

Wednesday, 22nd May 2019

(10.00 am)

**SIR BRIAN LANGSTAFF:** Our first witness this morning is to be known as Simon, is he?

**MS RICHARDS:** Yes, sir, Simon Hamilton.

**SIMON JONATHAN HAMILTON (sworn)**

**Questioned by MS RICHARDS**

**MS RICHARDS:** Simon, you suffer from haemophilia A.

**A.** Yes.

**Q.** How is the severity of your haemophilia classified?

**A.** It is classified as mild haemophilia A.

**Q.** Now at various times in your childhood and young adulthood, you were given first cryoprecipitate and then later Factor VIII products?

**A.** Yes.

**Q.** From the description you give in your witness statement, lots of bumps and scrapes as a child and as a young man.

**A.** Yes. I tried very hard. My parents were very careful about trying to keep us healthy and safe, to avoid contact sports and always relating to the dangers and risks that would lead to bleeds, because of the problems that we were aware of and some of our greater family had. Nevertheless, it is inevitable, and I ended up requiring quite a lot of treatment at

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unfortunately. I might make some reference to that later on.

**Q.** Now, were your parents whilst you were a child or you once you were a young adult ever given any information or advice or warnings about any risks of infection associated with the use of these products?

**A.** No. Definitely not.

**Q.** Now we can see from a later entry in your records, and we will put it up on the screen in front of you, Simon. It is 2339008. We will see a reference in this letter to abnormal liver function tests. We can see it is a letter, 6th June 2003, but if we go to the last paragraph on that page:

"He developed abnormal liver function tests in 1984."

Do you recall any discussion with you in or around 1984 about those abnormal liver function tests or their significance?

**A.** No.

**Q.** In 1985, your records show that you were tested for what was then referred to as HTLV-III/HIV. If we have up on screen 2339006, please, we can see the bottom entry is dated 7th June 1985, and there's a reference there to "HTLV-III tested". Then if we have up on screen, please, 2339009, we can see here, Simon,

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times.

**Q.** And you have a recollection of being given cryoprecipitate on a number of occasions and then, from about 1976 onwards, Factor products, specifically Kryobulin and at some stage Hemofil?

**A.** Yes, absolutely. One of the reasons why I do remember the difference is because the Kryo was very visually different. It was almost like a plasma, and you had to receive it over a period of time. I remember the Hemofil, because we got very large injections, I think 50 ml injections. To boys of my age at the time a 50 ml injection was a wonderful weapon with water in it. So I do remember distinctly the treatments that I received.

**Q.** One of the recollections you describe in your witness statement was playing a 5-a-side football match?

**A.** Yes.

**Q.** You were leg-checked. A haematoma developed, and you were given either cryoprecipitate or Factor VIII products?

**A.** Yes, that was a significant bleed in my thigh.

**Q.** You have not been able to ascertain precisely what you were given prior to 1976, because your medical records prior to 1976 are missing?

**A.** Yes, I don't have any records prior to 1976,

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a letter dated 4th July 1985, from Dr Mayne to you saying:

"The results of your recent blood tests have now come to hand. I am pleased to inform you that all is well and they are negative."

What can you recall about the process of being asked about HIV testing and given information about it?

**A.** At the time there was a flurry of concern, it appeared to be, from the haematology unit, that there were problems with some of the treatments that we had received. It wasn't very clear, but I was made aware that we had the option of being tested, the option of being tested for HIV, if we wished. At the time my brother and myself both recollected we were a little startled that that was an option, because I think even at that stage there was a significant amount of information about the risks and the negativity, the stigma -- that's probably not a strong enough word -- about having HIV or being vulnerable to it, and as a consequence of that I would have been and am still surprised when I reflect that I might have had a choice to find out whether or not that was something I might have been infected with. The consequences, obviously, for lots of people around me would have

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1 been significant, if I had not chosen to confirm  
2 whether or not I was infected, regardless of the  
3 impacts on me, which would have been significant  
4 emotionally, physically, and in terms of social  
5 opportunity as well. They would have been very  
6 significant. So it would have been madness not to  
7 want to be tested, and irresponsible. Therefore I was  
8 staggered that that was something which was offered as  
9 an option.

10 **Q.** Do you have any recollection of a meeting at the Royal  
11 Victoria Hospital with Dr Mayne or others at which  
12 these issues were discussed?

13 **A.** I do recall a meeting that we were brought to.  
14 I remember on that particular day one of the reasons  
15 why I remember it, sometimes it is little things which  
16 click the memory, which hook the memory. I do  
17 remember there were a significant number of  
18 haemophiliacs there, and we were all presented with  
19 some information about the risks or the possibility  
20 rather that we had been infected and that we would be  
21 tested if we wished. I remember at the time too,  
22 because my brother and I, we didn't take part in  
23 contact sports, we rode. My parents had endeavoured  
24 to get us into a school where we could be physically  
25 fit, because that would have helped us, but avoided

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1 you had been infected with hepatitis C. What can you  
2 recall about being informed that you had hepatitis C?

3 **A.** I recall being brought in, and at the time there was  
4 a similar arrangement, I gathered, talking to fellow  
5 sufferers, that people were being pulled in, brought  
6 in, invited in and asked to undergo tests and so  
7 forth. When I was told that I had hepatitis C, I was  
8 deeply concerned. I didn't understand what that meant  
9 really, except that I realised it wasn't good.  
10 I realise now what it means.

11 **Q.** Do you consider that the information that was provided  
12 to you at the time was sufficient, in terms of what  
13 you were told about the nature of the condition, its  
14 prognosis and so on?

15 **A.** No. I don't feel that I had a very full picture, and  
16 that may well have been because the medical profession  
17 were still learning what this meant. I remember at  
18 one stage the potential of the virus, or the virus as  
19 it was, was identified as non-A, non-B. So we were  
20 part of that learning process, I guess.

21 **Q.** Now, you have drawn attention to a test result in your  
22 records, and we will put that up on screen. It is  
23 2339004. We can see it's hepatitis C virus positive.  
24 The date is not clear on this copy, but my  
25 understanding from your legal representatives'

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1 the risks of playing rugby or football, or anything  
2 elsewhere we would have been likely to lead to injury  
3 and treatment.

4 I remember at the time thinking just how  
5 fortunate we were, because I saw lots of my fellow  
6 sufferers who had significant problems with their  
7 joints and bleeds, and had been more heavily impacted  
8 upon. So I do remember that quite clearly, yes.

9 **Q.** Now, you have seen Dr Mayne's statement in relation to  
10 this, and I am just going to read out a very short  
11 passage from her statement, which I know you have  
12 seen. It says:

13 "It was decided that all patients who had  
14 received factor treatment, whether in the form of  
15 cryoprecipitate or freeze dried concentrate, should be  
16 offered testing for HIV. Patients and their relatives  
17 were invited to a succession of meetings to update  
18 them on all known risks and information about the  
19 virus. The meetings took place between January and  
20 March of 1985 at the Royal Victoria Hospital. The  
21 patients were invited to be tested. It was a matter  
22 of choice whether they wished to do so. No-one was  
23 compelled to participate."

24 **A.** That would be consistent with my memory and my shock.

25 **Q.** Now, it was some years later when you were told that

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1 scrutiny of the records is that it is dated  
2 8th October 1990?

3 **A.** Yes.

4 **Q.** As far as you are concerned, when were you told that  
5 you had been infected with hepatitis C?

6 **A.** It's pretty clear from my records, as I can see, that  
7 I was informed about four years later.

8 **Q.** Four years later, 1994?

9 **A.** Yes.

10 **Q.** We will just look at another entry from your records.  
11 It is 2339010, please. We can see here, first of all,  
12 there is a handwritten entry, 25th March 1994.  
13 Various dates there given. There's a reference to  
14 December 1984, and then if you look down:

15 "1990. Test HCV pos."

16 Then, if we look to the next entry, please,  
17 which is 18th April 1994, towards the bottom of the  
18 page, we can see there a reference:

19 "Brief and difficult discussion."

20 Then a few lines further down it says:

21 "Simon very worried re HCV etc."

22 As far as you are concerned, is that roughly the  
23 time when you learned that you had hepatitis C?

24 **A.** Yes, and me knowing me, for me to be described as  
25 being -- for there to have been a brief and difficult

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1 discussion, for me to have been very worried, if I had  
 2 been aware in 1990, I would have been exactly the  
 3 same.  
 4 **Q.** And you have said in your statement that you are quite  
 5 a placid character -- that is your term -- and that if  
 6 your doctors described you as "worried", that shows  
 7 the level of distress you were experiencing?  
 8 **A.** I want to be respectful to the medical profession,  
 9 because they have helped me and guided me and kept me  
 10 alive, and I value that, just as I am aware too that  
 11 I have been infected with something that will  
 12 potentially kill me, could kill me, has had a massive  
 13 impact on my life, and will continue to have. I have  
 14 seen the impact that it has had on others, so I am  
 15 very aware of that. But yes, so while I would be calm  
 16 and placid and passionate, and while I would be  
 17 respectful, I am also honest and clear about issues of  
 18 responsibility and my feeling about that, and  
 19 therefore, if I was concerned or distressed or  
 20 worried, there would be good cause.  
 21 **Q.** Now, having been given the diagnosis and been given  
 22 some information about the condition, your family  
 23 members were tested?  
 24 **A.** Yes.  
 25 **Q.** And tested negative?

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1 that, and weariness and tiredness, and some discomfort  
 2 in my liver.  
 3 **Q.** Now, a number of years after your diagnosis, in  
 4 April 2010, you underwent a fibroscan. We will just  
 5 put up on screen, please, 2339005. We will see there  
 6 a letter dated 23rd April, 2010. It explains in the  
 7 first paragraph:  
 8 "Mr Hamilton attended me ... on 21st April for  
 9 his fibroscan."  
 10 It refers to the study yielding a score of 26.6:  
 11 "... and although the interquartile range was  
 12 quite wide, all of the readings were very consistent  
 13 with an advanced level of fibrosis or cirrhosis.  
 14 "In light of the various bits of clinical and  
 15 radiological information available to me, I have told  
 16 Mr Hamilton that I am in no doubt that he has liver  
 17 cirrhosis."  
 18 He goes on to say that he emphasised that you  
 19 seem to have very well compensated cirrhosis. At that  
 20 point you were enrolled on the Hepatoma Surveillance  
 21 Programme. What does that entail?  
 22 **A.** I was placed on the surveillance programme.  
 23 Effectively, I am very grateful to be on it and very  
 24 grateful for what happens through that process. It is  
 25 like an early warning system. Effectively, because of

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1 **A.** Yes.  
 2 **Q.** But, nonetheless, that was a process --  
 3 **A.** Yes.  
 4 **Q.** -- that you felt that they should go through?  
 5 **A.** Yes.  
 6 **Q.** Up until the time at which you started, a number of  
 7 years later, your first course of treatment --  
 8 **A.** Yes.  
 9 **Q.** -- what physical or other symptoms did you experience  
 10 in consequence of the hepatitis C?  
 11 **A.** One of the things I have learned about hepatitis C is  
 12 that it impacts everybody in a different way, just as  
 13 the treatments cause different reactions. Really, it  
 14 is part of a journey, and on that journey sometimes it  
 15 is only when you get towards the end of a journey that  
 16 you realise what the journey has really been like,  
 17 because you have been in the middle of it. I realised  
 18 after I had been cured, after the virus was  
 19 suppressed, that I had been living a life, remarkably  
 20 for me, very active, but very tired and worn and  
 21 drained, and I just thought it was the nature of the  
 22 life that I led. But, in reality, I would have been  
 23 probably living on a percentage of my normal energy.  
 24 That's common to all. I had jaundice at one stage.  
 25 I would have been prone to infections and things like

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1 the nature of the cirrhosis, it destroys and damages  
 2 the liver. Because of the hepatitis C, the liver is  
 3 gradually degraded, and as a consequence of that, the  
 4 liver then develops severe scarring, and that scarring  
 5 is what actually impacts on the performance of your  
 6 liver, and that ultimately leads, if it is not put in  
 7 check, to you dying, developing a cancer, tumours,  
 8 etc, and then requiring a new liver, if you are  
 9 fortunate enough to get one, and you are fortunate  
 10 enough to survive the experience, and you are  
 11 fortunate enough to make a good recovery, because  
 12 there is no given in any of that. As a consequence  
 13 of -- sorry, I have just gone off my thought.  
 14 **Q.** That's all right. I was asking you about the  
 15 surveillance programme?  
 16 **A.** I beg your pardon. Yes. as a consequence of all of  
 17 those things, then the liver can deteriorate. When  
 18 I was put on this regime, it ensures that there is  
 19 an early warning as to whether or not my degraded  
 20 liver, because it is degraded, and this part of it  
 21 here is not good, that will then be looked at and  
 22 monitored very carefully every six months to determine  
 23 whether or not there is evidence of a tumour. That  
 24 process happens because you go and you get  
 25 an ultrasound. You also have a blood test. The blood

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1 test over a period of time will indicate if there's  
2 a change in some of the proteins. That would indicate  
3 whether there was an increased risk. It is usually  
4 a very good identifier of cancer.

5 If the scan identifies any shadow, then there's  
6 a second observation that usually happens, and I wait  
7 with bated breath to see whether the radiographer will  
8 call a second radiographer. The second radiographer  
9 has come in twice. On one occasion we actually  
10 thought we were going to be told that we had cancer --  
11 that I had cancer -- we had cancer. It would affect  
12 us all. Thankfully that was not the case. But there  
13 have been nodules identified on that portion of my  
14 liver.

15 The monitoring ensures that at an early stage,  
16 they find something. If they find something, there is  
17 a confirmation with an MRI scan. I have had two of  
18 those so far. The MRI scan is a very detailed way of  
19 identifying just the nature of what that shadow is and  
20 what it is likely to be. In cases like mine, it would  
21 be preferred not to have a biopsy of the liver,  
22 because of the bleeding dangers. In fact, it is  
23 really not something that is done very often for  
24 haemophiliacs, unless there is an emergency of some  
25 sort.

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1 One builds a threshold for these things, but the  
2 reality is that all the time you are very glad to hear  
3 that the protein test is good, that the scan is good,  
4 and when you have done enough of these, you can read  
5 the radiographers. You can tell whether there is  
6 a problem or not or whether you need to be anxious.  
7 The truth is when they go out of the room to check  
8 with someone else, I get up and look at the screen.  
9 I am not a radiographer, and I can't tell, but I am  
10 anxious to see if I can see anything. So those are  
11 the residual impacts.

12 Q. Now, also in 2010, you underwent your first course of  
13 treatment in relation to the hepatitis C. You had  
14 Interferon and Ribavirin. We can see that at 2339007.  
15 It is a more recent letter, but it contains a summary  
16 in the italicised numbered paragraphs at the beginning  
17 of the paragraph. Paragraph 3:

18 "First treatment of hepatitis C ... finishing  
19 December 2010 (PCR Negative at the end of treatment  
20 but relapsed)."

21 What can you recall about that first course of  
22 treatment, Simon?

23 A. I had to brace myself to go through it again. Let's  
24 put it that way. The treatment is very severe. It  
25 has an immediate impact. What I do recall, and

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1 So that would be the purpose of that. That's  
2 something which I will receive every six months for  
3 life or until I die.

4 Q. That has been ongoing since 2010?

5 A. That has been ongoing since then.

6 Q. Every six months you undergo this screening and tests?

7 A. Yes, yes.

8 Q. You have described very powerfully in your statement  
9 not only the gratitude for being on the programme, but  
10 also the effect it has on you, in terms of waiting  
11 every six months --

12 A. Yes.

13 Q. -- to find out whether anything has gone wrong?

14 A. Yes. I really can quote from the professionals rather  
15 than myself, in the sense that the significance of the  
16 test means that I am good for another six months.  
17 That's encouraging for six months, but it means that  
18 we -- there's a natural impact on preparing yourself  
19 for what might not be good news. Whether that would  
20 ever be the case or not is a side-effect or a side  
21 issue. The reality is that I am on this scheme  
22 because they are looking for cancer, otherwise I would  
23 not be on the scheme. So that's the reality. While  
24 I am very grateful, the impacts on all of us are that  
25 we are not sure and we wait to hear.

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1 I recall this on both occasions, because I had  
2 a second treatment as well, which I am very grateful  
3 for. I recall within a few minutes of getting the  
4 injection, of taking the injection, I developed -- it  
5 is almost like malaria. We had the fire on, we had  
6 the stove on, and at the same time I was shaking  
7 uncontrollably and feeling wretched. That's common to  
8 the treatment. The treatment I would say was severe.  
9 I suppose, in layman's terms, you almost have to kill  
10 someone to make them better, because there are  
11 a number of impacts. Those impacts are hard. They  
12 leave you very tired. Your protein -- your platelets  
13 deteriorate considerably. So you are quite  
14 vulnerable. Your immune system is shut down, in order  
15 to attack the virus. It is very clever technology,  
16 very clever medical technology, but at the same time  
17 it takes its toll. I wasn't able to continue working  
18 for periods of time. I struggled on, because that's  
19 my nature, as far as I could, but there were times  
20 when I just had to stop and rest, but I was impacted  
21 quite severely. I will never forget the surprise at  
22 how quickly I was in a sort of a malaria state.

23 Q. Initially, it seemed as though this first course of  
24 treatment had cleared the virus, but then you  
25 discovered, on further testing, that it hadn't?

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1 A. Yes.  
 2 Q. Or it had come back?  
 3 A. Yes.  
 4 Q. "Relapsed" is the phrase used in this letter?  
 5 A. Yes.  
 6 Q. What was the impact of that on you?  
 7 A. Well, I was glad I had had a go at it. I hoped it  
 8 would work. We were very encouraged when we got the  
 9 readings during the process that the virus was being  
 10 suppressed, because at least that meant that during  
 11 that period of time the treatment was giving the liver  
 12 a chance to recover, whatever would happen. However,  
 13 to find that the genes, in layman's terms, woke up  
 14 again was a hard blow. It was a hard blow. I dealt  
 15 with it manfully and accepted it, and my wife was very  
 16 supportive and very strong.  
 17 Q. In 2013, you embarked upon a second course of  
 18 treatment?  
 19 A. Yes.  
 20 Q. There was some difficulties you described in your  
 21 witness statement in being able to access that  
 22 treatment. What can you tell us about that?  
 23 A. Yes. For a period of time treatment was provided and  
 24 supported. There was a cooperation or a coordination,  
 25 a collaboration between the hepatology department in

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1 been through cancer treatment once then sometimes  
 2 relapse and have to go through it again. You know, it  
 3 is difficult to say to them, "Well, we have got to be  
 4 strong." There are trite things you can say, but at  
 5 the end of the day everyone knows, when they have been  
 6 through something once, they kind of know what they  
 7 are facing again. Again, we did that as a family,  
 8 manfully, united, boldly and we are grateful for the  
 9 opportunity.  
 10 Q. Now, you experienced various physical health  
 11 consequences related to some extent to either the  
 12 hepatitis C or the treatment?  
 13 A. Yes.  
 14 Q. You had a brain haemorrhage?  
 15 A. Yes, that was quite a scary moment. I had a brain  
 16 haemorrhage. It wasn't long after the treatment. It  
 17 was a short time after the treatment, and I had  
 18 recovered from the treatment reasonably well, but  
 19 I was aware there were potential side-effects, because  
 20 the treatment is so severe. It has to be to do what  
 21 it does. Of course, one runs the gauntlet of these  
 22 things, rather than -- we have a natural instinct to  
 23 survive. So if the opportunity is there to receive  
 24 the treatment, we take it, rather than saying: "Oh,  
 25 no, I am not going to do that" because of whatever.

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1 the Royal Victoria and the haematology department in  
 2 the City Hospital. I received treatments in the City  
 3 by agreement, I understand, therefore I was able to  
 4 get all my treatment there, rather than going to the  
 5 Royal Victoria to the hepatology unit. But my  
 6 haematology consultant was very clear that I needed to  
 7 get that treatment as soon as possible, to give me  
 8 a chance. And when I see what happened to my brother,  
 9 I am very glad. I am very grateful for that.

10 I have to say I have the ultimate respect for  
 11 Dr Benson, because he went beyond what most people  
 12 would do, and has done to provide me with as much  
 13 support as possible, and he ensured that I got  
 14 a treatment which worked the second time, otherwise  
 15 I may have had to wait -- I would have had to wait for  
 16 probably another couple of years, and the impact of  
 17 that on my liver, having seen what happened to my  
 18 brother, frightens me.

19 Q. So that second course of treatment cleared the virus?

20 A. It did, thank God.

21 Q. Did you experience similar side-effects?

22 A. Oh, yes, I did indeed. Sometimes -- it is a little  
 23 bit -- I talk to people. I am a church elder and  
 24 I talk to some of my parishioners sometimes in my  
 25 district. I provide support to them. People who have

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1 Therefore we know while we are doing that, we are  
 2 taking the chance. The impact of the brain  
 3 haemorrhage was very severe. My wife has been very  
 4 strong, and I love her very much, and she has been  
 5 with me through many, many experiences, and some of  
 6 them have been very severe, and those were severe  
 7 experiences. She has always been a tower of strength.  
 8 She has never -- she has never ever shown me her  
 9 worry. She has carried that bravely herself, and  
 10 that's an impact, and bound to be an impact on her.

11 But during the time of the brain haemorrhage,  
 12 when I was really very ill, very ill, I caught  
 13 a glimpse of her, and she was crying in the arms of  
 14 a friend who had come to help us as well through the  
 15 first night in the emergency ward. I realised at that  
 16 point, when I saw her crying for me, I realised this  
 17 is a very serious moment. "I am in serious  
 18 difficulty." And I have to say I did prepare and  
 19 accept. I made my peace, because I thought I wasn't  
 20 going to get through that, but I believed I might --  
 21 but for the first time in my life I actually know what  
 22 it feels like to accept that you might die and to be  
 23 willing to do that.

24 Q. You have been left with high blood pressure?

25 A. Yes.

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1 Q. And also associated potentially with your infection,  
 2 or the treatment for it, you experienced spasms in the  
 3 gallbladder, leading to the removal of your  
 4 gallbladder?

5 A. Yes, there seemed to be a reaction there, which was  
 6 monitored very carefully. We held our breath on that  
 7 one until after the treatment finished, because to  
 8 have the surgery, which was necessary, before the end  
 9 of the treatment would have destroyed the possibility  
 10 of having the treatment, and we couldn't risk that.  
 11 So we balanced one against the other and then I had  
 12 the gallbladder removed after that.

13 Q. Now, you have told us about the ongoing scans and the  
 14 impact of that upon you. I just wanted to read, if  
 15 I may, one short passage from your witness statement  
 16 and ask if there is anything you wanted to add to what  
 17 you have already said. You say in your witness  
 18 statement this:

19 "I live my life on a basis of six months at  
 20 a time, as I have tests every six months to check  
 21 whether or not I have cancer on my liver. The  
 22 hospital has given me a reassurance that I will be  
 23 eligible for a liver transplant until the age of 70.  
 24 This is one of the main reasons why I try and keep  
 25 myself so fit and active. After that, if I develop

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1 Q. In consequence of infection through blood products?

2 A. I have. Yes, I have. That's hard. That's hard to  
 3 deal with. It is hard to face. I empathise with  
 4 their families deeply. I look at my son and my  
 5 family, and I think what life would be like without  
 6 me, what I would be, what I would not have and not  
 7 have had the opportunity to have, and what they would  
 8 be without. I realise that the trauma that lots of  
 9 the community feel when they have those bereavements,  
 10 the impacts of all of that on their lives, and on the  
 11 lives of their relatives is immeasurable, because when  
 12 people are not well, when people are affected with  
 13 loss and affected with the traumas that we go through  
 14 in the everyday experience of our lot, that we can  
 15 make decisions which are life-changing decisions, they  
 16 can take us in different directions, and many people  
 17 have and many people do, and I empathise with them for  
 18 the difficulty of those situations. Sometimes the  
 19 tragedy they find themselves in, which was no fault of  
 20 their own, and no fault, as in being contaminated, no  
 21 fault of mine, and at the end of the day the impacts  
 22 are enormous.

23 If you throw a stone into a pond and it ripples,  
 24 as it does, and splashes, as it does, then everything  
 25 around it has effect.

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1 cancer, they have given me no hope of a transplant at  
 2 this stage. That's a lot to deal with when you are  
 3 being checked every six months and know that your  
 4 liver has bad scarring."

5 A. Yes. When one is faced with one's potential  
 6 termination date, it's quite a thing. When you're  
 7 faced with issues which relate to your own mortality,  
 8 you think about life and you think about death  
 9 differently, and I sometimes reflect on those issues  
 10 not only in terms of how I might feel, but also in  
 11 terms of how those impacts would be on my family, and  
 12 there I share the pain and feel the importance of  
 13 speaking for those who aren't here, and there are  
 14 many, not only in Northern Ireland, but also in  
 15 England, Wales and Scotland. We are a community of  
 16 sufferers, and we have to fight for our voice to be  
 17 heard. We have waited for 40 years, and we have had  
 18 one report and we have had one inquest, sorry one  
 19 Inquiry, and now we have an Inquiry that we have  
 20 confidence in. Thank you, sir. It has been a long  
 21 wait and I feel for those other people very, very  
 22 much.

23 Q. Within your own family, and without mentioning at this  
 24 stage any names, you have had two cousins die?

25 A. Yes, I have.

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1 Q. You have spoken in your statement of how for years you  
 2 realise you have bottled up your feelings?

3 A. Yes.

4 Q. And you are only now beginning to deal with the impact  
 5 of that?

6 A. Yes.

7 Q. You are now receiving some form of psychological  
 8 support?

9 A. Yes.

10 Q. That's of recent origin, is that right?

11 A. Yes, it is. It is. I realized when -- the first of  
 12 the Belfast meetings was back July, a year ago  
 13 I believe, and I attended that meeting. It was the  
 14 first time I had been in the company of fellow  
 15 sufferers. I left the meeting -- I went to the  
 16 meeting feeling fine. I left the meeting not feeling  
 17 fine. I actually took a day off work. I felt so --  
 18 I thought I had got a virus, an ordinary virus.  
 19 I thought I wasn't well. I felt sick and just weary.  
 20 It cleared.

21 Then I began to realise that I was getting  
 22 emotionally upset, and so forth, and when I was up at  
 23 the clinic for one of my visits, I had some -- we have  
 24 a very good team up there in the City Hospital, and  
 25 I was talking to the social worker. I was given --

24

1 she felt that I could benefit from support. I spoke  
 2 to the consultant, Gary, and I was emotionally upset  
 3 with both of them. I realised that yes, just as in  
 4 bereavement, and I see this a lot in bereavement, and  
 5 I have experienced it in bereavements that I have had,  
 6 and I see it in the general suffering that  
 7 haemophiliacs and Von Willebrand sufferers and those  
 8 who have been transfused, how they all suffer. We are  
 9 damaged people. We have lots of trauma, and we tend  
 10 to bottle that up as human beings. I describe it as  
 11 a cylinder with a lid on it, and sometimes that lid  
 12 comes off. It comes off in terms of certain  
 13 catalysts, when people are emotionally affected out of  
 14 bereavement. We can't explain why it happens, but the  
 15 feelings inside the cylinder are real. They are very  
 16 real. They don't change. They don't go away.  
 17 Similarly, I realised that I had developed -- I had  
 18 just been traumatised by the experiences that I had  
 19 had, and not all of them -- all of them, rather, all  
 20 of my haemophilia experiences, as well as the  
 21 contaminated blood issues, which are significant for  
 22 me, and I just realised that I needed some support,  
 23 and I had been getting that support. I will be going  
 24 again tomorrow morning for that support.

25 That has been very beneficial in helping me to

25

1 please. So this is a letter from Dr Mayne. It says:  
 2 "The above mildly affected haemophilic patient  
 3 attended on 3rd February for counselling regarding his  
 4 hepatitis C infection."

5 The counselling that's described in that first  
 6 sentence, Simon, was what?

7 **A.** A conversation. It was a conversation. I mean, it  
 8 was clear at the time, and it is clear from the  
 9 preamble of my records and everything else that I was  
 10 really quite unaware of the consequences of this, as  
 11 I believe to some extent the medical professionals  
 12 were as well. So counselling -- I am getting  
 13 counselling now. I wasn't getting counselling then.

14 **Q.** If we just look briefly at the rest of this paragraph,  
 15 it says this:

16 "98% of all haemophiliacs worldwide, who were  
 17 treated with blood products during or before 1985 are  
 18 positive for hepatitis C infection. 60% will continue  
 19 to have chronic disease, although they may well be  
 20 asymptomatic. Depending on their viral sub-type, they  
 21 may respond to treatment with alpha Interferon.  
 22 A small percentage will go on to develop cirrhosis  
 23 and/or hepatocellular carcinoma."

24 This is letter about you but sent by Dr Mayne to  
 25 a GP. Do you recall whether those statistics, those

27

1 address and deal with the obvious issues, which I had  
 2 shut away. And I realised that my fellow sufferers  
 3 and my fellow -- the infected and the affected all  
 4 have the same issues, and it is under the surface.  
 5 This is like an iceberg. You have the issues on the  
 6 surface, and they are the ones you can see, and there  
 7 are all the other issues under the surface, which have  
 8 an impact on everyone's life over years. It is very  
 9 hard to measure that, but it is very real.

10 **Q.** The treatment that you have been receiving or the  
 11 support and assistance you have been receiving, that's  
 12 following your own initiative in the latter part of  
 13 last year. Was any form of counselling or  
 14 psychological or therapeutic support made available to  
 15 you in the years before that?

16 **A.** No, there wasn't, no. I did note in my records that  
 17 at one stage some time ago I was given some  
 18 counselling in relation to hepatitis C, and I would  
 19 contest that. I am receiving professional counselling  
 20 now, and I can see what that means. At that stage  
 21 I had a conversation.

22 **Q.** Let's just look at one of those entries. You are  
 23 right that your records refer to hepatitis C  
 24 counselling from time to time. If we have up on  
 25 screen 2339011, and we will have the first paragraph,

26

1 figures --

2 **A.** No.

3 **Q.** -- those consequences were ever discussed with you?

4 **A.** No, we never had that kind of conversation, no.

5 **SIR BRIAN LANGSTAFF:** What is the date of that letter?

6 **MS RICHARDS:** The date of that letter, sir, is 8th March,  
 7 1995.

8 **SIR BRIAN LANGSTAFF:** Thank you.

9 **MS RICHARDS:** Can I ask you a little more, Simon, about  
 10 some of the other impacts --

11 **A.** Yes.

12 **Q.** -- that your infection or your treatment has had upon  
 13 you? You have made reference in your statement to  
 14 issues relating to dental treatment?

15 **A.** Yes.

16 **Q.** What can you tell us about that?

17 **A.** Yes. Well, one of the witnesses yesterday resonated  
 18 what I had experienced as well. The initial stigma  
 19 relating to having the hepatitis virus was  
 20 significant, within my experience across other  
 21 departments, not the departments that I was working  
 22 with daily or experiencing on a regular basis, ie the  
 23 haematology unit. They were very clear and very  
 24 supportive and they didn't treat us as if we were  
 25 different, but my experience with the school of

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dentistry was -- again, I am a passionate person. I have a sense of justice. I felt dirty, unclean, guilty of something I hadn't done because of the reaction of other professionals there, who refused, simply refused to take x-rays. I accepted the fact that the staff who were working with me had to gown up and cover themselves, and seal every possible access point, but at the same time, when it came to getting an x-ray, we waited long periods of time, and in the end, on more than one occasion, the visible frustration of the dentist when he said to the staff "I will take the x-ray instead". So the dentist actually took the x-ray on occasions.

Now, we were angry about that. I felt I could draw historical similarities across history. There have been situations where people have been stigmatised and identified for unjust reasons. I felt very much in that category, and I know that lots of other haemophiliacs who were receiving treatment felt the same way, because that was the way we were treated.

That changed, and it changed probably because of a number of voices, but nevertheless I didn't like feeling that way. It made me very cross and angry, and as a young man it made me very angry, because

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who would be in a similar situation, suffering from infected blood, and so forth, but feel that they can't identify who they are. That's wrong.

**Q.** Your employers have allowed you to take time off work when you have needed to?

**A.** They have been very supportive.

**Q.** And generally been supportive?

**A.** Yes.

**Q.** The impact on your family, you have touched upon already the impact upon your wife. Is there anything else you would like to say about the impact on your wife or son?

**A.** Well, the truth is that there are some areas that even people who are very, very, very close don't spend a lot of time dwelling on. We have never had an in-depth discussion about how we feel about those issues. We have never really gone to the end of that discussion. I just know that my wife is always there for me. My son is always there for me, but I see in them -- and I don't know, because my wife, as I have said is, a very strong woman. So inevitably she has carried stress and strain of my little journey. My son has also been impacted. I know, certainly after the brain haemorrhage, I would drive Ethan to work. We work not far from each other. If I appear

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I couldn't see any justice in it. I felt as if people looked at me and treated me as if I had been an alcoholic, as if I had wilfully brought illness upon myself, and that is simply not the truth.

**Q.** In terms of other ways in which the infection or treatment affected your life, what impact was there on your employment?

**A.** Well, I was very fortunate and I seem to have been one of the very few people who have been fortunate in this, in that my employers were supportive of me. Initially, in the first number of years I worked in higher education for a number of years in the Republic of Ireland, as well as here, and I kept my health issues to myself, because, like a lot of others, I felt that people didn't understand, and there were stigmas. I was aware when I was initially open about this, that there was a reaction to me, and as a normal human being I didn't like that. So I decided to keep that to myself.

Later in life, I decided that it was time to stand up and be counted, and I have not made a secret of it at all. As the Chair of the Haemophilia NI Group, a charity here in Northern Ireland, we are endeavouring to ensure that we provide support, as far as we can, and encouragement and advocacy for those

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stressed, Ethan would observe very quickly, even in the car if I seemed a bit stressed. I sigh sometimes, and I sigh because if I am thinking through things, I am thinking through things and the sighing is part of that process. But he would be very aware. "Is everything okay, dad?" The trauma of impacts on my health have been there and the periods of weariness and being unwell, and the tests and all of that. It is hard to measure.

**Q.** There's a particular burden that you have described your mother feeling?

**A.** Yes. My mother had a relative of two other folk who were infected, cousins of ours, who sadly passed away as a consequence of this process of suffering and infection. My mother and their mother would share the guilt. Mothers carry the guilt. I'd say every mother carries some guilt in their own mind for that, for the fact that their children have haemophilia, never mind that they have been infected. That's something which a mother -- sons are sons and mothers are mothers. Mothers have a special something, and for them the burden of guilt is considerable. My mother is 85. She still feels that guilt. She can quantify it and qualify it very clearly. Of course we say: "Look, don't be ridiculous. You know, we have had good lives

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1 and we have been very fortunate, and everyone has  
2 rough and tumble. So, you know, you have got to get  
3 on, get up and get on", and she would be positive, but  
4 that scar is there. It's like a brand.

5 Q. Simon, you've touched on your role as the Chair of  
6 Haemophilia Northern Ireland?

7 A. Yes.

8 Q. And in that capacity you have a broader experience  
9 other than solely your own --

10 A. Yes.

11 Q. -- of both issues relating to the availability of  
12 treatment and care and issues relating to the  
13 availability of financial assistance?

14 A. Yes.

15 Q. I understand there are some observations you would  
16 like to make in that respect?

17 A. I would, if you don't mind. I could keep those to the  
18 end, because I have one or two public and private  
19 observations I wanted to make, but if you would like  
20 me to say something about that now, I will.

21 Q. Simon, I think we are pretty much at the end of my  
22 questions. So please feel free to say what it is you  
23 would like to say.

24 A. Thank you very much. I will touch on that.

25 First of all, I have a few personal observations

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1 were suffering were the people who didn't know and  
2 everybody else knew. That wouldn't be acceptable in  
3 the playground. It wouldn't be acceptable anywhere  
4 else.

5 I feel like I was the last to know, despite my  
6 fundamental right to that information.

7 Many of my records were destroyed. That's  
8 another issue which I have some concern with.

9 I understand that there are reasons why records are  
10 destroyed. However, I would say that people who  
11 suffer from a blood disorder are high risk. They are  
12 treated throughout their lives as high risk. Billions  
13 of dollars, billions of pounds have been spent in  
14 research and pharmaceutical technology to ensure that  
15 those people are treated properly, to match the  
16 difficulties that they have, and yet it is not  
17 important enough to keep their records? I find that  
18 unacceptable. I would hope that out of this some form  
19 of retention of records would be a clear principle of  
20 practice across the whole medical profession.

21 I have been a haemophiliac all my life. I am  
22 58. If I have a problem now that might in some way be  
23 informed by medical records prior to 1976, and those  
24 aren't available and can't be found, then I would say  
25 I am put at a disadvantage, and so are the

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1 I would like to make. For me, the theme of  
2 a substantial gap between developing a health issue,  
3 as in hepatitis, and being told that I had been  
4 diagnosed causes me concern. I work in a profession  
5 where transparency is essential. I work with  
6 compliance and qualifications in education. I am  
7 responsible for licences. I am responsible for  
8 tracking and for confirming and I am responsible for  
9 measuring risk. So in the consequence of all of that,  
10 I can transpose some of those thoughts and experiences  
11 in my medical experience, and I have trouble with the  
12 fact that I had to wait for a long period of time,  
13 four years to me seems a long time, while my liver was  
14 bubbling away.

15 I also feel that not being upfront about my  
16 status, health status and the fact that I was being  
17 observed, monitored and potentially treated or  
18 prepared for treatment causes me some concern, since  
19 it's my health. I would like to be involved in that  
20 process, and I think that is reflected in my  
21 understanding of lots of my family of contaminatees, the  
22 community of contaminated people.

23 I think transparency is a very important issue.  
24 We are getting transparency now, but for a long period  
25 of time there was no transparency. So the people who

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1 professionals dealing with me, and therefore I think  
2 that's something which really should be one of the  
3 outcomes of this process.

4 I know myself, in terms of record-keeping and  
5 preparing things for regulators, that there is  
6 a process and procedure in place. We have to retain  
7 thousands, hundreds of thousands of records at work.  
8 However, we do that by scanning and so forth. So the  
9 technology is there, but the principle and practice is  
10 important and I would hope that that would happen.

11 We have worked with -- my brother had a problem  
12 and as a consequence of that -- with finding his  
13 records, as a consequence of that we set up a meeting  
14 with the Trust, and with the support of our legal team  
15 to try and fast-track access to medical records for  
16 the benefit of all of our community, because that has  
17 been a problem. We have had a couple of meetings, and  
18 we have more planned, and those are very fruitful  
19 meetings with the Trust, and we found them very  
20 helpful and welcome those and their willingness to  
21 support that. However, issues around finding medical  
22 records and accessing them is a difficult one, and it  
23 has been difficult, and in some cases the records are  
24 not available.

25 I just find, in cases where there are high risk

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1 patients who have life-long problems, that this is  
2 something which it seems pretty obvious needs to be  
3 addressed as a matter of practice.

4 In terms of some public observations, yes, as  
5 the Chair of Haemophilia NI we try to advocate for all  
6 sufferers, all haemophiliacs in Northern Ireland.  
7 Some join our society. Others work with the UK  
8 society. I have very good relationships with them.  
9 I have a lot of respect for those people. We are all  
10 part of the same team, doing the same job, as best we  
11 can, and we interact very well together.

12 I also have that relationship with Wales and  
13 Scotland, Haemophilia Wales and Haemophilia Scotland.  
14 We will be on the phone a lot. You would imagine we  
15 are at the moment we are on the phone a lot, but we  
16 work together and collaborate on other things.

17 As Chair of the Society, and our society decided  
18 because we were working and developing before the  
19 Contaminated Blood Inquiry, but we decided when that  
20 came up, we would do our best to represent  
21 haemophiliacs, and then we threw that more open, and  
22 we have a sub-group, which my brother Nigel runs, and  
23 helps to manage, and that's to give everyone who has  
24 been contaminated, everyone who has been infected or  
25 affected the opportunity to get together, and then we

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1 I have less problems than others. I certainly  
2 don't see myself as a massive sufferer, in comparison  
3 with other people. There are loss of life impacts,  
4 and the mental and emotional strains which people  
5 carry with them, and it is obvious from the way in  
6 which the hearings are being held that there are those  
7 who are still afraid to reveal their identities, and  
8 I totally respect and understand that, and I am very  
9 glad that they have the courage to speak.

10 In terms of the economic damage that has been  
11 done to sufferers, that's significant. The  
12 opportunity to work potentially is denied because of  
13 ill health. Access to support in terms of the  
14 benefits schemes is constantly under attack. I know  
15 we hear a lot about the current changes in the  
16 process, which are being impacted on individuals.  
17 I am not aware of any positive impacts. So that says  
18 something about policy. In terms of the determination  
19 of Government not to lead to a solution to our  
20 problem, but to feed the disparity, and I have said  
21 really here -- I have tried to put this into words.  
22 The Government's determination not to lead on  
23 a solution but to feed disparity at the trough of  
24 devolution is where we stand at the moment.

25 We are in a situation where myself and a number

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1 try to facilitate that process.

2 Nigel manages that very ably, and lots of people  
3 have contributed to that, people who are being heard  
4 here in Northern Ireland, and others whose statements  
5 you have.

6 We feel that's very important, and that role of  
7 advocacy is very important, and that role of advocacy  
8 has taken me on into other areas. I have tried to do  
9 that because, fundamentally, those of us who are here  
10 will get some closure on this process. I cannot let  
11 go of the thought of those who had that experience  
12 alone and are no longer here. I can't shake that  
13 sense of loss and their sense of fear for what lay  
14 ahead, and therefore we will do all we can to support  
15 this Inquiry and to continue, if we don't get  
16 satisfaction, to continue to find a solution which is  
17 satisfactory. But we do have great confidence in this  
18 Inquiry and the integrity of those who are managing  
19 it.

20 Just a couple more things I'd like to say. In  
21 that role I have been struck by the trauma on all the  
22 individuals, and it is important to stress those who  
23 have been infected and affected, it is very easy to  
24 forget, as life goes on, but we, in the capacity of  
25 sufferers, live with this every day.

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1 of campaigners across the United Kingdom met together,  
2 got together, a lot of damaged people. We have worked  
3 very hard together and, amazingly, because of the  
4 trauma which we all suffer, we have been united, and  
5 that in itself is an achievement, and it's a very  
6 positive achievement, and we continue to be united.

7 We have met David Lidington and the Junior  
8 Minister for Health, Jackie Doyle-Price, in London.  
9 We pressed for a parity of support, of financial  
10 support, because Scotland had moved ahead with that  
11 process first, and rightly so, and the rest of the  
12 home countries were left behind. The one thing that  
13 we are pressing for now, and I have had meetings here  
14 in Northern Ireland with very supportive senior civil  
15 servants, who are trying to work through this  
16 situation. I am not in any way knocking their effort,  
17 but time has a habit of rolling on when government  
18 does things, and people unfortunately carry the  
19 impact, and I would urge the Government and I would  
20 urge the different regional Governments to think very  
21 carefully about the nature of the letter which  
22 Sir Brian wrote, going back to October, I believe.

23 That letter requested and required and asked for  
24 the Governments to recognise that people had the right  
25 to live, I quote, "rather than exist through the

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1 process of the Inquiry", because the Inquiry is  
2 traumatic.  
3 In relation to that parity, we find ourselves  
4 now in a situation where the Government has moved in  
5 one region, so we have greater disparity. Scotland  
6 and England have greater disparity. Wales and  
7 Northern Ireland continue to be at the back of the  
8 queue.

9 The people that I try to represent through the  
10 Society, and those who are with other organisations,  
11 other charities, but are still part of the group which  
12 we meet, I am aware from them of the difficulties and  
13 hardships. Really, I am not here and we are not here  
14 to determine responsibility and liability. But what  
15 is clear, that's the responsibility of the Public  
16 Inquiry, which I believe it will do very ably. But  
17 what I would say is there is a responsibility, and it  
18 is a responsibility in Government. Responsibility,  
19 doesn't matter whether you are a parent, whether you  
20 are a teacher, whether you are a manager, whether you  
21 are an employee. Responsibility means doing the right  
22 thing. Unfortunately, up until now, Government has  
23 not done the right thing. I think that reflects upon  
24 the last 40 years. It reflects upon the decisions of  
25 Government not to address our problem, and while they

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1 I am aware of the figures and aware of the  
2 details. I have got freedom of information on that.  
3 It is incomprehensible that the paltry sum could not  
4 be found to make the lives of people better during the  
5 life of this Inquiry, but that's something which  
6 Government will have to answer for.

7 I have to say, in the life of the existence of  
8 this Contaminated Blood Inquiry and further than that  
9 the Government have consistently been reluctant and  
10 shuffled their feet, and I hope, as a consequence of  
11 this, that will not happen any longer. That's really  
12 all I have to say.

13 **Q.** Simon, thank you. I am just going to ask Mr Williams,  
14 who as you know represents you, if there is anything  
15 else. No, there is not. Thank you very much.

16 **SIR BRIAN LANGSTAFF:** I have nothing of my own to say  
17 except -- can I thank you in particular, because  
18 plainly you are used to talking about the general  
19 subject, as Chairman of Haemophilia NI, but it has  
20 been quite obvious that a lot of your personal  
21 testimony you have struggled on occasion with emotion.

22 **A.** Yes.

23 **SIR BRIAN LANGSTAFF:** Thank you for your courage and  
24 bravery and for your testimony.

25 We will take a break now until 11.35.

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1 refuse to address our problem, people die, and while  
2 they are still refusing to address our problem, people  
3 die.

4 Some of my colleagues in London, when we met in  
5 London, some of my colleagues from one of the other  
6 contaminated blood groups charities, they were very  
7 distressed, because three cirrhosis sufferers had died  
8 within a week of them coming to that meeting.

9 I met another lady on the group who had, like  
10 me, cirrhosis of the liver, who had been tested every  
11 six months, and was now down to three months tests.  
12 We just had a conversation as we were moving through  
13 Portcullis House to go to the meeting. She drew the  
14 comparison that a friend of hers with a similar  
15 problem, with the same problem, had been moved from  
16 a six month to a three month scan, and within two  
17 weeks she had died. This lady said, "I don't think  
18 I am going to see the end of this Inquiry". At least,  
19 you know, she has some possibility, because England  
20 has done something to address the issues. But from  
21 an economic point of view, I think it is scandalous  
22 that Government is incapable of finding the fraction  
23 of money that is required to meet parity with England.  
24 I know that that is the case in other countries too,  
25 certainly in Northern Ireland.

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

2 **SIR BRIAN LANGSTAFF:** Our next witness is?

3 **MS RICHARDS:** Danielle Mullan.

4 **SIR BRIAN LANGSTAFF:** Thank you.

5 (11.06 am)

6 (A short break)

7 (11.42 am)

8 **SIR BRIAN LANGSTAFF:** I understand that our next witness  
9 would like to be called Danielle.

10 **MS FRASER BUTLIN:** That's correct.

11 **SIR BRIAN LANGSTAFF:** Danielle.

12 **DANIELLE MULLAN (sworn)**

13 **Questioned by MS FRASER BUTLIN**

14 **MS FRASER BUTLIN:** Danielle, you are here to speak about  
15 your mum, Marie.

16 **A.** That's right, yes.

17 **Q.** Who is also here listening?

18 **A.** Yes.

19 **Q.** She had a blood transfusion in 1981, a week after she  
20 had given birth to your brother?

21 **A.** That's right, yes.

22 **Q.** That was before you were born?

23 **A.** Yes.

24 **Q.** But you have talked lots about it?

25 **A.** Yes.

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1 Q. Now, in your mum's later medical records, they suggest  
2 that a few months after your brother was born she was  
3 jaundiced. As far as you are aware, does your mum  
4 ever remember being jaundiced?  
5 A. No.  
6 Q. In November 1981, about two and a half months after  
7 the birth of your brother, in her notes there's  
8 a record of abnormal liver results?  
9 A. Yes.  
10 Q. If we can have document 2429002, please, Paul, and it  
11 will come up on the screen in front of you. We can  
12 see on the bottom right corner, the date, November  
13 '81, and in handwriting:  
14 "Picture suggestive of ineffective hepatitis".  
15 A. Yes.  
16 Q. As far as you are aware, was your mum ever told this?  
17 A. No. The first we seen of this test result was when we  
18 obtained her medical records for the Inquiry.  
19 Q. Was she even aware that her liver function was being  
20 tested at that point?  
21 A. Not that she is aware of, no.  
22 Q. After that, in your memory of your mum, is that she  
23 was generally lively, healthy, until about 2003?  
24 A. That's right, yes.  
25 Q. And then you were aged about 16 years old, and she

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1 lassitude may be related to liver dysfunction ..."  
2 Then, if we look at 2429003, and the first  
3 page of that, and the main paragraph headed "Clinical  
4 Features", we can see there there is a history of  
5 acute hepatitis, but again, as far as your mum was  
6 concerned, that is not accurate?  
7 A. No.  
8 Q. But is this description what you remember:  
9 "For the past five weeks she has had nausea in  
10 the mornings, precipitated by hot food, one episode of  
11 vomiting, precipitated by a Slush Puppie. She  
12 describes a nagging ache in the right upper quadrant,  
13 which is worse on rising from the bending position.  
14 She takes occasional alcohol ..."  
15 Is that your recollection?  
16 A. Yes.  
17 Q. And there's reference there to having had no previous  
18 blood transfusions. Subsequently, it was established  
19 that she had, in fact, had a blood transfusion?  
20 A. Yes.  
21 Q. But is that description of your mum's health what you  
22 remember of this time?  
23 A. In words, yes. In theory, living with it, it was  
24 completely different.  
25 Q. She was told she had hepatitis C at an appointment at

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1 wasn't well?  
2 A. Yes.  
3 Q. Can you tell us about that?  
4 A. She became very tired very quickly, took a lot of  
5 pains in her legs, just generally feeling quite  
6 unwell. We kind of assumed that it may have been  
7 a very serious 'flu or cold, something along the lines  
8 of that. She went to her local GP, who ordered some  
9 blood tests, and was then asked to go on the Monday to  
10 the City Hospital, and was then informed by the doctor  
11 there that she had hepatitis C.  
12 Q. Just before we get to the time when she was told about  
13 the hepatitis C, can we have a look at 2429004. If we  
14 look at the main paragraph, in the middle of the  
15 letter, we can see that your mum had a history of  
16 heavy vaginal bleeding, and there were features of  
17 iron deficiency, anaemia and mild thrombocytopenia,  
18 but no other features of haematological problems, but  
19 she had persistently abnormal liver transaminases and  
20 a past history of jaundice some 20 years ago.  
21 Again, was your mum aware of persistently  
22 abnormal liver issues?  
23 A. No.  
24 Q. Then, if we look at the very last part of it:  
25 "I am concerned, however, that her symptoms of

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1 the hospital?  
2 A. Yes.  
3 Q. What did your mum tell you about that appointment?  
4 A. Her and my father both went to the hospital that day,  
5 and the doctor that she was speaking to just very  
6 bluntly came out with the information of "You have  
7 hepatitis C", had said to her, "If you have or have  
8 had many sexual partners, they need to be informed of  
9 this information". She was told that she wasn't to  
10 share a toothbrush with anyone, drinking out of the  
11 same cup wasn't to be done. Any sort of  
12 cross-contamination would be very, very dangerous.  
13 Q. You have said in your statement that the doctor  
14 started asking about whether she had taken drugs?  
15 A. Yes.  
16 Q. And whether she had any tattoos, whether she had slept  
17 around?  
18 A. Yes.  
19 Q. How did you feel about hearing those questions had  
20 been asked of your mum?  
21 A. I mean, it was really hard to hear those things,  
22 considering I knew that none of them actually applied  
23 to my mum, and the way it was told to us was as if he  
24 was trying to insinuate something, that he was trying  
25 to make her out to be someone that she wasn't.

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1 Q. She was then referred on for a liver biopsy and was  
 2 monitored for a period of time?  
 3 A. That's right.  
 4 Q. You were still at school at that point?  
 5 A. Yes.  
 6 Q. Doing your GCSEs?  
 7 A. Yes.  
 8 Q. What was it like for you?  
 9 A. It was very hard. I had a small, close group of  
 10 friends in school, and I told them about her having  
 11 hepatitis C. Back then it didn't really seem as  
 12 severe as to what I know now. Back then we were told  
 13 she had a blood infection, which in my eyes I was  
 14 thinking she will get some antibiotics, everything  
 15 will be okay, although we knew that if she was to  
 16 bleed that we weren't to touch her. So I didn't feel  
 17 it was a big secret. So I told a close number of  
 18 friends and word got round the school, and it started  
 19 to become quite apparent that some kids wouldn't stand  
 20 too close to me. Some of them wouldn't touch a bottle  
 21 that I had maybe lifted. They wouldn't pass a ball to  
 22 me in netball. It was like I had become some sort of  
 23 leper that no-one could go near or touch, which was  
 24 very hard, considering high school is hard enough as  
 25 it is, without having that hanging around you as well.

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1 A. I had been at work and I came home that afternoon.  
 2 I had a bit of a rubbish day at work. When I came  
 3 home, she had asked me to colour her hair. So I had  
 4 said to her, "Look, go and do whatever it is you want  
 5 to do and come back down to me again". She had been  
 6 gone for -- it seemed forever. I remember saying to  
 7 my brother: "Look, go and see what she is doing up  
 8 there and tell her to hurry up", basically. He seemed  
 9 to be gone for what seemed ages as well, but  
 10 I remember hearing him screaming my name from the top  
 11 of the stairs. I run up the stairs and he says "She's  
 12 being sick". So I came up the stairs and the lights  
 13 were off in the bedroom. I remember going in towards  
 14 the bedroom and thinking, "It doesn't smell like  
 15 sick". I went in and I turned on the light, and she  
 16 was lying all slumped in the bed. She was as white as  
 17 a sheet, and when I turned the light on, she had  
 18 a basin beside her, and when I looked into the basin,  
 19 the basin itself was red, and I could just see the  
 20 reflection of the light on top of the blood that was  
 21 in the basin and the basin was full.  
 22 We managed to get gloves on and dispose of the  
 23 blood and had to bring it back in again, because she  
 24 was going to be sick again. By this point we had  
 25 managed to get one of our next door neighbours, who

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1 Q. And at home your mum was really quite unwell?  
 2 A. She was, yes.  
 3 Q. How did that impact you?  
 4 A. I in a sense became more of a carer to my mum than  
 5 a daughter to her. I would be coming home from  
 6 school, would be trying to make dinners, tidy the  
 7 house, just generally trying to help her as much as  
 8 I could, which took a knock-on effect to my schooling  
 9 as well, with course work, homework. I wasn't getting  
 10 enough time to do the homeworks and course work.  
 11 I was having to do it on the school bus on the way to  
 12 school, make excuses as to why things weren't done.  
 13 I feel it took a knock-on effect on my grades for my  
 14 GCSEs as well.  
 15 Q. You described in your statement:  
 16 "Rather than being a child, I found myself  
 17 becoming my mother's carer. It was like a total  
 18 reversal of roles. I was having to take charge of the  
 19 household, apart from the times when she was feeling  
 20 relatively well."  
 21 A. Yes.  
 22 Q. There then came a point in 2005, when you were about  
 23 18, and your mum was seriously ill?  
 24 A. Yes.  
 25 Q. Can you tell us what happened?

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1 was a retired nurse, to come in to help us, and  
 2 a neighbour from the other side to come in and help us  
 3 kind of lift her up in the bed to support her a bit.  
 4 We tried to get hold of my dad. Unfortunately,  
 5 he was at a meeting with my grandad, so we couldn't  
 6 get hold of him. Thankfully, the neighbour, obviously  
 7 with being a retired nurse, she sort of took control  
 8 of the situation. She was on the phone to the  
 9 paramedics, was able to tell them what had happened,  
 10 was able to tell them about her condition and things  
 11 like that. So what felt like a lifetime before the  
 12 ambulance arrived, the paramedics came in and they put  
 13 her on to the bed. I went in the ambulance with her.  
 14 My brother went with his other friend to the hospital.  
 15 Thankfully, by this point, we managed to get hold of  
 16 my dad, and he met us down at the hospital.  
 17 Q. You were at the hospital and you were told that it was  
 18 really very touch and go?  
 19 A. Yes. When I came out of the ambulance, my dad and  
 20 brother went on in with my mum, and the paramedic had  
 21 asked me to go round into the A&E desk and check her  
 22 in. I remember standing, and her asking me what her  
 23 name was and I told them what her name was, and she  
 24 started asking me her date of birth, her doctor's  
 25 name. I just remember standing. I was just -- I just

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1 took a complete mind blank. I couldn't process what  
2 had just happened and what I had just seen. I felt so  
3 useless. I couldn't give any of the information that  
4 they needed to be able to check her in. I ended up  
5 having to go round and get my dad, and asked my dad to  
6 go round and do it, because I just couldn't think  
7 straight at that point.

8 **Q.** Could we have document 2429006, please, the first  
9 page. Thank you. If we look at the fourth paragraph,  
10 in the comments it says that your mum was admitted  
11 under one of the doctors who was writing's colleagues  
12 with severe upper GI bleed.

13 "Was immediately transferred to my care. She  
14 was resuscitated with fluids and blood products and  
15 taken to theatre for urgent OGD. She then had further  
16 bleeding overnight and required an emergency salvage  
17 TIPSS procedure to prevent her from passing away."

18 Thankfully, your mum was stabilised?

19 **A.** Yes.

20 **Q.** And she was subsequently discharged. If we look at  
21 the very last paragraph on this letter, before she was  
22 discharged she was going to be seen by King's College  
23 Hospital. It was agreed that her transjugular liver  
24 biopsy from the previous year:

25 "... has clearly misrepresented the severity of

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1 **A.** Very depressed, very, very tired. We had sort of --  
2 we had got our heads around the idea that she was  
3 having the transplant. The problem with it was there  
4 was no set date for it. So every day we were  
5 constantly waiting for a phone call, just waiting for  
6 that call to come to tell us that it was her turn. It  
7 was time for her to go. Her health at that point had  
8 really deteriorated. She wasn't eating properly. She  
9 had lost an awful lot of weight. Extremely tired.  
10 Still very sore joints in her legs. Struggled to walk  
11 for very far. Just generally very, very low.

12 **Q.** You have described that you began gradually getting to  
13 the point of no return, where your mum would be too  
14 ill and it would be too late to give her a new liver?

15 **A.** Yes.

16 **Q.** At one point they thought they had found a liver but  
17 it turned out to be a mismatch?

18 **A.** Yes.

19 **Q.** You describe that as a crushing blow?

20 **A.** Yes. You wait so long for that call to say that it's  
21 time, it's time to go, and you mentally prepare  
22 yourself for that. To then be told, "No, actually  
23 just turn and go back home again. It doesn't match".  
24 So you go back to that first situation of waiting for  
25 the phone call again and preparing yourself for that

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1 her liver damage. She undoubtedly has cirrhosis,  
2 related to chronic hepatitis C, and this has caused  
3 a lot of her symptoms, and her severe portal  
4 hypertension and variceal bleeding. She is no longer  
5 a candidate for treatment of her chronic hepatitis C  
6 with antiviral therapy", because of the risks to her  
7 liver.

8 Your mum was told that her liver was badly  
9 damaged and she would need a liver transplant?

10 **A.** Yes.

11 **Q.** What were your thoughts about that? How did you feel?

12 **A.** It was very hard to process. I had never known anyone  
13 who had been in a situation like this before. So the  
14 thought of having an organ removed and replaced just  
15 didn't seem to sink in. I just thought: "It can't be  
16 happening. It can't be this bad". It went from, in  
17 my head, what was an infection that would be cured  
18 with antibiotics to a liver transplant.

19 **Q.** There was then what you have described as an agonising  
20 wait for a transplant?

21 **A.** Yes.

22 **Q.** Which she received in August 2007?

23 **A.** Uh-huh.

24 **Q.** How was your mum physically while she waited for that  
25 transplant?

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1 all over.

2 **Q.** You have described at the very last possible moment  
3 there was a liver available?

4 **A.** Yes.

5 **Q.** And she was flown to King's, in London?

6 **A.** Uh-huh.

7 **Q.** And the first transplant appeared to be a success?

8 **A.** Yes.

9 **Q.** At least initially. Can you tell us how your mum was  
10 after that first transplant?

11 **A.** Maybe a couple of months after the transplant she  
12 seemed to be picking up a bit. She had a bit more  
13 energy, was able to do a little bit more, didn't seem  
14 as low, didn't seem as depressed. I thought I was  
15 getting my mum back again, that this was her coming  
16 back from everything that she had been through, that  
17 we were coming through the light of the tunnel. And  
18 then slowly over time her stomach started swelling to  
19 the point where she would actually look like she was  
20 nine months' pregnant because so much fluid was  
21 gathering around the liver. She would be brought in  
22 every -- I think it was every few weeks, and we'd have  
23 pints of blood or pints of fluid, sorry, drained from  
24 in her stomach.

25 **Q.** She was well for about six months you have said, and

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1 then gradually she got really quite poorly?  
 2 A. Yes, she started to slip down again.  
 3 Q. She was in and out of hospital having that fluid  
 4 drained?  
 5 A. Yes.  
 6 Q. And she was also suffering from jaundice?  
 7 A. That's right, yes.  
 8 Q. What was your mum told about the hepatitis C, in  
 9 relation to the new liver?  
 10 A. She was told that the hepatitis had now started to  
 11 attack the new liver, which would then potentially  
 12 lead to cirrhosis of the liver again, and potential  
 13 for what could be a second liver transplant.  
 14 Q. So what happened for your mum?  
 15 A. Well, she carried on having the fluid drained every  
 16 few weeks, and I believe then there was another liver  
 17 biopsy performed. We were told that the new liver had  
 18 cirrhosis again, and that she would have to go on the  
 19 transplant list again, but the problem with this one  
 20 was that because she still had the hepatitis C, that  
 21 they needed to clear the hepatitis first before giving  
 22 her the second transplant.  
 23 Q. So she became involved in a programme at King's,  
 24 London, again?  
 25 A. Yes.

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1 things. She would have felt really depressed, really,  
 2 really down. I remember her sitting with me in the  
 3 living room one night and telling me that if they came  
 4 back and told her that she needed the second  
 5 transplant, that she could not do it again. She  
 6 couldn't go through it. She didn't want to do it  
 7 again. It was too much. She had already missed out  
 8 on so much with all of us that she didn't want to do  
 9 it again.  
 10 Q. Once she completed the treatment for the hepatitis C,  
 11 she had cleared the virus?  
 12 A. Yes.  
 13 Q. And then she was well enough to be considered for  
 14 a further liver transplant?  
 15 A. Yes.  
 16 Q. You were pregnant --  
 17 A. Yes.  
 18 Q. -- by then?  
 19 A. Yes.  
 20 Q. And what happened?  
 21 A. She was flown to King's in London. They kind of  
 22 thought it would be better to have her over there and  
 23 be there for the liver becoming available. So her and  
 24 my dad went out to London. They were there for --  
 25 I think it was maybe about a month, month and a half

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1 Q. And was assessed for a drug to try and clear the  
 2 hepatitis C?  
 3 A. Yes.  
 4 Q. That didn't really work out for your mum?  
 5 A. No. The problem with it was that the programme had to  
 6 be run in King's College in London. So she would have  
 7 to travel back and forth to London every few weeks,  
 8 every few months, to have tests done and reviews and  
 9 stuff like that. But by this point she had become so  
 10 ill, as she had two massive hernias at this point as  
 11 well, and the journeys were just getting far too much  
 12 for her travelling back and forth. So they had to  
 13 stop the programme.  
 14 Q. But then, in about 2014, she started another treatment  
 15 programme here in Belfast?  
 16 A. Yes.  
 17 Q. You have described it as a terrible three months while  
 18 she underwent that treatment?  
 19 A. Yes.  
 20 Q. What side-effects was she suffering from?  
 21 A. It was a mixture of side-effects. There was severe  
 22 depression. There was weight loss. Very emotional,  
 23 very anxious. Every day you got up, you just didn't  
 24 know what version of her you were going to meet in the  
 25 morning. She would have cried over the simplest of

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1 before there was any sign of a liver becoming  
 2 available, and then --  
 3 Q. You said that after about eight weeks --  
 4 A. Yes.  
 5 Q. -- a consultant said something to your parents?  
 6 A. He basically said to her, "We are flying you back to  
 7 Belfast again. We are flying you home. We are  
 8 sending you home to spend whatever time you have left  
 9 with your family in Belfast", because they didn't  
 10 think the liver was going to come in time. So she was  
 11 sent back to Belfast again and was told, in no  
 12 uncertain words, "You are being sent home to die".  
 13 Q. She flew back on the Tuesday and you were trying to  
 14 get your heads together that you were going to lose  
 15 your mum?  
 16 A. Yes.  
 17 Q. But in the early hours of Friday of that week what  
 18 happened?  
 19 A. I got a phone call from my dad, in the early hours of  
 20 the morning, to say that they had a liver. It was  
 21 a match. He asked me to come and get him and bring  
 22 him down to the Royal to be taken over by air  
 23 ambulance with my mum.  
 24 Q. And your mum went straight over to King's?  
 25 A. Yes.

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1 Q. And the transplant happened in about October 2015?  
 2 A. Yes.  
 3 Q. That transplant was a success?  
 4 A. Yes.  
 5 Q. And how has your mum been since then?  
 6 A. I would like to say okay. That's the only word I can  
 7 really use. I can't say she is fantastic. I can't  
 8 say she's got her life back again. She's able to  
 9 manage. She can get through with small tasks. She  
 10 can get about the house, doing a few bits and pieces.  
 11 She now has gout. She suffers extremely bad from  
 12 gout. She has gout in both her fingers. She recently  
 13 attended the hospital about two weeks ago and found  
 14 out that she has a fracture in her elbow, and they  
 15 think that she is developing osteoporosis.  
 16 Q. And it's been suggested that that is because of the  
 17 hepatitis C?  
 18 A. Yes.  
 19 Q. Or the treatment for it, or the liver transplant,  
 20 something around those issues?  
 21 A. Yes. She's not getting the supplements that she needs  
 22 because of the medication she's on. It drains a lot  
 23 out of her. So they have suggested possibly putting  
 24 her on some sort of supplements to try to strengthen  
 25 the bones, to try to help with it, because it is

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1 but thankfully she was able to get out of hospital,  
 2 was able to attend the wedding, although it was a real  
 3 struggle for her. I mean, she had a massive weight  
 4 drop. She went from maybe about a size 16 down to  
 5 a size 8. She was basically just skin and bones, and  
 6 was very tired through the day, but managed to hold on  
 7 to be there to see him.  
 8 Q. If we go back to that time between the first  
 9 transplant and the second transplant, can you tell us  
 10 what the effect of your mum's illness was on you?  
 11 A. It was very, very tough. As I say, I felt more like  
 12 a carer to her than I did her daughter. I would have  
 13 helped her to get dressed, helped her up and down the  
 14 stairs, cooking for her, basically forcing her to eat.  
 15 She just was giving up altogether at points, and it  
 16 was trying to convince her that she could hang on and  
 17 she could do it.  
 18 For me, it was really difficult. I didn't feel  
 19 I had what I would call your typical mother-daughter  
 20 relationship. We didn't get to go out and do the  
 21 things I had always imagined you would do, because the  
 22 majority of our days were just spent in the house,  
 23 because it was just too much for her to go out and do  
 24 anything.  
 25 Q. And in terms of your own work and career, how did it

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1 something that will keep happening now. I mean, she  
 2 didn't bang it or do anything. It was a simple case  
 3 of she was trying to raise herself up in the bed with  
 4 her elbow and obviously has fractured it.  
 5 Q. Although the liver took, and it was a success in that  
 6 sense, she still had difficulties with the liver being  
 7 blocked?  
 8 A. Yes.  
 9 Q. She's had to have stents put in?  
 10 A. Yes.  
 11 Q. You have been told that next time it blocks she needs  
 12 to go and be flown back to London to have her bile  
 13 duct removed?  
 14 A. Yes, which we have been told is just as serious and  
 15 just as complicated as the liver transplant would be.  
 16 Q. You have talked about your mum's quality of life, but  
 17 she's also missed out on a lot of family occasions  
 18 because of her illness. Can you tell us about that?  
 19 A. Just after her first transplant, my brother was due to  
 20 get married. She was still in hospital. I think it  
 21 was maybe about two weeks before the wedding was due  
 22 to happen. We didn't think she was going to get out  
 23 of hospital in time. So my brother had come to her  
 24 and told her they were going to cancel the wedding,  
 25 because they could not do it without mum being there,

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1 affect you?  
 2 A. It was very tough. One of my jobs I actually lost  
 3 through attendance, for forever having to take time  
 4 off work to look after her, because, you know, she  
 5 could be okay one day and then the next day she could  
 6 be violently ill, extremely weak. So I would have to  
 7 phone in to work and tell them I couldn't come in  
 8 because I had to look after her at home. Subsequently  
 9 of that I lost a job through that as well.  
 10 Q. But you also recall that in your 20s the only way of  
 11 blocking out the upset and stress about your mum was  
 12 to go out and to work, and work very long hours?  
 13 A. Yes. By this stage I was working in a bar and  
 14 restaurant. Anyone who has worked in that industry  
 15 will know it is long hours in general anyway, but if  
 16 there was the opportunity for to do extra hours, to  
 17 stay on, to work late, I took every opportunity  
 18 I could, because it had just become so hard at home,  
 19 you know, with her and watching her. So my way of  
 20 coping with it was to just throw myself into work. It  
 21 distracted me from it. For those few hours, I didn't  
 22 have to think, I didn't have to think about what was  
 23 going on at home.  
 24 Q. Even after the second transplant, you have still been  
 25 struggling with that need to care for your mum?

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- 1 A. Yes.  
 2 Q. And worrying about her?  
 3 A. Yes. Well, I had only just recently become a mum  
 4 myself. Every day I would get up, I would get the  
 5 child dressed and we would go straight down to my  
 6 mum's house. I only live ten minutes away from my mum  
 7 anyway. So we would spend most of the day down there  
 8 just talking to her, you know, just having someone  
 9 there with her to keep her company, make sure she was  
 10 okay. You know, sometimes just trying to help her up  
 11 the stairs was a challenge on its own, but we done it.  
 12 Q. In fact, you learned to drive specifically to help  
 13 your mum?  
 14 A. Yes, to many a road user's avail. They will say that  
 15 was the worst decision ever made. Yes, I did.  
 16 I learned to drive, just for the sheer fact that if  
 17 anything did happen to her, if she was rushed to  
 18 hospital, if anything needed done, I could just jump  
 19 in the car and go as soon as need be.  
 20 Q. You have also always been worried about whether you  
 21 are infected?  
 22 A. Yes.  
 23 Q. And your daughter?  
 24 A. Uh-huh.  
 25 Q. Can you tell us about that?

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- 1 I got to my 20th birthday, I thought, if I got a cold,  
 2 a cough, something unusual was happening, I thought  
 3 "Is this it? Is it starting to appear? Could this be  
 4 it?" Another year went by. It seemed to get further  
 5 and further. They tested me and the test came back  
 6 clear, which is fine, but I don't think there is  
 7 a doctor out there that would be willing to say or  
 8 sign a bit of paper to say that there was never  
 9 a chance that I could ever contract this.  
 10 Q. It is not just about your own worries about your own  
 11 health.  
 12 A. Uh-huh.  
 13 Q. You are also often concerned about any of your family  
 14 if they have gone somewhere and don't contact you.  
 15 A. Yes. So for me it's more an anxious thing. I get  
 16 very anxious if I don't hear from someone, if they've  
 17 told me they'll ring me and I don't hear from them.  
 18 I speak to my mum three times a day, morning, on my  
 19 break in work and later on that night before I go to  
 20 bed. If she goes to the hospital for an appointment,  
 21 I have to phone her as soon as I know she is out to  
 22 know (a) that everything is okay. I keep copies of  
 23 her medication in my bag so I always know what  
 24 medication she's on. If they take her off any  
 25 medication, I have to change my list so I know what

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- 1 A. It's probably quite an irrational thought, but  
 2 obviously because she had the blood transfusion before  
 3 she had me, there was always that chance. I mean,  
 4 I shared her blood for nine months, while she was  
 5 carrying me. Once obviously we found out about the  
 6 hepatitis C I went and spoke to a doctor in our local  
 7 surgery, and asked to be tested. It wasn't our normal  
 8 doctor. It was one who was in covering for someone  
 9 else. When he asked why I wanted tested, I explained,  
 10 and his response to me was, "Well, if I get you  
 11 tested, you know you have to declare to insurance  
 12 companies, life insurance, dental practices that you  
 13 have been tested?" I said, "Why do I have to tell  
 14 them that if I am only being tested? Surely it is  
 15 only if it comes back positive that I would need to  
 16 tell". He says, "You just need to be careful who you  
 17 tell these kind of things to".  
 18 Q. You have been told the chances of you having hepatitis  
 19 C are slim?  
 20 A. Yes.  
 21 Q. But you are still worried about that word "chance"?  
 22 A. Yes. Well, I mean, it lay dormant in my mum for 20-odd  
 23 years before it showed any symptoms on her. So for me  
 24 it was almost -- it was almost like a bit of a ticking  
 25 time bomb. When I took that scale of 20 years, when

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- 1 she's on.  
 2 Yes, it changed me as a person. I would have  
 3 been quite a care-free person to say whereas now I am  
 4 continuously nervous. I am always anxious. I always  
 5 think, "What's next? What's the next thing that's  
 6 going to be thrown at us?"  
 7 Q. An older member of your family has also become ill  
 8 recently and you've had to take on the Power of  
 9 Attorney for them.  
 10 A. Yes.  
 11 Q. And you say that your mum would have dealt with that  
 12 if she hadn't been unwell --  
 13 A. Yes.  
 14 Q. -- but instead it has fallen on you to support the  
 15 older members of your family.  
 16 A. Yes. So [redacted] became quite unwell at the  
 17 beginning of last year and the decision was made for  
 18 her to go into a care home. At the time mum was still  
 19 waiting for word to go over to King's to potentially  
 20 have her -- the bile duct removed. So in my head it  
 21 made sense for me, along with my auntie, to take on  
 22 the role of Power of Attorney, obviously because mum  
 23 could be away at any point, and if we needed stuff  
 24 done, she couldn't do anything. She wasn't mentally  
 25 ready to do anything like that either. She had all

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1 this running around in the back of her head on top of  
 2 everything that was going on with her mother as well.  
 3 So I naively thought, "How hard can it be, filling in  
 4 a bit of paperwork, making a few phone calls?"  
 5 I couldn't have got it more wrong if I had tried.  
 6 **Q.** And the stress all got on top of you in March of this  
 7 year?  
 8 **A.** It did. I got up that morning and I had a really,  
 9 really bad migraine, but I had to go to work anyway.  
 10 I went into work and I asked for some painkillers, and  
 11 went about the town, came back into work, and  
 12 I remember coming down and standing at the till, and  
 13 I was serving customers and they were handing stuff to  
 14 me at one side and I was trying to take it from them  
 15 from the other side. All my vision had gone off. One  
 16 of my colleagues beside me, I remember saying, "Does  
 17 my face look funny?" You know, it felt funny. I knew  
 18 by the look on his face and he said, "Just go to the  
 19 other side. Go to the other counter".  
 20 Thankfully I work in a chemist. So we had  
 21 a pharmacist who was there, and I went and spoke to  
 22 them. By this point I couldn't talk. I was just  
 23 standing, and the last thing I remember hearing is,  
 24 "She's going. She's going. She's gone" and that was  
 25 me. I collapsed on the floor. I could hear what was

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1 more important.  
 2 **Q.** That has been the impact on you. It has also impacted  
 3 your father.  
 4 **A.** Yes.  
 5 **Q.** He retired early to care for your mum.  
 6 **A.** He did, yes. He left a very good job to care for her.  
 7 I mean, you tend to forget the other people that it's  
 8 affecting. So the likes of my dad, who had to go to  
 9 London with her and be over with her all the time. So  
 10 he was on his own pretty much. Now thankfully my  
 11 uncle, who lives in London, doesn't live too far from  
 12 the hospital. So my dad was able to talk to him, but  
 13 he would have been there from visiting time in the  
 14 morning right through until maybe 8 o'clock at night  
 15 and he would have sat in that hospital all day with  
 16 her and never left her side.  
 17 **Q.** Throughout this time has any counselling or  
 18 psychological support or therapy been offered or  
 19 provided to you or your parents?  
 20 **A.** No.  
 21 **Q.** After the first liver transplant the consultant asked  
 22 your mum whether she had ever had a blood  
 23 transfusion--  
 24 **A.** Uh-huh.  
 25 **Q.** -- and that was the first time you all realised that

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1 going on around me, but I couldn't respond to anyone.  
 2 I couldn't tell anyone what was happening, how I was  
 3 feeling. I remember hearing the pharmacist on the  
 4 phone to paramedics telling them that she believed I'd  
 5 had a stroke. I had stroke-like symptoms. I had the  
 6 fallen face. I couldn't lift my arms. I couldn't  
 7 talk.

8 The ambulance came and took me to the Royal, and  
 9 right up until I came out of the CT scanner I was  
 10 being treated for a stroke. Thankfully it came back  
 11 that it wasn't. It was what they call  
 12 a stress-induced migraine, which was obviously  
 13 everything to do with what happened with [redacted],  
 14 and by this point my mum and dad were in London  
 15 potentially waiting to get the bile duct removed, but  
 16 I couldn't tell my mum and dad that this had happened,  
 17 because they were already going through enough in  
 18 London. So I had to pretend that my boss had given me  
 19 time off work and that's why I was able to talk to her  
 20 during the day until someone in the family doxed me  
 21 in and told her and she found out the truth, and I got  
 22 a very angry phone call from her to say that she was  
 23 coming home. No matter what was going on in London  
 24 she was coming home to me, but I told her I was fine.  
 25 I was okay. It was done, and getting her sorted was

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1 that was how she had contracted the hepatitis C.  
 2 **A.** Yes.  
 3 **Q.** How did you feel when you all realised that?  
 4 **A.** It's hard to describe, because, as I said before, you  
 5 go to hospital to get better. You only go to hospital  
 6 if you're unwell. You go to hospital to get better.  
 7 You don't go to hospital expecting to have your whole  
 8 life turned upside down over something that you didn't  
 9 even know was happening.  
 10 So it was such a surreal feeling to know that  
 11 someone knew that this blood was contaminated, that  
 12 they knew that by doing this they were potentially  
 13 opening a massive can of worms for her later in life,  
 14 and they chose not to say or do anything about that.  
 15 **Q.** Your father was then encouraged to try and obtain  
 16 records of the blood transfusion that your mum had had  
 17 so they could apply to the Skipton Fund.  
 18 **A.** Yes.  
 19 **Q.** Do you know what happened about those records?  
 20 **A.** As far as I'm aware he went to obtain the records, and  
 21 when he got there, they told him -- I could be  
 22 wrong -- don't quote me to this -- there was either  
 23 a fire or a flood of the records office. So only  
 24 a small amount of records actually survived and could  
 25 be obtained.

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1 Q. He was given five or six A4 pages of scribbled notes,  
 2 none of which referred to the transfusion --  
 3 A. Yes.  
 4 Q. -- but then there was also a document with a photocopy  
 5 of an empty blood transfusion blood product bag in  
 6 there --  
 7 A. Yes. Uh-huh.  
 8 Q. -- and that was enough to show that that's what had  
 9 infected your mum from the blood numbers?  
 10 A. Yes. They didn't seem to argue it or try and make  
 11 anything about it. So for me that was enough for then  
 12 to say, "Yes. That's all we need to see".  
 13 Q. Do you have any -- your mum applied through the  
 14 Skipton and received payments through it. Do you have  
 15 any comments you want to make about the process of  
 16 applying to both the Skipton and the Northern Irish  
 17 scheme?  
 18 A. I mean, listening to some of the stories that we have  
 19 listened to between yesterday and today and from  
 20 London, you know, they all seem to have real  
 21 difficulty with it. I have to admit we have been  
 22 very, very lucky that it was quite a straightforward  
 23 process for us. She was accepted for it and there's  
 24 never been any argument against it. So we have been  
 25 very, very lucky in that sense.

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1 SIR BRIAN LANGSTAFF: There will be audio, but no visual?  
 2 MS FRASER BUTLIN: Sorry. I am corrected. There is no  
 3 live stream at all. Apologies.  
 4 SIR BRIAN LANGSTAFF: That's what I had been told earlier.  
 5 The reason for that I think is that the evidence which  
 6 is likely to be given is by witnesses who will find it  
 7 very difficult to give an account they feel  
 8 comfortable with without mentioning names of people  
 9 close to them, which could lead to their  
 10 identification, and for that reason anyone who is out  
 11 there listening to this as it is being live streamed,  
 12 or for that matter anyone here who was thinking of  
 13 watching it at home later on this afternoon, you won't  
 14 be able to do that. The transcript will be published  
 15 in due course once any names which might identify have  
 16 been redacted, blacked out. So there will be a record  
 17 of what is being said. It just won't have anything  
 18 which identifies witnesses who do not want to be  
 19 identified.  
 20 MS FRASER BUTLIN: The audio will also be available after  
 21 we have done a similar redaction process.  
 22 SIR BRIAN LANGSTAFF: Thank you. 1.40.  
 23 (12.26 pm)  
 24 (Luncheon adjournment)  
 25 (1.44 pm)

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1 Q. Those are the questions I have for you. Is there  
 2 anything else you'd like to say?  
 3 A. First of all, I'd like to thank Sir Brian for bringing  
 4 the Inquiry to Belfast to give us our chance to have  
 5 our say. We are very small, but very big at the same  
 6 time.  
 7 I'd like to thank our family and friends, who  
 8 have supported us through all of this process, and to  
 9 everyone here today, everyone who is involved in this  
 10 Inquiry, you are not alone. We are in this together  
 11 and, no matter what, we will get the answers that we  
 12 deserve.  
 13 Q. I am just going to ask Mr Williams, who, as you know,  
 14 represents you. He doesn't have anything.  
 15 SIR BRIAN LANGSTAFF: I have nothing for myself to ask.  
 16 Just to thank you very much indeed for coming to tell  
 17 us about what your life has been like and what your  
 18 mother's life has been like. Thank you.  
 19 A. Thank you.  
 20 SIR BRIAN LANGSTAFF: Well, Ms Fraser Butlin, we'll take  
 21 a break until 1.40.  
 22 MS FRASER BUTLIN: Then this afternoon we will be hearing  
 23 from anonymous witnesses. So there will be no live  
 24 stream for those who are watching it now. There will  
 25 be audio, but no visual.

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1 SIR BRIAN LANGSTAFF: Now our next witness is Mr F.  
 2 MS FRASER BUTLIN: That is correct.  
 3 SIR BRIAN LANGSTAFF: F for "foxtrot". The reason that  
 4 this witness is called Mr F is because he has asked  
 5 for his anonymity to be respected. For that reason,  
 6 as I explained this morning, there will be no live  
 7 streaming. There will be no audio live streaming.  
 8 Both will be available after any necessary redactions  
 9 tomorrow or later on.  
 10 In order to protect his anonymity I have the  
 11 power to make and I do make a specific order. The  
 12 press are aware of the terms of it, but you aren't  
 13 yet. So let me just read it out to you. My apologies  
 14 if it sounds a little legalistic. What it means  
 15 I hope is clear. That no-one may say or copy anything  
 16 which would identify Mr F.  
 17 I order that the name and address of witness  
 18 W0198", that's Mr F to us, "and any other identifying  
 19 information, such as the witness' image or  
 20 a description of their appearance, cannot be disclosed  
 21 or published in any form, unless express permission is  
 22 given by me or by the solicitors to the Inquiry,  
 23 acting on my behalf. Witness W0198 must be referred  
 24 to only as 'mr F'. This order remains in force for  
 25 the duration of the Inquiry, and at all times

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1 thereafter, unless otherwise ordered, and I may vary  
2 or revoke this order by making a further order during  
3 the course of the Inquiry."

4 So please respect this witness' desire for  
5 anonymity and be very careful if you are taking  
6 photographs in or around the building that you don't  
7 accidentally happen to include him in one of those  
8 photographs.

9 **MR F (sworn)**

10 **Questioned by MS FRASER BUTLIN**

11 **MS FRASER BUTLIN:** Mr F, you were diagnosed with  
12 haemophilia A when you were a young child.

13 **A.** That's correct.

14 **Q.** How often did you need treatment for it?

15 **A.** As a young child not too often, because I was  
16 classified as a mild, but my blood assays changed as  
17 I got older to be classified as a moderate then.

18 **Q.** And how old were you when you started to use Factor  
19 VIII?

20 **A.** From my memory, around 10 or 11 years of age.

21 **Q.** So that was about 1978?

22 **A.** Yes.

23 **Q.** When your treatment changed over to Factor VIII, were  
24 you or your parents given any warning about any risks  
25 involved in that change?

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1 that people maybe can't hear you. So you had  
2 emergency surgery, and at that time were you given  
3 Factor VIII?

4 **A.** Yes.

5 **Q.** When you were given that Factor VIII, before and after  
6 the operation, were your parents or you warned about  
7 any risks involved?

8 **A.** No.

9 **Q.** You carried on using Factor VIII as and when it was  
10 required?

11 **A.** That's correct.

12 **Q.** And in 1992 you attended one of your six-monthly  
13 check-ups?

14 **A.** Yes.

15 **Q.** Do you remember what you were told at that  
16 appointment?

17 **A.** No.

18 **Q.** You were told there had been a situation in England  
19 for haemophiliacs?

20 **A.** Yes, sorry. Yes.

21 **Q.** And that a patient with haemophilia had received  
22 contaminated blood products and been infected with HIV  
23 as a result?

24 **A.** Yes.

25 **Q.** You asked if you could then -- you were asked to be

79

1 **A.** No.

2 **Q.** Could we have document 0198002, please. If we look at  
3 the second paragraph, this is a letter from 1984 from  
4 Dr Mayne to another of your doctors. It says:

5 "To keep the records straight, a mild  
6 haemophiliac of this type should be treated with  
7 cryoprecipitate or NHS Factor VIII and not commercial  
8 freeze dried Factor VIII concentrates. This  
9 precaution is to avoid the development of non-A non-B  
10 hepatitis in mildly affected patients."

11 Were you aware of this letter or the contents of  
12 it?

13 **A.** No.

14 **Q.** In about March 1985, when you were about 17, your  
15 appendix perforated?

16 **A.** Yes.

17 **Q.** Can you tell us what happened?

18 **A.** Because it perforated and it was too much of  
19 an emergency case to take me from where I lived to  
20 Belfast, so they admitted me to the local hospital for  
21 emergency procedure.

22 **Q.** I think you are going to need to keep your voice up  
23 a little bit.

24 **A.** Sorry.

25 **Q.** Or come forward to the microphone. I am picking up

78

1 tested at that point?

2 **A.** Yes.

3 **Q.** And I think your mother requested your test results?

4 **A.** She did.

5 **Q.** And what happened?

6 **A.** She enquired with them in a phone call to see if she  
7 could get them, but they wouldn't release that  
8 information over the phone.

9 **Q.** And so you went up to the hospital?

10 **A.** Yes.

11 **Q.** With the woman who is now your wife?

12 **A.** Yes.

13 **Q.** And what was said at that appointment?

14 **A.** We were just told the tests were carried out and I was  
15 glad to inform me that the HIV virus that I hadn't  
16 got. And there was also another virus detected called  
17 hepatitis C, and it was nothing to worry about. "Go  
18 on with your life, live as normal and it will give you  
19 no bother."

20 **Q.** That appointment happened in 1992?

21 **A.** Yes.

22 **Q.** And your wife is clear that it was 1992, isn't she?

23 **A.** Yes.

24 **Q.** Can you tell us why she is so clear?

25 **A.** Why? We got engaged in 1991, and we were married in

80

1 '93 and we were told that in between.  
 2 Q. Could we have document 0198003, please, and the main  
 3 paragraph? This is a letter from April 1992 and it  
 4 says that you were worried about your tests for viral  
 5 infection:  
 6 "Apparently he was seen by some of the junior  
 7 staff who omitted to let him know the negative results  
 8 of these. I have let him see all his results and he  
 9 is happy to discover that there is no problem at the  
 10 present time."  
 11 Is that what you understood you were being told?  
 12 A. No.  
 13 Q. Then, when we look at 0198004, we can see at the top  
 14 this is a letter from April 1999, and if we look at  
 15 the final paragraph:  
 16 "I indicated to 'you' that you had hepatitis C  
 17 approximately four years ago", which would put it at  
 18 1995. Again, what is your response to the suggestion  
 19 that you were told about hepatitis C in 1995?  
 20 A. No, definitely not, because we were so clear it was  
 21 '92, hence we were told just before we were getting  
 22 married.  
 23 Q. And then 0198005, and if we look at the middle  
 24 paragraph, it is recorded, this time in 2002, that  
 25 your liver function tests were noted to be abnormal

81

1 about.  
 2 Q. You walked away from what you have said was  
 3 a relatively short conversation?  
 4 A. Yes.  
 5 Q. You didn't particularly ask any further questions?  
 6 A. No.  
 7 Q. But the woman who is now your wife did not quite  
 8 respond in that way, did she? How did your wife  
 9 respond?  
 10 A. She went very quiet, didn't give me an explanation  
 11 why, but herself would be a thinker, as a health  
 12 professional, so I take it her mind was working  
 13 overtime.  
 14 Q. And you picked up she was worried about something?  
 15 A. Yes.  
 16 Q. In hindsight, you have said, looking back now:  
 17 "I think I was a fool to have not asked  
 18 anything."  
 19 A. Yes.  
 20 Q. And what you would have liked to have been told is the  
 21 risks of transmission?  
 22 A. Yes.  
 23 Q. But also the impact on -- how you could have changed  
 24 your lifestyle?  
 25 A. Yes.

83

1 since 1984. Were you aware before 1992 that your  
 2 liver function tests were abnormal?  
 3 A. No.  
 4 Q. Your recollection is the first time you were told  
 5 about the hepatitis C was 1992?  
 6 A. Yes.  
 7 Q. And you were told that it wouldn't really affect your  
 8 life?  
 9 A. No.  
 10 Q. I should say that Dr Mayne has been invited to provide  
 11 a response, and that will be published once it is  
 12 available.  
 13 A. Okay.  
 14 Q. When you were told you had hepatitis C, were you  
 15 advised of any of the risks of transmitting it?  
 16 A. No.  
 17 Q. What do you feel you should have been told?  
 18 A. In hindsight now, from what we know of the disease,  
 19 everything that should have been told.  
 20 Q. At the time you didn't really ask anything?  
 21 A. Not really, because the biggest scare was HIV. When  
 22 you were told you hadn't got that, from the amount of  
 23 factor you received over the appendix operation, you  
 24 just left very happy, and with Dr Mayne's own words  
 25 that the hepatitis C virus was nothing to be concerned

82

1 Q. Because once you knew there was some impact, what did  
 2 you do?  
 3 A. I ceased drinking alcohol. I stopped eating red meat,  
 4 because we were told then that red meat makes your  
 5 liver work twice as hard to break it down, to digest  
 6 it. So I abstained from alcohol, changed my diet and  
 7 tried to be good.  
 8 Q. And in trying to be good --  
 9 A. Yes.  
 10 Q. -- you feel you should have been told that --  
 11 A. Oh, Yes. Uh-huh.  
 12 Q. -- in 1992, so you could make those changes then?  
 13 A. Yes.  
 14 Q. In 2004, you had some abnormal liver function tests?  
 15 A. Yes.  
 16 Q. Do you remember what you were told?  
 17 A. I just went because I was feeling unwell, tiredness.  
 18 Couldn't explain it. Had a sick child previous before  
 19 that, he was born premature. We put it down to the  
 20 stress of himself. Went to the hospital and went and  
 21 said to them, so they done the tests then, and then  
 22 they came back then to say that my LFTs were raised.  
 23 Q. Because at the time you have said your child was very  
 24 unwell?  
 25 A. Yes.

84

1 Q. So initially you thought it was just the stress of  
2 dealing with that?  
3 A. Yes.  
4 Q. But I think you have described it as a very different  
5 kind of tired?  
6 A. Yes.  
7 Q. Can you give us any more explanation of how it felt?  
8 A. How it felt? Lethargic wouldn't be the word. It  
9 would just be an uncontrollable tiredness. You had no  
10 energy. An every day task was so difficult to do.  
11 I was still trying to work full-time, but it was  
12 getting more difficult to work full-time, even to  
13 concentrate. Just general feeling then of pain  
14 started to appear. I couldn't put it down to having  
15 bleeds, as a haemophiliac. It was just completely  
16 different.  
17 Q. You said you also were sweating profusely?  
18 A. Yes.  
19 Q. And feeling very nauseated?  
20 A. Yes.  
21 Q. So what happened next, in 2004?  
22 A. I'm sorry, I just can't recollect it.  
23 Q. Don't worry. I know you are struggling with brain fog  
24 and we will take it nice and slowly. You then went on  
25 to the first course of treatment for your hepatitis C?

85

1 before. The darkest days were always Tuesday and  
2 Wednesday. I suppose the first six months you thought  
3 of it and you got on with it, but there was times that  
4 you just thought "I could be in a better place". It  
5 would be easier just to walk away or do something you  
6 didn't want to do to yourself, or even having that  
7 thought to do it.  
8 Q. There were both huge physical effects --  
9 A. Yes.  
10 Q. -- and mental effects?  
11 A. Yes.  
12 Q. You have said that you are somebody who wouldn't  
13 choose to take anti-depressant medication?  
14 A. No.  
15 Q. And you had resisted before the first round of  
16 treatment started?  
17 A. Yes. I went against advice, but I said no. I refer to  
18 them as happy tablets. I said: "No, I don't want  
19 them. I don't need them." They told me: "It is not  
20 you personally. It is the medication that's going to  
21 do this to you." So after six to eight weeks  
22 I eventually had to give in, because it changed my  
23 humour, my outlook. I was more anxious. I was  
24 jittery. I was just in a bad, bad place.  
25 Q. How did this affect your relationship with your

87

1 A. Yes.  
2 Q. You volunteered very quickly?  
3 A. I did, yes, once I found out what it was, yes.  
4 Q. And you think you were probably one of the first  
5 people in Belfast to go?  
6 A. Yes, through the Haemophilia Centre, yes.  
7 Q. Do you remember what your experience of that first  
8 course of treatment was?  
9 A. Awful. I suppose the first 12 weeks I couldn't work.  
10 Just confined. I always took the injection on  
11 a Monday night. Tuesday and Wednesday just was a case  
12 of you could write it off as two days in the week.  
13 The reason for that, as the week progressed, I tried  
14 to be some way normal at the weekends, when the two  
15 boys were off school, to have some type of normality,  
16 but, you know, the experience of the side-effects of  
17 it is just awful.  
18 Q. You have said that the treatment itself was difficult  
19 and debilitating:  
20 "I suffered severe physical side-effects. I was  
21 constantly nauseated."  
22 A. Yes.  
23 Q. "and I mean constantly."  
24 A. Yes. you had loss of hair. You had anxiety.  
25 Depression set in, which I have never ever experienced

86

1 family?  
2 A. I suppose you look at them and think it is unfair for  
3 them to watch -- number one, the two boys, their daddy  
4 in this state they wouldn't have seen before.  
5 I suppose my wife then trying to keep a house as  
6 normal as possible. It is a true saying, you take  
7 your worst cases out on the ones closest and dearest  
8 to you. So ...  
9 Q. You have described that you went through a very low  
10 period and thoughts of ending your life --  
11 A. Yes.  
12 Q. -- crossed your mind. Your relationship with your  
13 children suffered. You felt you were failing them all  
14 the time:  
15 "I could do nothing with the children during the  
16 treatment, not even kick a ball around or go for  
17 a walk. I felt bad for them, that they were missing  
18 out."  
19 A. Yes.  
20 Q. It was at that point when you started treatment that  
21 you told the children for the first time that you had  
22 hepatitis?  
23 A. Uh-huh.  
24 Q. How did you explain it to them?  
25 A. Well, more so the biggest, or the oldest, sorry, he

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1 was studying for his 'A' levels. He came in one day  
 2 from school covering biology, and he clicked that  
 3 there was something wrong. So as children do, they  
 4 are very black and white. He said to his mother  
 5 first: "What has daddy got. Has he got cancer? Has  
 6 he got AIDS?" So me and him were supposed to go to  
 7 Belfast the following day. So me and him had  
 8 a discussion in the car.  
 9 **Q.** During that first tranche of treatment, you were off  
 10 work throughout 12 weeks?  
 11 **A.** Yes.  
 12 **Q.** And then returned on light duties?  
 13 **A.** Yes.  
 14 **Q.** How was that for you?  
 15 **A.** It was hard, because I normally would have worked  
 16 a 50, 60, or a 70-hour week, as a sales manager.  
 17 Probably trying to excuse yourself from work. Work  
 18 was very good. My employer, I didn't hide the fact  
 19 from him what was wrong, and he knew it, and he  
 20 accommodated me, to be fair, very well. But it was  
 21 just people coming in and saying to you, not meaning  
 22 nothing by it, but just saying to you, "God! You get  
 23 it quare and handy. You work a two, two and a half  
 24 day week while the wife slogs away. You know, have  
 25 you any more recipes for that?" It is very hard to

89

1 **Q.** That first course of treatment was not successful?  
 2 **A.** No, there was a relapse in it, yes.  
 3 **Q.** You said that you felt the hospital team were as  
 4 disappointed as you were?  
 5 **A.** They were. I sort of made it -- because it was the  
 6 Haemophilia Centre, and I knew them all my life,  
 7 I made a deal with one of the nurses. I said, "Please  
 8 don't ring me at home. Ring me on my mobile." She  
 9 said, "That's not fair." I said, "It is fair."  
 10 I had my own gut feeling in April that I was  
 11 becoming symptomatic again. I had said it to my wife,  
 12 but she was the ever positive one, saying, "No, no, it  
 13 was the treatment. You'll be okay, it is fine."  
 14 I got the call in June on a Tuesday. I made the  
 15 unfortunately mistake of not telling my wife -- it was  
 16 a Monday, sorry -- until the Wednesday, which I nearly  
 17 got divorced over, because I thought she was in too  
 18 good a humour coming home from work and I thought:  
 19 "What's the point in telling her now?" I kept it  
 20 until Wednesday lunchtime and I informed her, but she  
 21 called me out and asked me when did I find out enough.  
 22 I suppose with brain fog and everything else I  
 23 happened to say that it was Monday they phoned me.  
 24 So~...  
 25 **Q.** And you got into trouble?

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1 take as a man, as a person who would have worked, you  
 2 know, from they're 17 up to the present time 60,  
 3 70 hours.  
 4 **Q.** In fact, you have not been able to go back since then  
 5 to be full-time?  
 6 **A.** No.  
 7 **Q.** What impact has that had on your family life?  
 8 **A.** The biggest thing to me is the work ethos. You see,  
 9 when you have children, you want to install a work  
 10 ethos into them, that, you know, you don't get  
 11 nothing. You have to work for it. I suppose trying  
 12 to keep -- that was my reason to try and stay in  
 13 employment. The financial end of it, you know, you  
 14 just lost so, so much in that aspect of it, you know,  
 15 regarding providing financially for your family and  
 16 the things you want to do. We would have worked --  
 17 because it was a sales-oriented thing, we would have  
 18 worked on a bonus. So if you are only going to be  
 19 there two days a week, that disappears very quickly.  
 20 **Q.** Because of that your wife has had to stay at work  
 21 full-time and do considerable extra work to try to  
 22 keep the family income at a level --  
 23 **A.** -- that we were used to and accustomed to, yes. You  
 24 can sacrifice for a short period of time but then the  
 25 resources you have become drained.

90

1 **A.** Yes.  
 2 **Q.** You didn't then start a further course of treatment  
 3 until 2013?  
 4 **A.** Yes.  
 5 **Q.** How were you physically and mentally during that time,  
 6 between the first treatment and getting started with  
 7 the second?  
 8 **A.** Physically, it was a game. Just the post side-effects  
 9 of the treatment. You said to people, yes, all  
 10 haemophiliacs have pains in their joints. This was  
 11 something completely different. As I say, the  
 12 tiredness was just -- just where somebody sucks the  
 13 life out of you. I would have went to work on  
 14 a Monday, I would have spent Tuesday and Wednesday  
 15 near enough sleeping.  
 16 When the boys were getting bigger, I used to say  
 17 to the biggest boy -- I'm not sure what age he would  
 18 have been, 10, 11 or 12 years -- I used to say to him,  
 19 "Now daddy is going to fall asleep in the living room.  
 20 I have put one chair across the hall door, but you  
 21 have to guard the dining room doors, in case the  
 22 smaller child gets out", because you were just falling  
 23 asleep and you couldn't control it. Now he thought it  
 24 was great, because he had great access to his  
 25 PlayStation 1, and, you know, he wasn't getting

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1 disturbed, so he thought it was great and he kept the  
2 deal.  
3 Q. You then had some fibroscan results in 2013 --  
4 A. Yes.  
5 Q. -- that weren't very good --  
6 A. No.  
7 Q. -- and you had a long discussion about what to do.  
8 A. Because of the effects of the first treatment and  
9 because my LFTs were coming back raised again, it was  
10 decided then that we would get a fibroscan and  
11 I determined then on the results of the fibroscan if  
12 I would go ahead for more treatment, the reason being  
13 that we were always told that there was more and more  
14 new treatment coming through and more tests coming  
15 through which wouldn't be as severe as the Fibroferon  
16 and Interferon, but then when the results of the  
17 fibroscan came through, it was decided then it would  
18 be better to act than wait.  
19 Q. So you were told you needed to start --  
20 A. Yes.  
21 Q. -- a second course --  
22 A. Course.  
23 Q. -- of treatment and you had a consultation with  
24 a doctor.  
25 A. Yes.

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1 myself. I had never engaged in anything experimental  
2 in relation to risky social behaviour, and I felt that  
3 this man didn't realise that I'd been given this virus  
4 by contaminated blood products. The consultation left  
5 me feeling very low and worthless."  
6 A. Yes.  
7 Q. Is that your recollection?  
8 A. It is.  
9 Q. We have had a response from the doctor, which will be  
10 published alongside your statement.  
11 A. That's okay.  
12 Q. He says that what you recall him saying is not  
13 language he would use. He has said this:  
14 "I would simply never countenance the use of the  
15 term 'people like you'. I insist I wouldn't have used  
16 such language and such language had no place in  
17 providing care to the population of patients attending  
18 the liver service."  
19 He says:  
20 "There's no evidence to substantiate the  
21 allegation and I do not believe the language described  
22 would be that which I would use. Indeed, I find it  
23 abhorrent to be accused of using such language, given  
24 the commitment I offer to my patients."  
25 How would you respond to that?

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1 Q. Can you tell us about that?  
2 A. A very short and brief encounter. My wife and I went  
3 up to meet him. On recollection it was a lady  
4 registrar who met us. She introduced herself and she  
5 says -- she wasn't even aware. She had said to me at  
6 the start, "You don't want the treatment. You  
7 rejected it", and I says, "No, it wasn't that. We  
8 said we were holding off until the results of the  
9 fibroscan came through", says I, "but now with hence  
10 the results findings, we want to commence the  
11 treatment". So then she excused herself and she left  
12 the room and she came back then with the consultant.  
13 Q. And what did the consultant say to you?  
14 A. Well, he came into the room and he addressed me as  
15 [redacted]. He says, "I believe now you would like to  
16 commence this treatment". I will probably have to  
17 look at my statement to give you the word for word  
18 which he had mentioned me.  
19 Q. Would you like me to read it?  
20 A. Yes.  
21 Q. "He went on to say that if society in general were  
22 aware of the granting of funding, then, and I quote,  
23 'people' like you would be banging at the door to  
24 acquire a place of treatment'. I'm not sure what  
25 'people like you' meant. I had always looked after

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1 A. I suppose that is his account of it, but it's not my  
2 recollection of what was said that day. I have my  
3 wife as a witness to what was said, and probably in  
4 hindsight there is a registrar as well, but I provided  
5 in my statement what was said and I have no reason to  
6 not tell the truth.  
7 Q. Once you were on that second course of treatment can  
8 you describe the side effects that you had?  
9 A. Again it was the same of the Fibroferon and Interferon  
10 and then after I think it was six weeks they  
11 introduced a third drug called Boceprevir. When it  
12 kicked in, it was a different piece of work  
13 altogether. We thought the other two was bad, but it  
14 was very, very bad. The only thing probably that  
15 I found very hard to accommodate was they not  
16 insisted, but they advise you to eat an extra  
17 60 milligrams of fat throughout taking the treatment.  
18 So you took it at 8 o'clock in the morning, the  
19 first part of it. You took the next part at 4 o'clock  
20 and the next part at midnight. On them intervals you  
21 had to eat an extra 20 milligrams of fat to absorb  
22 what they were giving you into your system very  
23 quickly. Now within probably seven, eight weeks --  
24 I am generally of a big build -- I had put on a stone  
25 and a half, and I thought, you know, "You told us to

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1      beware of a fatty liver and now you're telling us to  
 2      eat this and then putting on this amount of weight".  
 3      So in my -- I said no, I didn't want to presume with  
 4      the eating of the 20 grams of fat three times a day.  
 5      They had to check and they came back and said, "Well,  
 6      if you can accommodate or stick the amount of vomiting  
 7      you're going to have with it, so be it. You can  
 8      proceed", and that's what I done. I just went off it.  
 9      Now at the same time my good wife would always  
 10     have made me croissants in the morning. It was a bag  
 11     of Tayto and a Mars bar at 4 o'clock. At 12 o'clock  
 12     at night it was trifles from Marks and Spencers.  
 13     I have never had a trifle since. It was one of them  
 14     things. The side-effects was very, very similar to  
 15     what I experienced on the first treatment, I suppose,  
 16     and one comment, when they introduced a third drug it  
 17     completely threw me then. You had the side-effects of  
 18     the depression, the anxiety, the neutropenia that  
 19     comes with it, the rigors, the shaking, the high  
 20     temperature and then you are coming back down again.  
 21     It is very hard to explain to anybody unless those who  
 22     have been through it knows what it actually feels  
 23     like.  
 24     You say these things in general, but it doesn't  
 25     touch to what you felt when you were doing it.

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1      of all different treatments that you go through. She  
 2      has conducted my pain relief. It consists of  
 3      125 milligrams of BuTrans patches, which is fentanyl  
 4      based, which is replaced every three hours. Then I'm  
 5      on Abstral, which I take at night-time for the pains,  
 6      because I daren't take them during the day when I'm  
 7      driving. Co-Codamol, and then Lidocaine patches,  
 8      which is like a patch that you put on to your joints  
 9      that then releases a slow anaesthetic to freeze the  
 10     joint or freeze wherever the pain is most associated  
 11     with.  
 12     **Q.** You are clear that those joint pains feel different to  
 13     your haemophilia joint pain?  
 14     **A.** You know the difference. Anybody who has haemophilia  
 15     knows the difference. Even from a bleed point of  
 16     view, it is completely different. It kicks off and  
 17     attacks your whole body at once. It doesn't take  
 18     a specific area. It is usually your larger joints,  
 19     your larger bones. It attacks your arms, your elbow  
 20     to your shoulder, across your back and down through  
 21     your larger parts of your legs.  
 22     **Q.** Can you tell us what the impact has been on your  
 23     mental health?  
 24     **A.** It is the sleep. If the pain does kick in, you don't  
 25     sleep. You walk the floors. You try not to make

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1      **Q.** Thankfully, that second course of treatment cleared  
 2      the virus?  
 3      **A.** It did.  
 4      **Q.** But you have been left with a number of  
 5      side-effects --  
 6      **A.** Uh-huh.  
 7      **Q.** -- even now. Can you tell us what they are?  
 8      **A.** It is mostly the pain issue, the tiredness.  
 9      I actually went back, from recollection, to say to  
 10     them, "You know, there is something wrong here. I am  
 11     too sore. This is not normal". I was dismissed the  
 12     first time, and they said it was part of my underlying  
 13     conditions of arthritic changes with the haemophilia  
 14     and the joints bleeds. But I said, "No, it is not  
 15     like that, it is completely difficult". In hindsight,  
 16     they had found and said to me, "Yes, you were  
 17     correct". Because you begin to think "Am I sane? Am  
 18     I imagining these things?" They eventually came back  
 19     and said, "Yes, there is severe side-effects to  
 20     people's joints, and everything associated with the  
 21     treatment".  
 22     **Q.** You have continued to suffer from chronic fatigue?  
 23     **A.** Chronic fatigue, irritable bowel. I am getting tested  
 24     now for fibro. I attend a pain clinic where I come  
 25     from. The consultant there is very good and is aware

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1      a noise. I always had a thing about taking tablets  
 2      and not taking too many, but at times you just go  
 3      looking for them, because you need them. I suppose it  
 4      is not fair on the boys, because you can be very  
 5      erratic to them, if you are in pain, and they don't  
 6      understand. They are getting to the point they do  
 7      understand. They do ask me, "Are you sore today,  
 8      daddy". They sort of accept it, but it is still not  
 9      nice to bite at them when you are not in a good --  
 10     **Q.** You have described that you still struggle and try to  
 11     maintain a positive mental outlook to this day:  
 12     "I often think about the time in my life that  
 13     has shaped the way I am today, the emotions of anger,  
 14     hurt, dishonesty and shame. Yes, shame. I have  
 15     always felt dirty, identified as the dirty case, kept  
 16     to the last on every treatment list possible."  
 17     Yet you reflect also trying to balance the fact  
 18     that you are alive, and have been blessed with  
 19     a fabulous family that love you with all their heart?  
 20     **A.** Yes, because you try to get the good out of it in some  
 21     ways, that there has been people who went before us  
 22     and died. I so sort of class myself as a lucky one,  
 23     because I did get married. I was blessed with two  
 24     children. My wife is still putting up with me, so  
 25     yes, I am one of the lucky ones, if you want to put it

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1 in context against those who are less fortunate.  
 2 **Q.** You have received payments from the Skipton Fund?  
 3 **A.** Uh-huh.  
 4 **Q.** And also personal independence payments?  
 5 **A.** Yes.  
 6 **Q.** So welfare payments. What was your experience of the  
 7 Skipton Fund?  
 8 **A.** The Skipton Fund, I didn't know much about it. It was  
 9 an appointment in the Haemophilia Centre on a regular  
 10 review. I was took into the room. This cheque was  
 11 produced. I said, "What's that for?"  
 12 "It is for what you have been through with your  
 13 hepatitis C virus."  
 14 It was for that sum of £20,000.  
 15 I says, the nature of me, "I am very sorry", but  
 16 the nature of me, I just told him, "You can put it  
 17 where the sun doesn't shine, because I lost that in my  
 18 first year's wages. If that's what you think, that  
 19 you can buy people off or give people for what you  
 20 have given us."  
 21 I had to be reinforced because I got very angry.  
 22 Then they said I had to sign for it. I said, "What  
 23 for?" They said, "You have to sign for it. If you  
 24 don't sign for it, nobody else gets it."  
 25 **Q.** You also received some payments from the Northern

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1 there anything else you would like to say?  
 2 **A.** No. I'd just like to thank everybody for their help,  
 3 and to Sir Brian, and probably to my wife. There is  
 4 a true saying, I suppose: "For better, for worse, for  
 5 sickness and health". It is true.  
 6 **SIR BRIAN LANGSTAFF:** Well, Mr F, can I thank you very  
 7 much for coming to tell us your story and for the way  
 8 you have delivered it. So thank you for being here  
 9 today.  
 10 **A.** Thank you.  
 11 **SIR BRIAN LANGSTAFF:** Well, we'll take a break now until  
 12 2.50.  
 13 **(2.18 pm)**  
 14 **(A short break)**  
 15 **(2.54 pm)**  
 16 **SIR BRIAN LANGSTAFF:** Ms Richards, the next witnesses will  
 17 be heard together. Let me remind everyone that in  
 18 their case too I have made a restriction order in each  
 19 case forbidding anyone to reveal anything which may  
 20 identify them by name or pictorially.  
 21 In the case of the first, who will be known as  
 22 Ms G, I order as follows:  
 23 "The name and address of witness W26097", that's  
 24 Ms G to us, "the name of her brothers who died, the  
 25 name of any other member of the witness' family and

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1 Ireland Infected Blood Payment Scheme?  
 2 **A.** Well, that comes, as far as I am aware, from the  
 3 Skipton Fund. That's what I am led to believe. There  
 4 is a monthly payment, which comes in, which probably,  
 5 when you equate it up weekly, I think it is £10 a day.  
 6 **Q.** You have said you wonder how these organisations  
 7 distinguish between patients and how they  
 8 differentiate between stage 1 and stage 2?  
 9 **A.** I do, because my stage 1 is very close to what is  
 10 stage 2. I can totally have respect for anybody who  
 11 is in stage 3, stage 4, because they are totally  
 12 suffering different from what we are, but it is very  
 13 difficult to swallow, that they can make that  
 14 difference. You know, it just came in the post, and  
 15 my wife and I couldn't understand. This thing  
 16 appeared in the post, that you were being offered  
 17 this. There was no consultation before it or  
 18 compensation since it has been put forward.  
 19 **Q.** What you have said in your statement is:  
 20 "The payments are better than nothing, but they  
 21 are no comparison on my lost earnings, due to my  
 22 inability to work full-time. They simply do not  
 23 equate to the same."  
 24 **A.** Correct.  
 25 **Q.** Mr F, I don't have any more questions for you. Is

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1 any other identifying information, such as the  
 2 witness' image or a description of their appearance,  
 3 cannot be disclosed or published in any form, unless  
 4 express permission is given by me or by the solicitor  
 5 to the Inquiry acting on my behalf. Witness 2607 must  
 6 be referred to only as 'Ms G'.  
 7 The order remains in force for the duration of  
 8 the Inquiry and at all times thereafter unless  
 9 otherwise ordered, and I may vary or revoke it by  
 10 making a further order during the course of the  
 11 Inquiry."  
 12 Please forgive me forgiving a second order in  
 13 virtually identical terms, but it has to be done. So:  
 14 "I order that the name and address of witness  
 15 W2449" -- that will be 'Mrs H' to us -- "the name of  
 16 her brothers who died, the name of any other member of  
 17 the witness' family, and any other identifying  
 18 information, such as the witness' image or  
 19 a description of their appearance, cannot be disclosed  
 20 or published in any form, unless express permission is  
 21 given by me or by the solicitor to the Inquiry, acting  
 22 on my behalf. Witness W2449 must be referred to only  
 23 as 'Mrs H'.  
 24 "The order remains in force for the duration of  
 25 the Inquiry, and at all times thereafter, unless

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1 otherwise ordered, and I may vary or revoke it by  
 2 making a further order during the course of the  
 3 Inquiry."  
 4 The press have copies of that order. I would  
 5 ask you all, as before, to respect it, and bear in  
 6 mind that it is a serious offence not to do so.  
 7 **MS RICHARDS:** Sir, before the witnesses are sworn, just to  
 8 underline one point. As you and those who are here  
 9 will soon hear, they are talking about their brothers  
 10 who died, and it is not practically or humanly  
 11 possible for them to give the harrowing testimony they  
 12 have to give without referring to those brothers by  
 13 name. The effect of your order, sir, is that although  
 14 the brothers' names will be spoken during the course  
 15 of their testimony, those names must not be repeated,  
 16 disclosed or published in any way whatsoever by anyone  
 17 who hears the evidence here.  
 18 **SIR BRIAN LANGSTAFF:** Let me have, please, both Ms G and  
 19 Mrs H.  
 20 **MS G (sworn)**  
 21 **MS H (sworn)**  
 22 **Questioned by MS RICHARDS**  
 23 **MS RICHARDS:** I am going to be asking you both a number of  
 24 questions about the evidence you have given in written  
 25 form to the Inquiry. Please feel free, either one of

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1 *[redacted]*. Which of you would in particular like to  
 2 answer the questions about *[redacted]*?  
 3 **MS H:** Yes. okay.  
 4 **MS RICHARDS:** So *[redacted]* had haemophilia A, and his  
 5 haemophilia was classified as severe?  
 6 **MS H:** It was, yes.  
 7 **MS RICHARDS:** He was under the care of the Haemophilia  
 8 Centre at the Royal Victoria Hospital?  
 9 **MS H:** Yes, in Belfast, yes.  
 10 **MS RICHARDS:** We don't, I think, have *[redacted]*'s medical  
 11 records, but he was you are aware given Factor VIII  
 12 products in the 1970s and 1980s?  
 13 **MS H:** Yes, he was, yes.  
 14 **MS RICHARDS:** One of your other brothers who has provided  
 15 a statement to the Inquiry says of their shared  
 16 childhood, both your brothers:  
 17 "It seemed that both *[redacted]* and *[redacted]*  
 18 were never out of hospital. It seemed like they were  
 19 always going there."  
 20 Is that right?  
 21 **MS H:** Always in hospital. They spent a lot of their  
 22 life in hospital, yes.  
 23 **MS RICHARDS:** Now, in or around late 1984, early 1985, it  
 24 appears that *[redacted]* was diagnosed with HIV?  
 25 **MS H:** That's right.

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1 you, at any point to answer the questions. They are  
 2 directed almost entirely to both of you at the same  
 3 time.  
 4 **MS G:** Yes.  
 5 **MS RICHARDS:** You are sisters?  
 6 **MS H:** We are.  
 7 **MS RICHARDS:** And you are part of a larger family of  
 8 siblings?  
 9 **MS H:** We are.  
 10 **MS RICHARDS:** Some of them have given evidence in the form  
 11 of written statements to the Inquiry?  
 12 **MS H:** Yes, they have.  
 13 **MS RICHARDS:** You are here to tell us what happened to two  
 14 of your brothers --  
 15 **MS G:** Yes.  
 16 **MS RICHARDS:** -- *[redacted]* and *[redacted]*.  
 17 **MS H:** Yes.  
 18 **MS RICHARDS:** Both of those brothers died after being  
 19 infected through blood products for their haemophilia?  
 20 **MS G:** They did.  
 21 **MS RICHARDS:** Now, as I understand it, there were four  
 22 years between them, *[redacted]* being the elder of the  
 23 two?  
 24 **MS H:** Yes.  
 25 **MS RICHARDS:** I am going to ask you first about

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1 **MS RICHARDS:** Were either of you aware of that at the  
 2 time?  
 3 **MS H:** Not at the time, no.  
 4 **MS RICHARDS:** And at a later stage *[redacted]* also found  
 5 out he had been infected with hepatitis C. Do you  
 6 know when that was?  
 7 **MS H:** No, we are not aware, no.  
 8 **MS RICHARDS:** In the middle of 1995 *[redacted]* became very  
 9 ill. What can you recall about what happened?  
 10 **MS H:** *[Redacted]* was working and he was painting in  
 11 a house. He took a pain in his big toe and he says to  
 12 my other brother, "I need to go home. I feel unwell".  
 13 So he went home and that night he ended up in the  
 14 Royal in Belfast, and that was in May, say the middle  
 15 of May. I'm not sure of the date. And *[redacted]*  
 16 took very ill from then. He went through having  
 17 radiation treatment. His condition just deteriorated  
 18 and within 12 weeks *[redacted]* was dead.  
 19 **MS RICHARDS:** *[Redacted]* died on *[redacted]*, 1995?  
 20 **MS H:** Yes.  
 21 **MS RICHARDS:** He was I think either 31 or 32 years old?  
 22 **MS G:** 28.  
 23 **MS H:** 28.  
 24 **MS RICHARDS:** I am sorry. 28 years old at the time. His  
 25 condition deteriorated rapidly once he was admitted to

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1 hospital in the way you have described?  
 2 **MS G:** It did.  
 3 **MS H:** It did.  
 4 **MS RICHARDS:** You have described in your witness  
 5 statements [redacted]'s death as a very distressing,  
 6 lingering death?  
 7 **MS H:** It was, yes.  
 8 **MS RICHARDS:** He had a brain tumour?  
 9 **MS H:** Yes.  
 10 **MS RICHARDS:** That was a consequence or complication of  
 11 his infection with HIV by use of blood products?  
 12 **MS H:** Yes.  
 13 **MS RICHARDS:** What were the arrangements, if you can  
 14 recall them, for [redacted]'s funeral?  
 15 **MS H:** Whenever [redacted] died, [redacted] was married,  
 16 so whenever he passed on, his remains were taken to  
 17 his house. Whenever the family went to the house, the  
 18 coffin was closed, which I found very distressing,  
 19 because the last time I had seen [redacted] was about,  
 20 say, two weeks before. I was heavily pregnant with my  
 21 first child, and I never got to say goodbye, and this  
 22 is -- it really eats me. It angers me. The casket  
 23 was closed. So the last memories I have of my brother  
 24 seeing him face-to-face was in a ward in the Royal  
 25 Victoria Hospital.

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1 **MS H:** I had gone to the Royal, with mummy and daddy, and  
 2 a lady doctor came and told us. She just told us that  
 3 [redacted] had HIV and was going to die, you know.  
 4 **MS RICHARDS:** Ms G, you found out I think a number of  
 5 years later?  
 6 **MS G:** 1989.  
 7 **MS RICHARDS:** At the same time as finding out about your  
 8 other brother, so we will come back to that.  
 9 **MS G:** Yes.  
 10 **MS RICHARDS:** [Redacted] left a widow?  
 11 **MS G:** Yes.  
 12 **MS H:** Yes.  
 13 **MS RICHARDS:** With your agreement, I am just going to  
 14 briefly read a passage from the statement of Dr Mayne.  
 15 In relation to [redacted], Dr Mayne has said in her  
 16 witness statement, and I know you have seen it:  
 17 "I would say [redacted] tragic passing remains  
 18 to the forefront of this ancient doctor's memory. His  
 19 young wife and his parents were unbelievably brave."  
 20 She talks of the awfulness of the effects of the  
 21 brain tumour and how supportive and very kind your  
 22 parents and [redacted]'s wife were.  
 23 **MS G:** Yes.  
 24 **MS RICHARDS:** Now that was 1995, as you have described.  
 25 Now [redacted], your other brother, also had severe

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1 **MS G:** Wasting away.  
 2 **MS H:** Just wasting away, and he did not look like the  
 3 brother that I had grown up with. I am the eldest of  
 4 the siblings. He was just deformed looking, and it  
 5 was just horrible, horrible to watch. Then the  
 6 funeral, the casket wasn't open. I found that very  
 7 hard. I found it very hard to comprehend why we  
 8 couldn't see him. It was just a picture of him, and  
 9 [redacted] was a very handsome looking fellow. I have  
 10 to say that. All we had was a photograph of him, you  
 11 know. Anybody that's from the faith that we are from,  
 12 you would have, you know, like the two-day wake, and  
 13 people come and that. We had the wake and all, but we  
 14 didn't see him, you know. It has just left a terrible  
 15 mark on me. So ...  
 16 **MS RICHARDS:** And at that point [redacted]'s HIV infection  
 17 had been kept a secret?  
 18 **MS H:** Yes.  
 19 **MS RICHARDS:** Including from the wider family members?  
 20 **MS G:** Yes.  
 21 **MS H:** Yes, and mummy and daddy never knew that  
 22 [redacted] was HIV until he was dead.  
 23 **MS RICHARDS:** When did both of you find out in relation to  
 24 [redacted] that he had been HIV positive and that that  
 25 had played its role in his death?

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1 haemophilia A.  
 2 **MS G:** Yes.  
 3 **MS RICHARDS:** It is clear from your statements that in his  
 4 childhood, for example, he missed a lot of school.  
 5 Now you have got some medical records for [redacted]  
 6 or you had at the time you gave your statement some  
 7 medical records for [redacted], but you expressed  
 8 a concern in your witness statement that you only had  
 9 one file and you knew there were other files?  
 10 **MS G:** Yes.  
 11 **MS RICHARDS:** What were you told, if anything, about what  
 12 had happened to the remaining notes for [redacted]?  
 13 **MS G:** We were told that they were lost, couldn't be  
 14 found, in both hospitals, Altnagelvin and Belfast,  
 15 that they had one piece of paper, and it fell down the  
 16 back of a filing cabinet when they were transferring  
 17 files, and this piece of paper, that's all we had,  
 18 file 6. File 4 and 5, all the other files were  
 19 missing.  
 20 **MS RICHARDS:** Towards the end of last week, your  
 21 solicitors were informed that five files of  
 22 [redacted]'s medical records had been found somewhere?  
 23 **MS H:** Yes, had turned up, yes.  
 24 **MS RICHARDS:** You have not yet had the chance to look  
 25 properly through those?

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1 MS G: No.

2 MS RICHARDS: You are going to do that after you have  
3 given your evidence, with the support of your legal  
4 team?

5 MS H: Yes.

6 MS RICHARDS: The records that we do have and your own  
7 recollections make clear [redacted] also received  
8 Factor VIII products in the 1970s and 1980s.

9 MS G: Yes.

10 MS RICHARDS: You have described in your statement, Ms G,  
11 your parents being trained how to administer the  
12 Factor VIII products at home?

13 MS G: Yes.

14 MS RICHARDS: But from the mid-teens or so [redacted] was  
15 able to administer them to himself?

16 MS G: Yes, or maybe a bit slightly older, yes.

17 MS RICHARDS: You have said in your statements that there  
18 was never any suggestion there were any risks  
19 associated with the Factor VIII:  
20 "Everyone assumed it was safe, the best  
21 treatment available, as it had been recommended by our  
22 doctors."

23 MS G: That's right.

24 MS RICHARDS: Is that your understanding?

25 MS H: Yes.

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1 I ask you about them. 2607004. This is a letter  
2 dated 12th February 1985 from Dr Mayne. It is  
3 addressed to your parents, and it says this:  
4 "I am sure that by now you will have heard that  
5 [redacted]'s blood sample was positive for the  
6 AIDS-related virus. I feel I would like to point out  
7 to you that this indicates that he has encountered the  
8 AIDS virus some time in the past and does not  
9 necessarily mean that he is going to develop AIDS.  
10 I hope you will have realized this from the  
11 information that I sent home with" and that's your  
12 other brother's name "some time ago."  
13 We will leave that document on screen because we  
14 need to look at the next paragraph in a moment.  
15 This appears to suggest that [redacted] was  
16 diagnosed or had been diagnosed by this time with HIV,  
17 and that this information was being shared with him  
18 and with your parents. What's your understanding of  
19 what your parents knew?

20 MS H: Our parents didn't know anything about this. No,  
21 they never knew. It was only whenever the boys were  
22 on their dying beds that mummy and daddy found out  
23 that they were --

24 MS G: That's when [redacted] was dying, that's when they  
25 found out.

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1 MS RICHARDS: You have obviously more recently, since the  
2 death of your brothers, discussed this as a family and  
3 discussed this with your parents?

4 MS G: Yes.

5 MS RICHARDS: Is it your understanding that no information  
6 about the risks of infection were given to your  
7 parents or to either of your brothers?

8 MS H: No.

9 MS G: No, none whatsoever.

10 MS RICHARDS: Now I think you know, because you have been  
11 told by your legal team, who have been able to have  
12 some look through your [redacted]'s medical records,  
13 that there are references towards the end of 1983 to  
14 his liver enzymes being persistently raised, and  
15 indeed the possibility that he might be developing  
16 AIDS was raised in correspondence.  
17 I am going to ask you to look at two documents  
18 and they will come up on the screens in front of you.  
19 The first is 2607003, and you will see there it is  
20 a letter dated 25 January 1985. It is about your  
21 brother, and it says in the first paragraph -- it is  
22 from Dr Mayne to another doctor:  
23 "... I feel I ought to tell you that I have had  
24 his HTLV-III result and he is positive."  
25 If we just look at a second document before

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1 MS H: Aye.

2 MS RICHARDS: If we look at the second paragraph of this  
3 letter, please, picking it up in the second line, it  
4 says this:  
5 "... it is necessary, in view of the positivity,  
6 that all the rest of the family contacts should have  
7 their bloods checked, and also any other contacts that  
8 he might have established. Therefore, I would ask you  
9 to bring the children and yourselves up to the  
10 haemophilia out-patient clinic on Friday, 1st  
11 March 1985 at 10.30 am. It is not necessary to test  
12 [redacted] again, but I would like to see the other  
13 members of the family, as I am sure you will have  
14 several queries and worries about this problem."  
15 Now you both recall, as I understand it, and you  
16 both refer to it in your witness statements, the  
17 family going, yourselves, your siblings, your parents,  
18 to be tested in 1985. What was your understanding of  
19 the purpose of those tests?

20 MS G: We were going to the Royal, all of our family.  
21 A minibus came and collected us and took us up. We  
22 were going up to do the family tree as [redacted] and  
23 [redacted] were suffering haemophiliacs, and Dr Mayne  
24 wanted to check the rest of the family to see who was  
25 infected. Nothing about what we see in front of us,

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1 nothing at all.

2 **MS RICHARDS:** So your understanding was you were being

3 tested to see who else might have haemophilia or in

4 your cases whether you might be carriers.

5 **MS G:** Carriers, yes.

6 **MS H:** Yes.

7 **MS RICHARDS:** Do you think that's what your parents

8 understood?

9 **MS G:** Yes.

10 **MS H:** Yes.

11 **MS RICHARDS:** You have subsequently learned that the

12 purpose of that visit was for you all to be tested for

13 HIV?

14 **MS G:** When we got [redacted]'s records, the complete

15 utter shock and horror when we seen that letter,

16 because we thought we were going to get tested, and

17 I am a haemophilia carrier myself. My son has

18 haemophilia. And if we were getting all them tests

19 done up there, you know, would it come back I was

20 a carrier? I was told I wasn't a carrier. My sister

21 was told she wasn't a carrier -- she is a carrier.

22 None of our family was affected, and when my son got

23 diagnosed, a doctor in the Royal told me, "Your son

24 has severe haemophilia A." Daddy was so angry,

25 because we were told years ago that I wasn't

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1 dangers. Sufferers from HIV were often stigmatised

2 and regarded as authors of their own tragic

3 misfortune. It was associated with gay sex,

4 promiscuity, drug abuse and the like. Living in

5 a rural and catholic community in Northern Ireland, it

6 must have been terrible for [redacted] and he must

7 have greatly feared his diagnosis leaking out and

8 people coming to the wrong conclusion."

9 Looking back now, that's your assessment of the

10 kind of things that must have been going through [name

11 redacted]'s mind at the time.

12 **MS G:** Yes, definitely. Like, we couldn't even

13 comprehend what is going through [redacted]'s mind.

14 I know if I was sat down and told I had HIV, and got

15 it through no fault of my own, I can just -- your

16 brain would be in turmoil.

17 **MS RICHARDS:** I am going to again read out, with your

18 agreement, a passage from Dr Mayne's statement, which

19 talks about the stigma that [redacted] faced.

20 Dr Mayne has said this:

21 "As a general note, living in a rural, catholic

22 community with a diagnosis of HIV must have been

23 terrible for [redacted]. Possibly it was why the HIV

24 status was kept so confidential. I am aware, however,

25 that someone leaked the information locally and the

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1 a carrier.

2 **MS RICHARDS:** Your understanding that you weren't

3 a carrier was based upon your understanding that in

4 March 1985 that had been the purpose of this family

5 visit to the hospital.

6 **MS G:** Yes.

7 **MS H:** Yes. Yes.

8 **MS RICHARDS:** Now, obviously [redacted] was diagnosed with

9 HIV, but the stigma associated with that diagnosis was

10 such that your statements explain that it was kept

11 secret even from you and your fellow siblings at that

12 stage?

13 **MS G:** Yes.

14 **MS RICHARDS:** And as far as you are concerned, even from

15 your parents?

16 **MS G:** Yes.

17 **MS RICHARDS:** I just want to read a short passage from

18 your witness statements about this part of

19 [redacted]'s life. You have said this:

20 "[redacted] is no longer alive to speak for

21 himself but he must have been absolutely devastated to

22 have been diagnosed with HIV in the mid 1980s. At

23 that time HIV was considered to be an inevitable death

24 sentence. Terrifying adverts were being run on

25 television and on the radio, warning about the

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1 Army patrols learned of the HIV. They hounded

2 [redacted] by shouting sickening verbal abuse relative

3 to homosexuality. I guess the soldiers would never

4 have heard of haemophilia and drew completely the

5 wrong conclusions."

6 Then Dr Mayne relates a particular experience

7 she had with [redacted] as follows:

8 "I recall that one day [redacted] phoned me from

9 a public telephone box. He was desperate. He felt

10 hemmed in and wished to commit suicide. He asked me

11 to do something, and quickly."

12 Then she goes on to explain how she made some

13 calls and tried to send somebody to assist [redacted]

14 and make him feel safe.

15 **MS H:** Yes.

16 **MS RICHARDS:** I think one of you have some recollection of

17 either that experience or a similar experience that

18 [redacted] went through, that you learned about

19 subsequently. Is that right?

20 **MS H:** Yes. I knew [redacted] was one time suicidal, and

21 he had got into a car and put the hosepipe on, but he

22 didn't do -- he didn't commit suicide. He just was so

23 suicidal. He had a death sentence hanging over him,

24 you know. To me [redacted] -- I have always said from

25 day one my two brothers have been murdered. You know,

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1 I have said that from day one, and that's the way  
 2 I feel, and I won't change. To try to put myself in  
 3 his shoes, I can understand where the thoughts of  
 4 suicide would come into your head. You know, you are  
 5 living with this here. Anybody that knows through the  
 6 troubles, the security forces, they gave [redacted]  
 7 such a hell of a time, such a rough time, and it would  
 8 push him -- push anybody to the brink, maybe suicide.  
 9 **MS RICHARDS:** You have said in your statements that the  
 10 diagnosis had a devastating effect on [redacted], in  
 11 particular after his brother's death in 1995.  
 12 **MS H:** Uh-huh.  
 13 **MS RICHARDS:** How in particular did that affect him?  
 14 **MS G:** I remember the time [redacted] took sick. I was  
 15 in the car with [redacted] and his partner, and the  
 16 words I could hear him saying. [redacted] was in  
 17 hospital two days and he says that's him.  
 18 **MS RICHARDS:** [redacted] said that was him, that was going  
 19 to be [redacted].  
 20 **MS G:** That's [redacted] finished like. Now when I look  
 21 back -- I didn't understand what he meant, but  
 22 [redacted] knew what was in front of him. Like, could  
 23 you try and live with that?  
 24  
 25 **MS RICHARDS:** You have put it this way in your statements:

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1 **MS G:** We think it is that date anyway. We are not quite  
 2 sure.  
 3 **MS RICHARDS:** Now, I think at one point you received  
 4 a handwritten letter through your letter-box. What  
 5 can you tell us about that?  
 6 **MS G:** It was 1996. It was a year after [redacted] died.  
 7 On the letter was a hand posted note through my  
 8 letter-box. I live not far from mummy. The letter  
 9 says, "You need to go and get yourself checked for  
 10 HIV". I didn't even know the boys had HIV or anything  
 11 else. I took the letter over to mummy. [redacted]  
 12 was there along with mummy. I said, "I got this  
 13 letter". When I look back now, the look on my  
 14 mother's face was horror. She said, "Where did you  
 15 get that?" I said, "It was posted through my door".  
 16 She said, "Pay no heed to that", and threw the letter  
 17 in the fire.  
 18 **MS RICHARDS:** It was a handwritten letter?  
 19 **MS G:** It was a handwritten letter.  
 20 **MS RICHARDS:** You yourself didn't know either about  
 21 [redacted]'s diagnosis or what [redacted] was going  
 22 through?  
 23 **MS G:** No, no.  
 24 **MS RICHARDS:** You have described in your statement some of  
 25 the physical effects on [redacted] at this time,

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1 "[redacted] went into self-destruct mode."  
 2 **MS H:** Yes, definitely.  
 3 **MS RICHARDS:** "Never having been previously a heavy  
 4 drinker or anything other than a social drinker, he  
 5 became a heavy drinker."  
 6 **MS H:** He became a heavy drinker.  
 7 **MS G:** Self destruction.  
 8 **MS H:** Self-destruction. It was soul destroying for us  
 9 to watch. After watching what [redacted] came  
 10 through, he knew "That's probably going to be ahead  
 11 for me".  
 12 **MS RICHARDS:** And [redacted] felt that he was under  
 13 a death sentence after [redacted]'s death?  
 14 **MS G:** Yes.  
 15 **MS H:** Yes.  
 16 **MS RICHARDS:** In about May of 1997, you understand that  
 17 [redacted] commenced treatment in relation to the HIV,  
 18 but he reacted adversely to aspects of the drug  
 19 therapy and developed pancreatitis?  
 20 **MS G:** Yes.  
 21 **MS RICHARDS:** So his treatment had to be altered. Then it  
 22 is your understanding that at some point in around you  
 23 think 1999 that [redacted] was informed he had also  
 24 been infected with hepatitis C?  
 25 **MS H:** Yes.

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1 terrible night sweats as a reaction to the drugs he  
 2 was taking?  
 3 **MS G:** Yes.  
 4 **MS RICHARDS:** What else can you tell us about how it  
 5 affected [redacted] physically?  
 6 **MS G:** His moods.  
 7 **MS H:** He was down. He seemed to be like in  
 8 a depression, deep depression. I remember mummy  
 9 having to change the bed maybe every two or three  
 10 hours because of the sweats, you know, and the  
 11 mattress, you know.  
 12 **MS G:** He went through more mattresses.  
 13 **MS H:** He went through more mattresses than, you know.  
 14 **MS RICHARDS:** By this time [redacted] was in a long-term  
 15 relationship with a girlfriend?  
 16 **MS G:** Uh-huh.  
 17 **MS RICHARDS:** In around 1999 she was told that she too had  
 18 HIV?  
 19 **MS H:** Yes.  
 20 **MS RICHARDS:** What you have said in your statements about  
 21 that is:  
 22 "He must have assumed he had infected her. It  
 23 must have been a terrible thing for [redacted]. He  
 24 must have been riddled and burdened with guilt."  
 25 **MS H:** Yes.

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1 **MS RICHARDS:** You put it this way:  
 2 "By now he was in a very dark place."  
 3 **MS G:** He was.  
 4 **MS H:** He was.  
 5 **MS RICHARDS:** Now you found out, Ms G, in 1999 about  
 6 [redacted]'s diagnosis. How did that come about?  
 7 **MS G:** I was at work and [redacted]'s wife rang me. No,  
 8 she didn't ring me. She came up to my work and she  
 9 took me out of work, and she says, "I am not going to  
 10 talk to you in the car. I will talk to you down the  
 11 house". So she says, "[redacted] is HIV positive".  
 12 That's what happened to her husband as well, my  
 13 brother [redacted], and I just couldn't comprehend  
 14 what she was saying.  
 15 **MS RICHARDS:** You put it this way in your statement:  
 16 "I was traumatised and in complete shock.  
 17 I felt physically sick and started to shake. It is  
 18 a day that I will never forget."  
 19 In fact, you have given the exact date in your  
 20 statement.  
 21 **MS G:** Yes.  
 22 **MS RICHARDS:** "I found it difficult to grasp at exactly  
 23 what I was being told. I thought he was going to die,  
 24 as he was in hospital."  
 25 **MS G:** Yes.

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1 **MS H:** That is correct.  
 2 **MS RICHARDS:** How old was he?  
 3 **MS H:** 39.  
 4 **MS RICHARDS:** He was found at his home on the floor  
 5 collapsed by his girlfriend.  
 6 **MS H:** Yes.  
 7 **MS G:** Yes.  
 8 **MS RICHARDS:** You have said in your statements that at  
 9 least he was spared the lingering death that  
 10 [redacted] had.  
 11 **MS G:** Yes.  
 12 **MS H:** Yes.  
 13 **MS RICHARDS:** What can you tell us about the funeral  
 14 arrangements for [redacted] and how they again  
 15 differed from what you would normally have?  
 16 **MS G:** Same as [redacted]'s. Coffin sealed tight. Photo  
 17 on top of it. Like we -- you know, it just takes that  
 18 personal away to say goodbye, you know, things like  
 19 that, and it stays with you.  
 20 **MS RICHARDS:** Am I right in thinking [redacted] had  
 21 anticipated --  
 22 **MS G:** Yes.  
 23 **MS RICHARDS:** -- that and he told people --  
 24 **MS G:** Yes.  
 25 **MS RICHARDS:** -- that that's how his funeral was going to

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1 **MS RICHARDS:** "It was a horrendous time."  
 2 **MS G:** Yes.  
 3 **MS RICHARDS:** You have also said in your statements that,  
 4 despite everything that was happening to [redacted] at  
 5 the time, he tried his very best to get on with life  
 6 and to work.  
 7 **MS G:** Yes.  
 8 **MS H:** Yes.  
 9 **MS RICHARDS:** What can you tell us about [redacted] as  
 10 an individual at that time?  
 11 **MS G:** [redacted] was a real character.  
 12 **MS H:** He was sort of -- he was a happy-go-lucky boy, if  
 13 anybody knew him. He had an outgoing personality. He  
 14 drove taxis, you know, and he was -- he was great  
 15 company to be in.  
 16 **MS G:** Uh-huh. You had to understand [redacted]. You  
 17 know, he was very witty, but you had to know what way  
 18 to take his wit, if you know what I mean, and then he  
 19 would never show his emotions. [redacted], he's not  
 20 one for talking. He wouldn't talk about his feelings,  
 21 but ...  
 22 **MS RICHARDS:** Now [redacted]'s physical and mental health  
 23 continued to be adversely affected and to deteriorate.  
 24 **MS G:** Yes.  
 25 **MS RICHARDS:** Then he died suddenly on 16 December 2002.

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1 be, with a closed casket?  
 2 **MS G:** Aye, because [redacted] knew by [redacted]'s that  
 3 his casket was going to be closed. So he used to say,  
 4 "I don't want such-and-such looking at me, looking at  
 5 me". You know, he used to say, "I don't want her  
 6 looking at me", you know. The critter knew what was  
 7 in front of him now. So he knew his coffin was going  
 8 to be shut.  
 9 **MS RICHARDS:** Do you think he was trying to avoid  
 10 questions being asked?  
 11 **MS H:** Yes, probably.  
 12 **MS G:** Yes. "Why is the coffin shut?" Yes.  
 13 **MS RICHARDS:** Now [redacted]'s death certificate you've  
 14 said in your statement shows pneumonia as the cause of  
 15 his death --  
 16 **MS G:** Yes.  
 17 **MS H:** Yes.  
 18 **MS RICHARDS:** -- and doesn't make a reference to HIV or  
 19 AIDS.  
 20 **MS H:** None whatsoever.  
 21 **MS RICHARDS:** What view, if any, do you have about that?  
 22 **MS H:** Well, I think they had pneumonia and then  
 23 something to do with haemophilia, cause of  
 24 haemophilia, but there was nothing to say about the  
 25 HIV --

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1 MS G: Or hepatitis C.  
 2 MS H: -- or hepatitis C. Why was that not on his death  
 3 certificate whenever he had it, you know?  
 4 MS G: [redacted] had stage 3 HIV. You know, it's in his  
 5 notes he would be dead in three years. He died in  
 6 less than a year --  
 7 MS H: Less than a year.  
 8 MS G: -- you know, when he got to stage 3.  
 9 MS RICHARDS: What was the impact of [redacted]'s death on  
 10 your family, who had previously suffered the  
 11 bereavement of [redacted]'s death? What was the toll  
 12 that was taken on your parents and on you and your  
 13 brothers and sisters?  
 14 MS H: It sort of broke the family, you know.  
 15 MS G: It did. Just nothing has ever been the same.  
 16 MS H: No. Family occasions missed out. Maybe them  
 17 being uncles, you know, nieces and nephews. You know,  
 18 special occasions in our lives, there is always  
 19 a void. You know, like we got a family photograph the  
 20 year before [redacted] died. We are all together.  
 21 Like there's ten of us, and that was the last family  
 22 photograph, you know, and then a few years ago there  
 23 was a special occasion and somebody says, "We'll get  
 24 another family photo", you know, and like that's  
 25 an impact as well, two missing, you know.

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1 treatments, but now, knowing now what they know, he  
 2 feels that maybe they were part of giving them the ...  
 3 MS G: The HIV. He injected it in their sons' system.  
 4 You know, they thought they were helping their sons  
 5 and they put the trust in --  
 6 MS H: In the treatment.  
 7 MS G: -- in the treatment, trusted their doctors,  
 8 trusted, you know -- like if you can't trust your  
 9 doctor, who can you trust?  
 10 MS RICHARDS: You have said in your statements that it has  
 11 affected your trust in the medical profession.  
 12 MS G: Yes.  
 13 MS RICHARDS: You have explained you have a son with  
 14 haemophilia. It has affected the trust that you feel  
 15 towards the doctors.  
 16 MS G: Yes.  
 17 MS RICHARDS: What about fears for your own health? Has  
 18 that been something that has crossed your mind as  
 19 well?  
 20 MS G: Yes. We went to the Inquiry in London last year,  
 21 we as a family. After, you know, saying people should  
 22 get checked for hep C and things like that, so when  
 23 I came back, I phoned Dr Gary Benson in Belfast, as he  
 24 is my son's consultant as well. I rang him and  
 25 I says, "Gary, we were over at the Inquiry in London.

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1 MS G: I feel like they robbed my son of two uncles.  
 2 MS RICHARDS: Shall I read a couple of the things you've  
 3 said in your statements for you --  
 4 MS H: Yes.  
 5 MS RICHARDS: -- about how you felt?  
 6 So, Ms G, this is your statement and you have  
 7 said this:  
 8 "I hugely miss my brother. I miss him every  
 9 day. He would have been great with my young son, who  
 10 also suffers from haemophilia. [redacted] would have  
 11 given him the benefit of his advice and experience of  
 12 dealing with the condition."  
 13 You said this in your statement about  
 14 [redacted]:  
 15 "I greatly miss my brother. We were very close  
 16 in age. We were best of friends as well as being  
 17 brother and sister."  
 18 MS G: Yes.  
 19 MS H: Yes.  
 20 MS RICHARDS: What has the impact been on your parents who  
 21 lost two sons?  
 22 MS H: Daddy and mummy's -- we talked to daddy the night  
 23 before we came up to Belfast and he is riddled with  
 24 guilt. He feels guilty. He thinks that when they  
 25 were giving the boys, you know, their injections, the

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1 We would like to get checked for hepatitis and HIV".  
 2 "Oh, yes, we can do that and it won't be on your  
 3 records", you know, that it would show up in the GPs  
 4 and them. So that was okay. We went and got the test  
 5 done and thank God they all came back negative.  
 6 MS H: But I went to a clinic in a hospital that I don't  
 7 go to, and I had had a problem with my heart and I was  
 8 going back for a check-up. I got a phone call to come  
 9 back. The doctor had taken my blood pressure. She  
 10 says, "Oh, your blood pressure is up". I thought,  
 11 "Maybe that's just with coming in here". She says,  
 12 "Right. We'll wait a minute and we'll do it again".  
 13 She was battering away on the computer. "Oh! I see  
 14 you've been to Haematology for tests". Well, I near  
 15 passed out in the chair, because I said, "Right" and  
 16 I said "Right". That had nothing to do with the  
 17 clinic I was at.  
 18 I said -- I was shocked, because --  
 19 MS G: We were told it would be confidential.  
 20 MS H: -- we were told it was going to be confidential.  
 21 MS G: Yes.  
 22 MS H: Nobody else was going to find out about this.  
 23 I said to her -- I said, "Right. I'll just tell you  
 24 now what it's about". I said, "I lost two brothers to  
 25 the NHS contaminated blood disaster. It's something

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1 that never should have happened", and I said, "I went  
 2 to the trial -- went to the Inquiry in London and got  
 3 talking to people and that, and we went as a family in  
 4 to get checked", and I said, "That is why it's  
 5 probably on my notes", and it's on all our records,  
 6 yes.  
 7 **MS RICHARDS:** One thing that you both express anger about  
 8 in your statements is in relation to your parents.  
 9 There's never been any recognition of their loss.  
 10 **MS G:** No.  
 11 **MS RICHARDS:** No apology you've said in your statement.  
 12 **MS G:** No apology. No compensation.  
 13 **MS RICHARDS:** No financial assistance.  
 14 **MS G:** No nothing, as if they don't exist.  
 15 **MS H:** They seem to be forgotten.  
 16 **MS G:** Yes. They have lost not one son. They have lost  
 17 two, and they were murdered. That's the way our  
 18 family see it. They were murdered. They were given  
 19 dirty blood. They knew it was dirty, but they went  
 20 ahead and gave it to them anyway and that killed them.  
 21 Nobody will ever change our thoughts. They were  
 22 murdered and that's it.  
 23 **MS RICHARDS:** Have your parents ever been offered any  
 24 counselling or any form of emotional support --  
 25 **MS G:** No.

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1 **MS H:** Yes.  
 2 **MS RICHARDS:** Does that sum up how you feel about it?  
 3 **MS G:** Yes.  
 4 **MS H:** Yes.  
 5 **MS RICHARDS:** As I said at the beginning, you are going to  
 6 look through the records --  
 7 **MS G:** Yes.  
 8 **MS RICHARDS:** -- that you have only very recently been  
 9 given and draw anything you feel relevant in those  
 10 records through your legal team to the Inquiry's  
 11 attention.  
 12 **MS G:** Yes.  
 13 **MS H:** Yes.  
 14 **MS RICHARDS:** But is there anything else you would like to  
 15 add now?  
 16 **MS H:** Yes. I would just like to thank Sir Brian for  
 17 letting us talk about our experience, talk about what  
 18 we have went through as a family. It's the first time  
 19 that we've talked public about it.  
 20 **MS G:** Yes.  
 21 **MS H:** It's just a living nightmare. It's something that  
 22 has happened. It should never have happened. We  
 23 shouldn't have to go through this. I feel my parents  
 24 -- they are both elderly now. They have been living  
 25 with this and they have had no answers, no explanation

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1 **MS RICHARDS:** -- other than obviously the support they get  
 2 from their family?  
 3 **MS G:** No.  
 4 **MS H:** None whatsoever.  
 5 **MS RICHARDS:** What about the two of you?  
 6 **MS H:** I went myself. I sought professional help, which  
 7 I had to pay for myself, to -- for my own sanity.  
 8 I was finding it very hard to cope, and I sought help  
 9 and I paid for it myself, you know.  
 10 **MS G:** I'm waiting -- when I came back from the Inquiry  
 11 in London, I was so low. I just -- I'm still waiting  
 12 on CBT seven months later. So I've been on  
 13 anti-depressants and then -- because I can't  
 14 comprehend the horror stories that we have heard and  
 15 what my two brothers went through. How it has been  
 16 going on so long and nothing has been done about it,  
 17 I just can't get my head round it at all. It's like  
 18 being in your own horror film. That's the only way to  
 19 explain it.  
 20 **MS RICHARDS:** You have both said this in your statements  
 21 about your brothers:  
 22 "[redacted] and [redacted] never had a chance.  
 23 They didn't have a life. They were given death  
 24 sentences."  
 25 **MS G:** Yes.

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1 why their two sons were taken from them, and that's  
 2 just ...  
 3 **MS G:** You know, no explanations. They're just, "You  
 4 don't matter", you know. This is the way it's coming  
 5 across, and they live with guilt, Jenni, every single  
 6 day. I'm a mother, and if I thought I did that to my  
 7 two sons, I couldn't cope. You know, if I thought  
 8 I injected something into them, even though it wasn't  
 9 their fault, I don't think I could cope. I don't know  
 10 how they do it.  
 11 **MS RICHARDS:** I'm just going to ask Mr Williams, who  
 12 represents you both, if there's anything further he  
 13 wants.  
 14 There's nothing further. Thank you.  
 15 **MS G:** Okay.  
 16 **MS H:** Thank you.  
 17 **SIR BRIAN LANGSTAFF:** You've thanked me. It is actually  
 18 me who should be thanking you on behalf of the Inquiry  
 19 for coming to give your accounts. It is never easy  
 20 particularly to go public for the first time. So  
 21 thank you very much for your courage in doing so.  
 22 Now, Ms Richards, we have reached the end of  
 23 proceedings for today.  
 24 **MS RICHARDS:** We have, sir.  
 25 **SIR BRIAN LANGSTAFF:** Tomorrow we start at 10.00.

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1 **MS RICHARDS:** Yes.  
 2 **SIR BRIAN LANGSTAFF:** Who do we have tomorrow?  
 3 **MS RICHARDS:** We have, first of all, Nigel Hamilton. He  
 4 will be giving evidence first. We then have  
 5 separately two anonymous witnesses, who for present  
 6 purposes are referred to as Mr I and then Mrs J, and  
 7 then we have three members of a family giving evidence  
 8 about what happened to their family members, and they  
 9 will be giving evidence together.  
 10 **SIR BRIAN LANGSTAFF:** Very well. So 10 o'clock tomorrow.  
 11 **(Adjourned until 10.00 am the following day)**  
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<p><b>2010</b> [5] 11/4 11/6 14/4 15/12 15/19</p> <p><b>2013</b> [3] 17/17 92/3 93/3</p> <p><b>2014</b> [1] 58/14</p> <p><b>2015</b> [1] 61/1</p> <p><b>2019</b> [1] 1/1</p> <p><b>20s</b> [1] 64/10</p> <p><b>20th</b> [1] 67/1</p> <p><b>21st April</b> [1] 11/8</p> <p><b>22nd May 2019</b> [1] 1/1</p> <p><b>2339004</b> [1] 7/23</p> <p><b>2339005</b> [1] 11/5</p> <p><b>2339006</b> [1] 3/22</p> <p><b>2339007</b> [1] 15/14</p> <p><b>2339008</b> [1] 3/10</p> <p><b>2339009</b> [1] 3/25</p> <p><b>2339010</b> [1] 8/11</p> <p><b>2339011</b> [1] 26/25</p> <p><b>23rd April</b> [1] 11/6</p> <p><b>2429002</b> [1] 45/10</p> <p><b>2429003</b> [1] 47/2</p> <p><b>2429004</b> [1] 46/13</p> <p><b>2429006</b> [1] 53/8</p>	<p><b>25 January 1985</b> [1] 114/20</p> <p><b>25th</b> [1] 8/12</p> <p><b>26.6</b> [1] 11/10</p> <p><b>2607</b> [1] 104/5</p> <p><b>2607003</b> [1] 114/19</p> <p><b>2607004</b> [1] 115/1</p> <p><b>28</b> [2] 108/22 108/23</p> <p><b>28 years</b> [1] 108/24</p> <p><b>3</b></p> <p><b>31</b> 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(55) used... - wonderful



<p><b>W</b></p> <p><b>word [8]</b> 4/19 49/18 61/6 66/21 68/19 85/8 94/17 94/17</p> <p><b>words [5]</b> 39/21 47/23 60/12 82/24 121/16</p> <p><b>work [51]</b> 17/8 24/17 31/4 31/24 31/25 34/4 34/5 36/7 37/7 37/16 39/12 40/15 50/9 50/10 51/1 51/2 58/4 63/25 64/4 64/7 64/12 64/12 64/17 64/20 67/19 69/9 69/10 69/11 69/20 70/19 84/5 85/11 85/12 86/9 89/10 89/17 89/17 89/23 90/8 90/9 90/11 90/20 90/21 91/18 92/13 96/12 102/22 125/7 125/8 125/9 126/6</p> <p><b>worked [9]</b> 18/14 30/11 36/11 40/2 64/14 89/15 90/1 90/16 90/18</p> <p><b>worker [1]</b> 24/25</p> <p><b>working [7]</b> 16/17 28/21 29/6 37/18 64/13 83/12 108/10</p> <p><b>worldwide [1]</b> 27/16</p> <p><b>worms [1]</b> 72/13</p> <p><b>worn [1]</b> 10/20</p> <p><b>worried [8]</b> 8/21 9/1 9/6 9/20 65/20 66/21 81/4 83/14</p> <p><b>worries [2]</b> 67/10 116/14</p> <p><b>worry [3]</b> 20/9 80/17 85/23</p> <p><b>worrying [1]</b> 65/2</p> <p><b>worse [2]</b> 47/13 103/4</p> <p><b>worst [2]</b> 65/15 88/7</p> <p><b>worthless [1]</b> 95/5</p> <p><b>would [138]</b> 1/22 4/21 4/25 5/3 5/5 5/6 5/20 5/25 6/2 6/24 9/2 9/15 9/16 9/20 10/22 10/25 13/2 13/11 13/20 14/1 14/19 14/22 16/8 17/8 17/12 18/12 18/15 21/9 22/11 23/5 23/6 23/6 23/7 26/18 31/1 31/11 31/24 32/1 32/5 32/15 33/3 33/15 33/17 33/19 33/23 34/1 34/19 35/10 35/18 35/19 35/24 36/10 36/10 37/14 37/20 40/19 40/19 41/17 44/9 48/12 50/5</p>	<p>50/6 54/9 54/17 55/13 55/14 56/19 56/21 57/11 57/18 58/6 58/25 59/1 59/22 61/6 62/15 63/12 63/19 63/21 64/6 65/4 65/4 65/5 65/7 66/15 67/7 68/2 68/11 71/13 71/15 76/16 81/17 83/11 83/20 85/9 87/5 89/15 90/1 90/16 90/17 92/13 92/14 92/17 93/10 93/12 93/17 94/15 94/19 94/23 95/13 95/14 95/22 95/22 95/25 97/9 103/1 105/4 107/1 110/12 111/17 115/6 116/8 116/12 117/19 119/16 120/3 121/4 121/7 126/19 127/15 129/5 130/9 130/10 132/1 132/3 132/19 135/14 135/16</p> <p><b>wouldn't [13]</b> 35/2 35/3 49/19 49/20 49/21 80/7 82/7 85/8 87/12 88/4 93/15 95/15 126/20</p> <p><b>wretched [1]</b> 16/7</p> <p><b>write [1]</b> 86/12</p> <p><b>writing's [1]</b> 53/11</p> <p><b>written [2]</b> 105/24 106/11</p> <p><b>wrong [9]</b> 14/13 31/3 69/5 72/22 89/3 89/19 98/10 119/8 120/5</p> <p><b>wrote [1]</b> 40/22</p> <hr/> <p><b>X</b></p> <p><b>x-ray [2]</b> 29/12 29/13</p> <p><b>x-rays [1]</b> 29/5</p> <hr/> <p><b>Y</b></p> <p><b>year [11]</b> 24/12 26/13 53/24 67/4 68/17 69/7 123/6 129/6 129/7 129/20 131/20</p> <p><b>year's [1]</b> 101/18</p> <p><b>years [28]</b> 6/25 8/7 8/8 10/7 11/3 18/16 22/17 24/1 26/8 26/15 30/11 30/12 34/13 41/24 45/25 46/20 66/23 66/25 77/20 81/17 92/18 106/22 108/21 108/24 111/5 117/25 129/5 129/22</p> <p><b>yes [270]</b></p> <p><b>yesterday [2]</b> 28/17 73/19</p> <p><b>yet [4]</b> 35/16 76/13</p>	<p>100/17 112/24</p> <p><b>yielding [1]</b> 11/10</p> <p><b>you [624]</b></p> <p><b>you' [2]</b> 94/25 95/15</p> <p><b>you'd [1]</b> 74/2</p> <p><b>You'll [1]</b> 91/13</p> <p><b>you're [3]</b> 22/6 72/6 97/7</p> <p><b>you've [7]</b> 33/5 68/8 128/13 130/2 132/14 133/11 136/17</p> <p><b>young [8]</b> 1/12 1/18 3/4 29/25 77/12 77/15 111/19 130/9</p> <p><b>your [255]</b></p> <p><b>yourself [7]</b> 14/18 55/22 55/25 87/6 89/17 123/9 123/20</p> <p><b>yourselves [2]</b> 116/9 116/17</p> <p><b>yous [1]</b> 97/1</p>			
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