component in the period you have stated."
11 to leave quick because it made her feel II. 11 MS FRASER BUTLIN: Thenk you. 12 So because we were hitting such a brick wall 12 You decided then to apply again for financial 13 with medical documents from the OP, it was just a case 13 assistance, and you put some material logether to challenge the issue of the genotype 2a. 14 of where else can I go to find something. So I did 14 challenge the issue of the genotype 2a. 15 contact them to see if they had any records and 15 see if they had any records and 16 uttimately they didnt. 16 Site BRIAN LANGSTAFF. What did you do in relation to in relation to in relation to an else on they were you knows. See not help and they were you know. fantastic in helping us with that. I looked it an eaded for lit traceability of load component. 21 under regulations 8 and 9, advised that blood 21 you know, fantastic in helping us with that. I looked it transfusion for at least 30 years from the point of 24 you know, fantastic in helping us with that. I looked it the solute of the blood component. 24 42 1 one, but it certainly wasn't, you know, limited to any 1 could potentially have had a transfusion. But yesh, the stack of documents was certainlyit was a trawling through all the records and highighting bits and boos andyeah. 2 ohe, but it certainly wasn't, you know, it	9	my sister had recollection of going to see her in the	9	But of course 1988 postdates the birth.
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13 with medical documents from the GP, it was just a case 13 assistance, and you put some material together to challenge the issue of the genotype 2a. 14 of where else can I go to find something. So I did 14 challenge the issue of the genotype 2a. 15 contact them to see if they had any records and 16 WTNDV WOODS: Yes. 16 uttimately they diont. 16 GEMMA WOODS: Well, I mean, initially it was a case of the genotype 2a. 18 WTND3 12002, please. 19 It says this: 19 20 The Biodo Safety and Quality Regulations 2005, 20 Hepatits C Trust for some more help and they were you know, fantastic in helping us with that. I looked it up. I think it used - Google was my best friend, 23 data needed for full traceability of blood component 23 genotype thing was going on about and I finally 24 transfusion for at least 30 years from the point of 24 genotype thing was out and I finally 25 receipt of the blood component. 14 could potentially have had a transfusion. But yeah, 3 there. 3 there. 3 41 0 one, but it certainly wasn't, you know, limited to any 1 could potentially have had a transfusion. But yeah, 41	11	to leave quick because it made her feel ill.	11	MS FRASER BUTLIN: Thank you.
14 of where else can I go to find something. So I did 14 challenge the issue of the genotype 2a. 15 contact them to see if they had any records and 15 WENDY WOODS: 'We.I. 16 utimately they didn't. 16 SIR BRANL LANGSTAFF: What did you do in relation to 17 MS FRASER BUTLIN: If we just put the letter up. 17 GEMMA WOODS: WeII, I mean, initially it was a case of 18 WITN3612002, please. 18 what does that mean? What is, you know, a genoty 19 It says this: 19 on they says the weag and ontabled T 20 "The Blood Safety and Quality Regulations 2005, 20 Hepatits C Trust for some more help and they were you know, fantastic in helping us with that. I looked 21 under regulations 8 and 9, advised that blood 21 you know, fantastic in helping us with that. I looked 22 establishments and hospital blood banks must retain 22 it unsfusion for at leas 30 years from the point of 24 24 transfusion for at least 30 years from the point of 24 genotype thing was a case of the indigity us with that. I looked 25 other country. The UK has people with genotype 2 in 2 the stack of documents was certainly it was a taking of genotypes 5	12	So because we were hitting such a brick wall	12	You decided then to apply again for financial
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13 14	24	I think that was the only thing that kind of equated	24	I was really angry because I thought: what are they
43 REDACTED VERSION 44	25	to the fact Mum lost a lot of blood and, therefore,	25	
		43 REDACTED VER	RSION	44

nic records for blood components began in 1988. e carefully checked our electronic records and nfirm that you have not received a blood nent in the period you have stated." But of course 1988 postdates the birth. ODS: Mm-hm. BUTLIN: Thank you. You decided then to apply again for financial nce, and you put some material together to ge the issue of the genotype 2a. ODS: Yes. ANGSTAFF: What did you do in relation to that? **DODS:** Well, I mean, initially it was a case of pes that mean? What is, you know, a genotype ngs? And that's when we again contacted The is C Trust for some more help and they were, ow, fantastic in helping us with that. I looked think I used -- Google was my best friend, nuch, and I looked it up to see what this pe thing was going on about and I finally d that, yes, the one that Mum had was a rarer 42 otentially have had a transfusion. But yeah, ck of documents was certainly -- it was through all the records and highlighting bits bs and -- yeah. BUTLIN: What you tried to do was to build an ce base of the other health difficulties your ad had over the years --ODS: Yes. BUTLIN: -- that, looking back, you could e to the hepatitis C? ODDS: Yes, very much so, and there was a lot of nore than I think we even realised. So yes, it finitely -- it was time-consuming but obviously peneficial. Because for them to send that nd just say -- you know, it's kind of ting that Mum got the infection from another which we know was not true, so ... BUTLIN: And the application was then accepted? ODS: It was, yes. BUTLIN: Wendy, from your perspective, when that plication was rejected, what were your about that? **ODS:** Well, I was angry, to be honest with you. eally angry because I thought: what are they I've been somewhere and had a blood 44

(11) Pages 41 - 44

(12) Pages 45 - 48

1	transfusion? I know I've had one, you know, sort of	1
2	thing. So so that was why we turned round and	2
3	fought it again, to get it through. But the	3
4	doctors we had trouble with the doctors to get all	4
5	the information. You know, they didn't want to	5
6	because obviously you take a long while, because the	6
7	pile was a bit like that (<i>indicated</i>) to get through,	7
8	but in the end we just kept on and on and on and, in	8
9	the end, we fought it.	9
10	MS FRASER BUTLIN: Thank you.	10
11	Mrs BF, you had a daughter in 1974 and required	11
12	a caesarean section.	12
13	MRS BF: That's right, yes.	13
14	MS FRASER BUTLIN: You then had a son in 1976.	14
15	MRS BF: Yes.	15
16	MS FRASER BUTLIN: The plan for that delivery was for you	16
17	to have a vaginal delivery.	17
18	MRS BF: I had hoped so and I had been given hope up to	18
19	three weeks well, when I first saw the consultant,	19
20	actually, three weeks before I was due to deliver.	20
21	MS FRASER BUTLIN: But on the day, the doctor said you had	21
22 23	to have a caesarean?	22 23
23 24	MRS BF: Yes, when I was admitted, he said "Who left you",	23 24
24 25	and I had just previously told the nurse I was over	24 25
25	the moon because I could have a trial at having 45	25
		4
1	MS FRASER BUTLIN: Your understanding is that the blood	1
2	was ordered in advance of the caesarean section.	2
2 3	was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it	2 3
2 3 4	was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to	2 3 4
2 3 4 5	was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to suggest that, yes, that they had the blood standing	2 3 4 5
2 3 4 5 6	was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to suggest that, yes, that they had the blood standing by.	2 3 4 5 6
2 3 4 5 6 7	 was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to suggest that, yes, that they had the blood standing by. MS FRASER BUTLIN: You have some concerns about having the 	2 3 4 5 6 7
2 3 4 5 6 7 8	 was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to suggest that, yes, that they had the blood standing by. MS FRASER BUTLIN: You have some concerns about having the transfusion and whether you really required it. Can 	2 3 4 5 6 7 8
2 3 4 5 6 7 8 9	 was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to suggest that, yes, that they had the blood standing by. MS FRASER BUTLIN: You have some concerns about having the transfusion and whether you really required it. Can you tell us about that? 	2 3 4 5 6 7 8 9
2 3 4 5 6 7 8 9 10	 was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to suggest that, yes, that they had the blood standing by. MS FRASER BUTLIN: You have some concerns about having the transfusion and whether you really required it. Can you tell us about that? MRS BF: Well, on my notes they said I'd lost one unit, 	2 3 4 5 6 7 8 9 10
2 3 4 5 6 7 8 9 10 11	 was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to suggest that, yes, that they had the blood standing by. MS FRASER BUTLIN: You have some concerns about having the transfusion and whether you really required it. Can you tell us about that? MRS BF: Well, on my notes they said I'd lost one unit, 500 ml, is it, of blood but I was given two 	2 3 4 5 6 7 8 9 10 11
2 3 4 5 6 7 8 9 10 11 12	 was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to suggest that, yes, that they had the blood standing by. MS FRASER BUTLIN: You have some concerns about having the transfusion and whether you really required it. Can you tell us about that? MRS BF: Well, on my notes they said I'd lost one unit, 500 ml, is it, of blood but I was given two transfusions. So that was double what I had lost but 	2 3 4 5 6 7 8 9 10 11 12
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 was ordered in advance of the caesarean section. MRS BF: Possibly. I don't honestly know that but it possibly was because, you know, the forms seemed to suggest that, yes, that they had the blood standing by. MS FRASER BUTLIN: You have some concerns about having the transfusion and whether you really required it. Can you tell us about that? MRS BF: Well, on my notes they said I'd lost one unit, 500 ml, is it, of blood but I was given two transfusions. So that was double what I had lost but when I had my daughter I didn't have any blood whatsoever and I lost more, according to the notes. MS FRASER BUTLIN: So your concern, I think correct me, please, if I've got this wrong is that with your daughter you had lost more blood and received no transfusion? MRS BF: No. MS FRASER BUTLIN: With your son, you had lost some blood but you'd been given twice amount that you had lost? MRS BF: Yes, that's the way I read the notes, yes. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

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1	a normal delivery at then he said "Oh, who left you",
2	and I think she saw my face drop a bit and he realised
3	what he'd said. But he strongly recommended that
4	I had a caesarean section, even though I really didn't
5	want one.
6	MS FRASER BUTLIN: You were offered an epidural.
7	MRS BF: Yes, I was, yes.
8	MS FRASER BUTLIN: There were then a series of errors,
9	which meant you had a general anaesthetic for the
0	caesarean section.
1	MRS BF: The general anaesthetic was my choice, in the
2	end, because he'd left a junior doctor to call the
3	anaesthetist to come and see me and explain about the
4	tube, because I had had an epidural with my daughter
5	and I had been quite unwell with it. But I had been
6	in labour for quite a long time by that time, so
7	but because the anaesthetist never got the message and
8	he never saw me, he said, when I was on the operating
9	table, well, you can talk to me now, and I said "Well,
20	I really can't make the decision now, I'd just better
21	have a general anaesthetic".
22	MS FRASER BUTLIN: Your memory is of waking up and then
23	what?
24	MRS BF: I just saw a bag of blood there and I was quite
25	surprised.
	46
1	MS FRASER BUTLIN: What happened?
2	MRS BF: I ran a temperature. It sort of felt flu-like.
3	I can just remember, actually, struggling to breast
4	feed the baby when I was in bed. I can't remember
5	precisely now how long it lasted but possibly a day or
6	two and then I recovered. I didn't see the doctor
7	about it, I didn't know what it was, I just presumed
8	it might be some virus.
9	MS FRASER BUTLIN: You said in your statement that from
0	then you were constantly exhausted.
1	MRS BF: Yes, I was very, very tired.
2	MS FRASER BUTLIN: Can you tell us about the impact of
3	that on you.
4	MRS BF: When the children were small I just felt
5	exhausted almost all the time but then we were quite
6	strapped for cash. I mean, it was a time when
7	interest rates were going up through the roof and the
8	oil crisis and that sort of thing, so I did get work
9	as well in a bar, in a pub, in the evenings.
20	
21	But later on, I got part-time teaching work
	But later on, I got part-time teaching work I don't think that's in my statement actually and
22	
22 23	I don't think that's in my statement actually and
	I don't think that's in my statement actually and I really never felt that I could go full time. I just
23	I don't think that's in my statement actually and I really never felt that I could go full time. I just didn't have the confidence that I would be able to

1	GP?	1
2	MRS BF: Yes.	2
3	MS FRASER BUTLIN: On a number of occasions, I think.	3
4	MRS BF: About different things, yes.	4
5	MS FRASER BUTLIN: On one particular occasion, you went	5
6	because you were finding things so tiring and so	6
7	challenging.	7
8	MRS BF: Yes.	8 9
9 10	MS FRASER BUTLIN: You were offered antidepressants you	9 10
10	were given antidepressants. MRS BF: Yes, yes, yes.	10
12	MNS BP. Tes, yes. MS FRASER BUTLIN: What did the GP say about that? What	12
12	was the discussion around that with you?	12
13 14	MRS BF: Well, she just said I can't keep papering over	13
15	the cracks and "You should have counselling", and sort	14
16	of offered antidepressants. And the antidepressants	15
17	sort of helped, in that I just felt more relaxed,	10
18	I think, about things but it didn't go any further	18
19	than that with that particular GP because that was	19
20	really just on the cusp of the time when hepatitis C	20
21	was starting to be discovered as a virus in its own	21
22	right, you know, a damaging virus in its own right.	22
23	MS FRASER BUTLIN: You continued to have bouts of	23
24	depression throughout your life.	24
25	MRS BF: Yes.	25
	49	
1	with in any particular way?	1
2	MRS BF: Originally, I sort of thought that it was shoes,	2
3	that they just weren't fitting properly. I don't	3
4	think I asked until I got numbness in my ankles.	4
5	MS FRASER BUTLIN: Then 2006/2007 is when you think Anita	5
6	Roddick was speaking out about hepatitis C.	6
7	MRS BF: Around that time. It might have been slightly	
8		7
	earlier, I'm not exactly sure of the date.	7 8
9	earlier, I'm not exactly sure of the date. MS FRASER BUTLIN: When you had that appointment with the	
10	MS FRASER BUTLIN: When you had that appointment with the GP and you asked about Anita Roddick, you have	8 9 10
10 11	MS FRASER BUTLIN: When you had that appointment with the GP and you asked about Anita Roddick, you have described the GP being quite dismissive.	8 9 10 11
10 11 12	 MS FRASER BUTLIN: When you had that appointment with the GP and you asked about Anita Roddick, you have described the GP being quite dismissive. MRS BF: Yes, he was. 	8 9 10 11 12
10 11 12 13	 MS FRASER BUTLIN: When you had that appointment with the GP and you asked about Anita Roddick, you have described the GP being quite dismissive. MRS BF: Yes, he was. MS FRASER BUTLIN: How did that make you feel? 	8 9 10 11 12 13
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1 2	MS FRASER BUTLIN: You then developed numbness in your
2	toes. MRS BF: Yes.
4	MKS BF. Tes. MS FRASER BUTLIN: What can you tell us about that and how
4 5	that developed?
6	MRS BF: Well, when I saw the GP about that I sort of
7	think we've sort of skipped a bit, really.
8	MS FRASER BUTLIN: Please fill in the gaps.
9	MRS BF: Can I go back?
10	MS FRASER BUTLIN: Please do.
11	MRS BF: In between the first doctor we referred to, she
12	retired and I moved on to another doctor.
13	Anita Roddick announced on the television I think
14	this is further on in my statement, isn't it,
15	actually that she had received a blood transfusion
16	back in the early '70s, and I thought "Oh", and that
17	she had hepatitis C, and it was a sort of warning and
18	I asked a GP about it and he just said "Who's Anita
19	Roddick", and he didn't even answer the question.
20	Then it was further on, about 2009, I think,
21	when I started to query about the numbness in my feet.
22	MS FRASER BUTLIN: So I think in your statement you say
23	you had the toe numbness in the late '90s.
24	MRS BF: Yes.
25	MS FRASER BUTLIN: It slowly progressed but wasn't dealt
	50
1	MRS BF: No, I was sent to see a consultant about it and
2	she did all the tests. She did do blood tests but
3	they didn't show up anything that showed that there
4	was any inflammation. That was according to the
5	letter that she sent the GP.
6	MS FRASER BUTLIN: Do you know whether hepatitis C was
7	specifically tested for at that point?
8	MRS BF: No, I had no idea.
9	MS FRASER BUTLIN: You had a hip replacement in 2008 and
10 11	again, the other hip, in 2012.
12	MRS BF: That's right, yes.
12	MS FRASER BUTLIN: You saw neurologist in sorry, before
13 14	we go there, the 2012 hip replacement, you had some
14	problems with bruising? MRS BF: I've always had problems with bruising. It just
16	doesn't it didn't clear up and now I have varicose
17	eczema.
18	MS FRASER BUTLIN: But the surgeon after your second hip
19	replacement referred you to a haematologist.
20	MRS BF: Before I had the operation the night before,
20	I was suddenly telephoned by the hospital to say
22	please would I go in because something was low in my
23	blood and I needed vitamin K it was a drip that
24	they put in. When I went the next morning they didn't
25	have the I think they took a blood test to check
	52

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1	and it was I was due to have the operation, sort of
-	• •
2	first thing on the list, but they couldn't do that
3	because it came back that the nurse had done the wrong
4	tests.
5	So they quickly did them again and there was no
6	difference. I was still low in whatever it was that
7	they were checking for. I think it was aPTT, is it?
8	MS FRASER BUTLIN: aPTT and prothrombin were prolonged,
9	I think.
10	MRS BF: Yes, that is right.
11	MS FRASER BUTLIN: Because of that, I think were then,
12	after the op, referred to a haematologist to explore
13	whether there were any issues.
14	MRS BF: Yes, I wasn't referred specifically. The
15	consultant who did the hip operation said that he had
16	sent the blood samples off to the consultant and
17	the blood consultant, and would the GP please follow
18	it up.
19	MS FRASER BUTLIN: But thereafter nothing happened.
20	MRS BF: No. I asked the GP when I saw him for a check up
21	and he looked and he said "Oh, it's not necessary".
22	MS FRASER BUTLIN: Then in 2018, you saw the neurologist
23	again because the neuropathy had spread up to your
24	knees.
25	MRS BF: Yes, yes.
	53

1	MS FRASER BUTLIN: You had a raised mark on your liver.
2	MRS BF: I had I saw another GP, I think it was about
3	irritable bowel, and she took just a standard blood
4	test, and when that came back it showed that I had
5	some inflammation of the liver and she just said,
6	"We'll do another blood test in six months' time"
7	because she said It could just be as a result of viral
8	infection but she wasn't thinking about a really
9	serious virus like hepatitis C, I don't think.
10	MS FRASER BUTLIN: You had the further test about
11	12 months later. Why was there that
12	MRS BF: Sorry, can you repeat that?
13	MS FRASER BUTLIN: You had the further test of the liver
14	markers in about 12 months afterwards.
15	MRS BF: Yes. I think that was another routine test that
16	she did. She was a GP. It was a different GP again
17	and she liked to do routine tests on her older
18	patients, and I asked her brought it up because
19	I had seen, you know, a trainee in between and she
20	looked and she said, "Oh, it's still up".
21	And then I said, "You know, but I had had this
22	blood transfusion and I had heard that it could be
23	connected with hepatitis C", and she said, "Ah, she
24	said, "I don't like unanswered questions". She said,
25	"We'll do a specific blood test". She said, "It's
	55 REDACTED VERSION

1	MS FRASER BUTLIN: What were you told at that point?
2	MRS BF: They didn't know what was causing it, basically.
3	The main question in my head was could I still drive
4	and he checked the strength of my responses and said,
5	yes, I could still drive, because at that time the
6	DVLA had withheld my licence.
7	MS FRASER BUTLIN: Tracking back little bit, 2017 you saw
8	a new GP and you raised concerns about hepatitis C.
9	MRS BF: Yes, I raised it again with a different GP.
10	MS FRASER BUTLIN: Why did you raise it again in 2017?
11	MRS BF: I can't remember. I'm sorry. I really can't
12	remember, to be honest.
13	MS FRASER BUTLIN: Do you recall what response you got
14	when you raised it?
15	MRS BF: He said, "Oh, it's very unlikely".
16	MS FRASER BUTLIN: You have described it as being largely
17	dismissed again in 2017.
18	MRS BF: Yes, definitely, yes.
19	MS FRASER BUTLIN: Then later on in 2017, you had
20	a routine test for irritable bowel and had
21	a colonoscopy.
22	MRS BF: Yes.
23	MS FRASER BUTLIN: At that point you were told your liver
24	markers were raised.
25	MRS BF: No
	54
1	easy to find out".
2	MS FRASER BUTLIN: You had the test?
3	MRS BF: Yes.
4	MS FRASER BUTLIN: What happened then?

4	MS FRASER BUTLIN: What happened then?
5	MRS BF: She phoned me up about three or four weeks later
6	and said, "I'm ever so sorry to tell you you've got
7	hepatitis C".
8	MS FRASER BUTLIN: And that was early December 2018.
9	MRS BF: I think so, yes.
10	MS FRASER BUTLIN: Over 42 years after your transfusion?
11	MRS BF: Yes.
12	MS FRASER BUTLIN: You received a phone call about your
13	diagnosis.
14	MRS BF: Yes.
15	MS FRASER BUTLIN: What were your feelings about being
16	told over the phone?
17	MRS BF: I thought it was a bit harsh. But, on the other
18	hand, if I had been sent a letter and asked to go in,
19	I would probably have been worried. So, you know,
20	it's, I suppose, six of one, half a dozen of the
21	other.

MS FRASER BUTLIN: What was the impact for you on yourmental well-being of the diagnosis?

- 24 MRS BF: I was scared. I was really worried, yes.
- 25 MS FRASER BUTLIN: Can you help us any more about what you 56

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1	were particularly worried about?	1
2	MRS BF: I was worried about infecting having infected	2
3	other people, and particularly the family. I was	3
4	worried about the prognosis for the rest of my life,	4
5	really, and what sort of end I would have.	5
6	MS FRASER BUTLIN: You have described in your statement	6
7	you felt like a bio-hazard at home.	7
8	MRS BF: I did. I did at point yes, I can remember	8
9	even going for a walk at one point and cutting myself	9
10	on a bramble and then going back and actually cutting	10
11	the bramble and putting it in the hedge so nobody else	11
12	would maybe trip over it and be infected.	12
13	MS FRASER BUTLIN: What did the GP advise you, once you	13
14	had the first diagnosis?	14
15	MRS BF: She was supportive in that she said, "If you want	15
16	to talk to me, you know, you can phone me at any	16
17	time", but she said, "I can't answer your questions	17
18	because I don't know very much about this disease".	18
19	She referred me urgently to a specialist and she also	19
20	advised me to contact The Hepatitis Trust if I had any	20
21	questions.	21
22	MS FRASER BUTLIN: What happened with that urgent	22
23	referral?	23
24	MRS BF: Oh gosh. I had a letter from the hospital to say	24
25	if I hadn't heard in ten days I was to phone them.	25
	57	
1	MS FRASER BUTLIN: What impact did that conversation with	1
2	the registrar have on you?	2
3	MRS BF: I was upset because I was frightened because	3
4	I thought I'd been given this disease by the National	4
5	Health Service and that they shouldn't withhold	5
6	treatment. I felt there was a moral right to	6
7	treatment, that I shouldn't have to wait until I was	7
8	seriously ill. I couldn't see the logic in it,	8
9	actually, because that would be far more expensive to	9
10	them.	10
11	MS FRASER BUTLIN: You were then told, I think, that your	11
12	appointment wouldn't be until the end of March 2019.	12
13	MRS BF: Yes.	13
14	MS FRASER BUTLIN: During that wait you started to	14
15	research things more online.	15
16	MRS BF: Mm-hm.	16
17	MS FRASER BUTLIN: What effect did that have on you?	17
18	MRS BF: I was scared again by what I had read. I found	18
19	it quite informative on the effects that hepatitis C	19
20	could have on you and I also researched other sources	20
21	of finding the cure, because I realised that you could	21
22	actually buy the medication but you then did have to	22
23	have a specialist to help you or to monitor you when	23
24	you took it.	24
25	MS FRASER BUTLIN: You were told that the March	25
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	And I hadn't heard, so I phoned them, and I was given
	an appointment and it was very close to Christmas
	in 2018. And when I looked at the heading, I sort of
	thought I'm not quite sure this is right. But,
	anyway, I went for the appointment and it was a
	registrar and she said, "I'm ever so sorry but you've
	been directed to the wrong department for" I can't
	remember now.
	MS FRASER BUTLIN: For hepatology, I think?
)	MRS BF: Yes, hepatology and she said, "I will refer
1	you". I mean, she did examine me and she did find
2	that the liver was showing signs of inflammation, and
2 3	she said, "I will refer you to the hepatitis
1	specialist and I'll have all the tests done so that
5	when you do see her everything can go ahead smoothly."
6	Then I asked her about treatment and she said,
7	"Oh, I don't think you'll be eligible for that".
3	I said, well, I thought I had a right to it and, if
9	I had a right to it, I wanted it. But she didn't say
)	anything to that.
1	MS FRASER BUTLIN: Did she explain why she didn't think
2	you would be eligible?
3	MRS BF: No. I think the inference was that I just simply
1	wasn't ill enough. And I did wonder whether it was my
5	age.
	58
	appointment would be with a registrar.
	MRS BF: Yes.
	MS FRASER BUTLIN: What were you told about why that was?
	MRS BF: Because I'd already had the previous appointment,
	I'd already had I'd seen somebody. And I said,
	"But I haven't seen the specialist" and they were
	saying, "No, but, you know, you've actually seen
	somebody, so now we just have a follow-up on it".
	MS FRASER BUTLIN: So what did you do about that?
)	MRS BF: Well, I said to them I asked whether I could
1	see the consultant, and she said, "Well, if you really
2	want to see her, it will be months ahead you'll have
3	to wait". So I was quite upset and I went to the GP
1	and and she was crosser than I was, really,
5	I think.
6	MS FRASER BUTLIN: And you were then moved to the
7	consultant's list?
3	MRS BF: Yes, she wrote and she asked for the appointment
9	to be brought forward, which wasn't possible. But
)	finally in April I didn't know I was going to see
1	the consultant. When I got there I was quite
2	surprised that she said, "I've switched you to my
3	list".
1 -	MS FRASER BUTLIN: You have said in your statement you
5	found that appointment with the consultant very
	60

1	helpful.
2	MRS BF: Yes, it was.
3	MS FRASER BUTLIN: Can you tell us what the consultant
4	discussed with you that was particularly helpful?
5	MRS BF: Well, she said I could have treatment, to start
6	with. I think she sort of she took me through
7	I don't know. She was reassuring, put it that way.
8	MS FRASER BUTLIN: You have described in your statement
9	that she was reassuring and informative.
10	MRS BF: Yes.
11 10	MS FRASER BUTLIN: And she explained what was happening.
12 12	MRS BF: Yes.
13 14	MS FRASER BUTLIN: She also picked up on the peripheral
14 15	neuropathy, which she hoped might improve once you'd been cleared of the virus.
16	MRS BF: Yes.
17	MS FRASER BUTLIN: Was that the first time someone had put
18	the connection together?
19	MRS BF: Yes, absolutely oh, the registrar before, that
20	I saw before, she also made the connection, the one
21	that well, it wasn't her department.
22	MS FRASER BUTLIN: The consultant, as you say, also said
23	you could start treatment, and you did start treatment
24	two months later, and you took Maviret for eight
25	weeks.
	61
1	a teacher?
1 2	a teacher? MRS BF: I did, yes.
2	MRS BF: I did, yes.
2 3	MRS BF: I did, yes. MS FRASER BUTLIN: Can you help us with how that came
2 3 4	MRS BF: I did, yes.MS FRASER BUTLIN: Can you help us with how that came about and how much, with hindsight, you think that may
2 3 4 5	 MRS BF: I did, yes. MS FRASER BUTLIN: Can you help us with how that came about and how much, with hindsight, you think that may have been linked to the hepatitis C?
2 3 4 5 6	 MRS BF: I did, yes. MS FRASER BUTLIN: Can you help us with how that came about and how much, with hindsight, you think that may have been linked to the hepatitis C? MRS BF: I think it I think it was possibly linked
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REDACTED VERSION

1	MRS BF: Yes.
2	MS FRASER BUTLIN: The results from that have been
3	positive, I think, in terms of
4	MRS BF: Yes. Yes, they have, and the liver damage that
5	I had, which was mild to moderate, has now well,
6	from a year ago it's it's dropped a point.
7	MS FRASER BUTLIN: You've told your immediate family about
8	the infection but not many others. Can you help us
9	with why that is?
10	MRS BF: I'd moved on since then, I have to say. I don't
11	know. I just didn't it was partly because I was
12	a local teacher and I was worried about upsetting
13	parents. You know, that they might think: oh my
14	goodness, if a child scraped a knee or something like
15	that, this lady has been dealing with it.
16	I don't know. I just didn't particularly feel
17	that I wanted to sort of explore that side of it at
18	that particular time. I have told a few friends
19	since, and I have been quite concerned that there was
20	one who said to me that she'd she's not a friend
20	but an acquaintance that she had had a blood
22	
23	transfusion that same time, and I said, "You should
23 24	get checked", and she said, "Oh no, I'm fine", and that concerns me.
24 25	
25	MS FRASER BUTLIN: You retired early from your work as 62
	52
1	and nauseous and that's never hannened, and I had
1 2	and nauseous and that's never happened, and I had
2	a limited appetite. Before I could eat so much and
2 3	a limited appetite. Before I could eat so much and then I couldn't eat any more and it used to worry me
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(16) Pages 61 - 64

1	the stenographers to take break. I wonder if now is	1
2	a good time to take our morning break.	2
3	SIR BRIAN LANGSTAFF: Yes, it would be. Let us take	3
4	a break then until 12.15 and, if Mr BG can hear this,	4
5	you will understand that we will get to him	5
6	immediately after the break.	6
7	MS FRASER BUTLIN: Immediately after the break we will	7
8	hear the evidence of Mr BG, yes.	8
9	SIR BRIAN LANGSTAFF: So 12.15.	9
10	(11.43 am)	10
11	(A short break)	11
12	(12.14 pm)	12
13	MS FRASER BUTLIN: Mr BG, before we start, can you see and	13
14	hear me?	13
15	MR BG: I can, yes.	15
16	MS FRASER BUTLIN: You have received transfusions on two	16
17	occasions, firstly when you were born in 1969. What's	10
18	your understanding of what happened then?	18
19		10
	MR BG: To the best of my knowledge I only basically know	
20	what my mother has told me. When I was born, I was	20
21	very, very poorly as a child. From what my Dad tells	21
22	me, I was in hospital for over three/four months	22
23	really quite poorly with jaundice. This is only what	23
24	my Dad has told me. That's all I've got to rely on	24
25	and basically that's all that I know.	25
	65	
		4
1	It's WITN5228002.	1
2	Most of it is redacted because it's part of your	2
3	medical records, but the bit we want to look at isn't,	3
4	and it's at the bottom of the page. The entry	4
5	thank you is dated 9 January 2006, and it says:	5
6	"Liver function test. Report abnormal. No	6
7	further action. Source lab. File non-coded. The	7
8	patient informed status was set to 'Patient does not	8
9	need to be informed' at the time of import to	9
10	system 1. Discuss alcohol intake next time."	10
11	Thank you, Lawrence.	11
12	M/hatle ways as leather of the discussion way	12
13	What's your recollection of the discussion you	12
10	had with the doctor in 2006 about abnormal liver	12
14		
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14	had with the doctor in 2006 about abnormal liver function tests?	13 14
14 15	had with the doctor in 2006 about abnormal liver function tests? MR BG: I wasn't actually aware of it. I've only actually	13 14 15
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MS	FRASER BUTLIN: You understand from your Mum and Dad
	that at that time you had a transfusion?
MR	BG: That's correct, yes.
MS	FRASER BUTLIN: Then in [redacted] 1991, when you were
	about 22, you were involved in a serious road traffic
	accident.
MR	BG: That's correct? Yes.
MS	FRASER BUTLIN: You were bleeding heavily when you
	arrived at the hospital.
MR	BG: Yes.
MS	FRASER BUTLIN: And your recollection is that you
	received a blood transfusion on that occasion.
MR	BG: Yes, I did. I wasn't initially aware that I did
	have a blood transfusion. It wasn't up until talking
	to the consultant that he actually notified me that
	I had had a blood transfusion.
мс	
WIS	FRASER BUTLIN: You were in hospital then for about
	two weeks with various injuries, including
MP	a head injury, broken collar bone, broken leg.
	BG: Yes.
1012	FRASER BUTLIN: You were seen by the GP on a number of
	occasions but in 2006 you had some blood tests done.
	BG: That's correct, yes.
MS	FRASER BUTLIN: I just want to look at that record so
	that we've all seen what's written.
	66
MS	FRASER BUTLIN: You were then taken into hospital in
	December 2019. What was the issue you had at that
	time?
MR	BG: It was like before Covid was about and it was
	like Covid-like symptoms. I was rushed in. But
	when I was took in, one of the paramedics did ask my
	partner if she had noticed that I was looking awful
	yellow.
MS	FRASER BUTLIN: You were noticed to be jaundiced and
	you had lymphoedema as well.
MR	
	BG: That's correct, yes.
	FRASER BUTLIN: When you were in the hospital, you were
MD	FRASER BUTLIN: When you were in the hospital, you were tested for hepatitis C.
	FRASER BUTLIN: When you were in the hospital, you were tested for hepatitis C. BG: Yes.
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MS MR	 FRASER BUTLIN: When you were in the hospital, you were tested for hepatitis C. BG: Yes. FRASER BUTLIN: How were you told that you did indeed have hepatitis C? BG: I was actually informed by telephone and it was actually at a later point in time that they did actually discuss it with me, but it was just a quick telephone conversation and then they said they would have to see me. FRASER BUTLIN: How did you feel about the way in which you were told?

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and the treatment would cost £55,000 and unfortunately not everybody did get it. So I was actually waiting for guite a long time to actually say whether I would get it or whether I wouldn't get the treatment. MS FRASER BUTLIN: Was the treatment successful in

MR BG: Yes, it did clear the hepatitis C but it has left

MS FRASER BUTLIN: What have you been told about your --

MR BG: The consultant I see says normally it would base it -- normal doctors would base it on numbers but he bases it as A, B, C, and he says the stage I am at is B, and he says I will need a liver transplant. MS FRASER BUTLIN: And you have described just a moment ago difficulties then in having further follow-up. What can you tell us about what's happened? MR BG: I waited -- once I'd cleared the hepatitis C virus, I waited nearly three -- over two years, sorry, to actually get an appointment and the only way I actually got the appointment was via my local MP. MS FRASER BUTLIN: You wrote to the MP and he said he

MR BG: That's correct. That was with -- I think it was one of your advisers that said I should try that and 70

clearing the hepatitis C?

me with chronic liver disease.

the situation with your liver?

would investigate.

1	like that, and to actually inform me in that way,	1
2	I think it would have been better to actually let me	2
3	know a bit about what was actually going to actually	3
4	happen to me.	4
5	MS FRASER BUTLIN: And what's happened with your treatment	5
6	since then?	6
7	MR BG: Basically I've just started seeing my consultant	7
8	again because it's been over two years since I were	8
9	actually cleared the hepatitis C virus, and I had to	9
10	actually contact my local MP to actually give me some	10
11	help to see a consultant.	11
12	MS FRASER BUTLIN: Just before we get to that more recent	12
13	history, you had the phone call to say you had	13
14 15	hepatitis C. You say in your statement it then took	14 15
15 16	quite a long time until you actually got to see	15 16
17	a consultant and start treatment and have a proper discussion; is that right?	17
18	MR BG: No, that was actually pretty quick. I'm referring	18
19	to like, from the point of the hep c being cleared	19
20	up to seeing a consultant, not with regards to with	20
21	what you're talking about.	20
22	MS FRASER BUTLIN: So you had the treatment and how did	22
23	you find that?	23
24	MR BG: I had to wait quite a long time because they told	24
25	me that it had to go in front of a panel in Sheffield	25
	69	
1	it was very helpful, to be honest.	1
2	MS FRASER BUTLIN: That was June 2022?	2
3	MR BG: Yes.	3
4	MS FRASER BUTLIN: And you then did get an appointment at	4
5	the hospital?	5
6	MR BG: Yes, I've had two appointments since and further	6
7	tests and things like that, that I never had done in	7
8	the past.	8
9	MS FRASER BUTLIN: Can you tell us or what can you tell us	9
10	about the impact mentally, on your mental well-being,	10
11 12	of being diagnosed? MR BG: Well, firstly, there's my partner and my children,	11 12
12	I were worrying about them all the time, if I'd	12
13	infected them whilst not knowing about the infection	13
14	and things like that. I did attempt suicide. I got	14
16	myself in that much of a state where I just felt	16
17	everything was hopeless and how I were going to die	10
18	anyway, so	18
19	MS FRASER BUTLIN: You were referred to mental health	19
20	services when you were in the hospital but since then	20
21	you haven't had any real success in accessing any	21
22		
	mental health services.	22
23		22 23
	MR BG: Not at all, no. None whatsoever. I do try to get	
23		23

MS FRASER BUTLIN: Have you told anyone about your
diagnosis?
MR BG: I come from a [redacted] village and everybody
knows everybody and no, definitely not. It's not
something that I'd even consider, to be honest with
you, because of the stigma attached to it. You
mention hepatitis, people just assume that it's HIV
and all the bad things that are associated with that
and
MS FRASER BUTLIN: You've since applied for financial
assistance. You tried initially to apply to the
English scheme.
MR BG: That's correct, yes.
MS FRASER BUTLIN: What were you told when you applied
there?
MR BG: Because my infection one of them could have
occurred in Scotland, they said that it was nothing to
do with them and I would need to make a claim through
the Scottish Board.
MS FRASER BUTLIN: And you have now made that application
to the Scottish scheme but you're waiting to hear?
MR BG: That's correct, yes.
MS FRASER BUTLIN: Thank you.
I want to move now to some more thematic
discussion with all of the panel. Mr BG, please
72
(18) Pages 69 - 72

71

REDACTED VERSION

iges 69 - 72

1	contribute and we will hear your voice, even though	1
2	nobody can see you.	2
3	MR BG: Okay.	3
4	MS FRASER BUTLIN: I want to start by exploring some	4
5	issues about the time it took from the transfusion to	5
6	each of your diagnoses.	6
7	Mrs BF, you reflect in your statement about	7
8	a lack of understanding of hepatitis C within the	8
9	medical profession?	9
10	MRS BF: Yes.	10
11	MS FRASER BUTLIN: Would you like to say anymore about	11
12	your perception and what your view is of that?	12
13	MRS BF: What I want to come out of this Inquiry is that	13
14	doctors are trained to be much more aware of this	14
15	disease because at least three GPs said to me, you	15
16	know, "This can't be". I spoke to one retired GP that	16
17	nothing it was just socially but he said almost	17
18	said "No, you couldn't be hepatitis C positive because	18
19	it's only through Factor VIII that you can get it" and	19
20	I thought "Here we go, here's another one", you know.	20
21 22	Sorry, I've lost the question now.	21 22
22	MS FRASER BUTLIN: I was just asking for your view and	22
23 24	perception of issues around lack of understanding	23 24
24 25	within the medical profession. MRS BF: Yes, I have found that even consultants, they say	24 25
20	73	25
	10	
		,
1	totally refuses to talk about hepatitis C. He's got	1
2	my medical notes sat in front of him. He never, ever	2
3	mentions it. It's always me that mentions it to him	3
4	and it's just as if he doesn't want to talk about it	4
5	in any way.	5
6	ROBERT ELLINOR: Similar experience.	6
7 8	MS FRASER BUTLIN: Could you just sit forward slightly?	7 °
o 9	ROBERT ELLINOR: Similar experience. As I mentioned	8 9
9 10	earlier, I've never actually seen the GP because the	9 10
10	original one swapped and then the next one swapped and, by the time I got to the third one, it was	10
12	already after I'd spoken to Sam and I said	12
12	I basically told them "I think I have hepatitis C".	12
13	But once that was done and the referral letter was	13
14	written, they don't really want anything to do with	14
16	you and, like the other member talked about, there's	16
17	no awareness. It's really shameful, actually. But	10
18	I live in a small town, so it's possibly to be	18
19	expected.	10
20	MS FRASER BUTLIN: Wendy, you have reflected that that	20
20	impacts your confidence in the GP in relation to	20
22	doctors, generally.	21
23	WENDY WOODS: Definitely.	22
23	MS FRASER BUTLIN: Do others on the panel feel similarly	24
25	or have you not had that experience, of it impacting	25
	75 REDACTED VE	
	KEDACTED VE	

I spol know really this il that it conta	can't answer questions like the IBS, when ke he said "Well, it could be but I don't . You know more about it than I do". So I just wish that there was a lot more awareness of lness and the fact that there is now a cure and t isn't it's only spread through blood act. It isn't spread in any other way; so it t quite got the fear context, perhaps, that HIV
•	ER BUTLIN: Wendy, Robert, Mr BG do you have any
	Ints on this issue?
WENDY W	/OODS: I didn't know for 38 years, which is what
becau	use I was obviously I didn't know that I had
it. Bu	ıt I haven't got a lot of faith that has
(uncle	ear) my faith in doctors really and truly. If
l go t	o the doctors now and I ask and I don't go
away	feeling confident.
MS FRAS	ER BUTLIN: That's because
	/OODS: That's because of this, yes.
	ER BUTLIN: Because you had been so many times
	e you know diagnosed?
	/OODS: Exactly, exactly.
	ER BUTLIN: Mr BG, I think you were about to join
	onversation.
MR BG:	I feel that it's lacking because my local GP 74
•	confidence in them? It's definitely impacted my confidence. And
l find	exactly the same thing, that there's never any
refere	ence at all to hepatitis C. It's as if it's
"Oh, i	it's been there, it's gone" and that's it. You
know	, "We don't go there, nothing else is going to be
relate	ed to it whatsoever and" no, it's almost
a con	spiracy of silence.
ROBERT I	ELLINOR: Mine's been a crash course in
hepat	titis C. You know, it's exactly a year ago this
week	titis C. You know, it's exactly a year ago this
week comn	titis C. You know, it's exactly a year ago this that I talked to Samantha May, so I can't really
week comn they'\	titis C. You know, it's exactly a year ago this that I talked to Samantha May, so I can't really ment very well about GPs. Generally, for me,
week comn they'\ do, b	titis C. You know, it's exactly a year ago this that I talked to Samantha May, so I can't really ment very well about GPs. Generally, for me, ve been very receptive to what I've asked them to
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week comn they'\ do, bi MS FRASI pathv about were. you h pathv Do yo been	titis C. You know, it's exactly a year ago this that I talked to Samantha May, so I can't really ment very well about GPs. Generally, for me, we been very receptive to what I've asked them to ut knowledge, very poor. ER BUTLIN: In terms of your current treatment ways, I think a number of you were very positive t the nurse specialists and how important they I can see all four of you nodding. But I think have all also had difficulties with the treatment ways and access to clinicians, access to doctors.

communication. All the way through my life, I can see in the NHS breakdowns in communication that bring 76

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1	about these anomalies. And the fact that, you know,	1	
2	it's so once a computer has said, "This is how it	2	
3	goes", nobody wants to argue with it and nobody wants	3	
4	to look at what the information that's been input into	4	WE
5	that computer is. They just want to look at the	5	
6	output and say, "Well, sorry, this is it, this is how	6	
7	it is, go away and stop being a nuisance".	3 7	
8	WENDY WOODS: That's the way I feel. I feel the same.	8	
9	MS FRASER BUTLIN: Do you want to tell us a bit more about	9	
10	why and what your perception is?	10	
10	WENDY WOODS: Well, like I say, I've just lost all faith	10	
12	in it, you know? I mean, like, if where I live, if	12	
13	you go to the doctors, you never see the same doctor	13	
14	anyway. And if you want to talk about anything, they	14	
15	just sort of brush you off, you know, and say, "It's	15	MS
16	gone, you're fine" and that's it.	16	MR
17	MS FRASER BUTLIN: So perhaps a perception that once the	10	MIX
18	hepatitis C treatment is completed	18	
19	WENDY WOODS: Exactly. They don't want to know.	10	
20	MS FRASER BUTLIN: it doesn't need to be addressed	20	
20	anymore?	20	
22	WENDY WOODS: Exactly. Exactly. It's forgotten about.	22	MS
23	MS FRASER BUTLIN: In terms of accessing and access to	23	RO
23	doctors and consultants when you were going through	23	NO
25	the treatment pathway, I think you all experienced	25	
	77		
1	called really helped me with was about my children	1	
2	and my wife because, having said (audio distortion)	2	MR
3	the bag of medicine, you need to really kind of make	3	
4	sure that things are separated because it's a blood	4	
5	borne virus. So she was very helpful in writing	5	
6	a letter [redacted]	6	
7	[redacted]. In another case, the one in	7	WE
8	[redacted], I talked to her the other night about it.	8	
9	She thought that it was not really an issue.	9	GEI
10	[~redacted] I talked to Sam about it in the	10	WE
11	past, "Is it to do with money or is to do with	11	
12	[~redacted] but just the questioning about why.	12	GEI
13	"Well, my Dad was diagnosed with hepatitis C."	13	WE
14	"Oh, well, you probably don't have it."	14	GEI
15	[redacted] That's a big thing.	15	
16	MS FRASER BUTLIN: But I think you are picking up some	16	
17	concerns about the need for some people to justify	17	
18	having the test	18	
19	ROBERT ELLINOR: Yes.	19	
20	MS FRASER BUTLIN: when they are going to a GP and	20	
21	asking for it?	21	
22	ROBERT ELLINOR: Yes.	22	
23	MS FRASER BUTLIN: Finally, in terms of the EIBSS	23	
24	applications. I think three of you have had	24	
25	a struggle. What are your views of the process you	25	
	79 REDACTED VEI	RSION	

1	difficulties.
2	Wendy, do you have any reflections on why there
3	were difficulties?
4	WENDY WOODS: Oh, I just don't know. I had to go from
5	[redacted] to Ipswich Hospital, because they didn't
6	deal with it in <i>[redacted]</i> hospital, so I had to go
7	there. But, I mean, the nurse that I had there was
8	marvellous. She was on the phone all the while and
9	ringing me up, seeing how I was getting on with the
10	tablets and sending me all the blood tests. I mean,
11	I could go to [redacted] to get the blood tests but
12	she'd have to send me all the files and and I can't
13	thank her enough, you know, she was really, really
14	brilliant.
15	MS FRASER BUTLIN: Mr BG?
16	MR BG: When I actually asked my local MP to look into it,
17	I did ask for a detailed report of what the failings
18	actually were and they put that down to a lack of
19	communication and a breakdown in communication, and
20	that was the only support that they actually give to
21	justify it.
22	MS FRASER BUTLIN: Robert, do you have any reflections?
23	ROBERT ELLINOR: Yes. Hepatitis C for me was like
24	I said, it was very new but the one thing that the
25	nurse practitioner I think that's what they're
	78
1	have had to follow?
2	MR BG: When I initially put my forms in to my local GP,
2 3	MR BG: When I initially put my forms in to my local GP, they actually lost them and it took them over
2 3 4	MR BG: When I initially put my forms in to my local GP, they actually lost them and it took them over six months to actually admit that they'd lost them and
2 3 4 5	MR BG: When I initially put my forms in to my local GP, they actually lost them and it took them over six months to actually admit that they'd lost them and then I had to get some more filled out and taken back
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1	was important but there must be lots of other people	1	to lie.
2	who don't have the ability to do that and would	2	But the then denial or rejection by the EIBSS in
3	receive the letter and just end it there.	3	my case, which was well publicised this morning,
4	WENDY WOODS: Which I would have done, because I wouldn't	4	I think it's quite ridiculous. So I did get the
5	know where to start.	5	feeling that the auditors, if you want to call them
6	MS FRASER BUTLIN: I think you've said that if Gemma	6	that, are external from EIBSS I'm not sure but
7	hadn't picked this up for you	7	when I spoke to the lady at EIBSS on Tuesday on
8	WENDY WOODS: Oh, definitely.	8	Wednesday, she remembered my case, she remembered
9	MS FRASER BUTLIN: you would have just filed the letter	9	not being a policeman or being a policeman and
10	and said, "Well, there we go"?	10	So the process seems to have a conflict of
11	WENDY WOODS: Well, I would have done, because I just	11	interest from the beginning, because you're asked to
12	wouldn't I definitely wouldn't know where to start.	12	provide your records but your records are in trust
13	ROBERT ELLINOR: The original application talks about	13	with the NHS, but they destroy them. There must be
14	I think some of the people here have had access to	14	many, many people in the same boat as me that had
15	their medical records and despite some of the	15	their documents destroyed or yeah, I mean, they
16	pieces being missing, but for me the application form	16	just flat out said based on the eight-year rule it's
17	talks very clearly about: you must apply for your	17	destroyed, gone.
18	medical records. As soon as you get or apply for your	18	MS FRASER BUTLIN: Of course, Mrs BF, you had your reco
19	medical records and you get a rejection, I think that	19	and, with the records, the process was then
20	was within about two or three days of sending the	20	straightforward?
21	document to EIBSS I got the rejection, and I remember	21	MRS BF: Yes, I was just very lucky, I suppose, in that
22	writing to Susan Stretch from The Hep C Trust saying,	22	the Bristol Authority happened to keep my records and
23	"Am I done?" Because if you can't prove anything,	23	the consultant was very keen for me to make the
24	like you said, it just gives you this feeling that	24	application. Because originally I sort of thought
25	you're lying. And why would you lie? There's no need 81	25	I don't want to take money from the NHS, and then 82
1	I was reassured that the NHS isn't going to see that	1	to add one little bit about the doctors records. It
2	money anyway and you should go ahead and apply.	2	seems in our case that initially even asking for the
3	MS FRASER BUTLIN: Sir, those are the questions I have for	3	medical records of Mum was deemed, "Well, why do y
4	the panel. Before I invite the panelists to say	4	want those? We're not giving you those".
5	anything further they would like to say, do you have	5	And they are her medical records, and that was
6	any questions for them?	6	an initial fight. So I know it was going to be
7	SIR BRIAN LANGSTAFF: No, I don't, thank you.	7	difficult from that process but I just wish you
8	MS FRASER BUTLIN: Then, Mr BG, is there anything else you	8	know, it's not as if I'm asking for anyone's records,
9	would like to add?	9	I'm asking for your own, kind of thing. I just wish
10	MR BG: No, I don't think so.	10	it was a bit made a bit easier for people who are
11	MS FRASER BUTLIN: Robert, is there anything else you	11	going through something like this, that's shocking in
12	would like to add?	12	the first instance anyway. You should be helped not
13	ROBERT ELLINOR: I like some of the other people here,	13	hindered, basically.
14	I think hep C awareness is really, really important.	14	MS FRASER BUTLIN: Mrs BF, is there anything else you'd
15	So, in my case, I've joined together with The Hep C	15	like
16	Trust to do more of that and eventually, end up on the	16	MRS BF: I just want to thank the Inquiry for the amazing
17	helpline for The Hep C Trust. So I want to thank the	10	work that it's done and how it has raised the profile,
18	Inquiry for doing what they're doing and I really	18	and how it's actually managing to get us all
		18	
19	appreciate and hope that the final report will help		compensation and make things, you know, as well as
20	not just me but other people. Thank you for all the	20	they can be.
21	work.	21	MS FRASER BUTLIN: Sir?
22	MS FRASER BUTLIN: Wendy?	22	SIR BRIAN LANGSTAFF: Well, I wish that it had made
23	WENDY WOODS: No.	23	awareness even greater. The accounts which you ha
24	MS FRASER BUTLIN: Gemma?	24	given, all of you, show that there's still quite a lot
25	GEMMA WOODS: I don't think I mean, I might just want	25	of work to be done. You, in particular, Mrs BF, have

6	SIR BRIAN LANGSTAFF: Can I thank you for, as it were,	6	So I think you deserve our full appreciation.
7	bringing us right up to date, bang up to date pretty	7	Thank you very much.
8	much, because your infections in each case except,	8	I just want to say something, so if you don't
9	I think, for yours arose or were identified, I should	9	mind, each of you this doesn't apply to Mr BG, who
10	say, for the first time during the course of this	10	is obviously somewhere else, but if you just stay
11	Inquiry and, in your case, first day in the UK in the	11	there for the moment.
12	course of this Inquiry.	12	What I want to say to you is this. We've
13	ROBERT ELLINOR: Yes.	13	reached another significant milestone for this
14	SIR BRIAN LANGSTAFF: So it's very recent and our terms of	14	Inquiry. Today's evidence is the last oral evidence
15	reference take us from the start of the NHS right up	15	that we're timetabled to hear about what happened and
16	to today, and so it shows that there may yet be	16	why, with the exception, that is, of the two days next
17	matters for me to consider at the end.	17	week that necessarily had to be rescheduled for the
18	But I want to thank each of you. The fact	18	late Queen's funeral.
19	l often say it, and sometimes people when you	19	I promised at the outset that this Inquiry would
20	repeat things, they lose their force, but it's not	20	begin and end its oral evidence about what happened
21	easy giving evidence. The fact that two of you have	21	and why with a testimony of people infected and
22	chosen to be anonymous but have still given evidence	22	affected. That promise has been honoured, save for
23	is a testament to you and your desire to help others.	23	the rescheduled two days.
24	I've noted that in, I think, each of your cases, one	24	In my view, that has proved to be the right
25	of the worries you have had is not so much a worry for	25	thing to do for this Inquiry and, indeed, no-one who's
	85		86
1	heard the evidence could fail to appreciate the	1	I'm very grateful to all of you who have given
2	importance of what we've heard, to understand the	2	evidence and the way in which your and I mean the
3	order in which we've heard it, and to see the	3	people here your individual and collective support
4	significance of beginning and ending with the personal	4	has made it so much easier for so many to give
5	accounts, the very personal accounts, we have heard.	5	evidence so effectively.
6	During the course of the Inquiry, 230 people who	6	Let me also say this: at the outset, I said
7	have been infected or affected have given evidence in	7	I intended this Inquiry would be one in which all
8	person and some roughly 3,500 people have given	8	witnesses would be treated with respect. I'd like to
9	written statements or spoken to the Inquiry's	9	pay tribute to you and to all of those who have sat
10	intermediaries. Let me say something to each of you	10	listening in the hearing room, not only to evidence
11	who has given evidence, whether oral or written, or	11	which you may have endorsed but to evidence which you
12	contributed their perspective through intermediaries.	12	may have found uncomfortable or challenging, for the
13	I include those whose voices have been heard	13	way in which you have enabled each witness to give the
14	here through those who have survived them.	14	best evidence they felt able to give. In short, not
15	I'd like to recognise you and them all for the	15	just for the support so valuable which you have
16	contributions and to thank those who have enabled them	16	given to so many but the respect and sometimes
17	to be made. Each of you has helped to place another	17	restraint which you've shown throughout to all.
18	piece in the jigsaw puzzle about what happened and	18	The task I'm challenged with is not an easy one
19	why, sometimes with testimony that has cast light	19	but, my goodness, you have made it easier. Thank you.
20	where no other documents or witnesses are available	20	In November, we will turn our attention to
21	and often by providing depth and definition on	21	possible recommendations with witnesses you can sit
	experiences common to far too many families across the	22	down.
22			
	length and breadth of each of the four countries of	23	MS FRASER BUTLIN: Thank you.
22	length and breadth of each of the four countries of	23 24	-
22 23			MS FRASER BUTLIN: Thank you. SIR BRIAN LANGSTAFF: Turn our attention to possible recommendations with witnesses on topics such as what

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The Infected Blood Inquiry (Redacted)

1	more can be done to find people infected and, as yet,	1	INDEX	
2	undiagnosed. You will appreciate that there are quite	2	MRS BF (sworn)	3
3	a number of witnesses to schedule and we will publish	3	WENDY WOODS (affirmed)	3
8 4	this timetable on the Inquiry website next week.	4	ROBERT ELLINOR (affirmed)	3
5	In the meantime, we meet again on Thursday next	5	MR BG (sworn)	3
6	week for the evidence of Professor Tedder, rescheduled	6	Questioned by MS FRASER BUTLIN	3
7	as it has been for the late Queen's funeral.	3 7	GEMMA WOODS (affirmed)	41
8	So it's Thursday at 10 am. Thank you once	8		
9	again.	9		
10	(Adjourned until Thursday, 13 October at 10.00 am)	10		
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