

Thursday, 23rd May 2019

(10.00 am)

**SIR BRIAN LANGSTAFF:** Good morning, Ms Richards. This morning we start with our first witness, who wishes to be known as Nigel, does he?

**MS RICHARDS:** Sir, that's right. Nigel Hamilton.

**NIGEL PETER HAMILTON (sworn)**

**Questioned by MS RICHARDS**

**MS RICHARDS:** Nigel, you have a twin brother, Simon, whom we heard from yesterday.

**A.** Yes.

**Q.** And you too were diagnosed with haemophilia as a child?

**A.** Correct.

**Q.** You have haemophilia A?

**A.** Yes.

**Q.** And until I think relatively recently you have understood your haemophilia to be classified as mild?

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

**Q.** But you now understand it may be more correctly classified as moderate in terms of its severity?

**A.** Yes. I can explain that. I have referenced in my medical records. That in itself, getting those records, was a bit of a battle, but with the support of both my twin brother and my solicitors' firm we

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hospitalisation and you were given Factor VIII on that occasion as well?

**A.** Yes. For even mild haemophiliacs in those days it was a scary exercise, both for the medical profession and ourselves and our parents. It was suggested by the school of dentistry that we would have spacing. So perfectly good teeth had to be removed to allow us to have a better grin, and as a result we were both of us in hospital together. They decided to do it with the both of us so we had company to each other.

On that occasion there was quite a lot of bleeding. I was actually released first and Simon stayed a little longer than I did, because he had more severe bleeding than I had, but clearly we got Factor VIII product to help us through that process.

**Q.** And then, as a child, you suffered an eye injury, and that led to the development of a squint in one of your eyes?

**A.** Yes. That in itself was quite a turning point for me in my life. It had a number of severe impacts. It kept me back from studying. I had to wear a patch. At one stage my father had to remonstrate with the specialist, because he wanted to remove the eye in fear that this may actually cause severe damage to the other eye in my vision, but with God's good grace we

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were able to have a meeting with the Trust, and documents which had initially been disposed of reappeared.

In those documents it identified in one of the correspondence that we were deemed to be mild, in that we were assessed to be mild when they checked our bloods, but in response to various bleeding episodes they identified that there was something that suggested that that wasn't right and we were more moderate.

So that suggestion was in the correspondence, something that we were not aware of, and the fact that the chief virologist had been asked to undertake a study of the wider family group, which also indicated those symptoms, suggested that we were moderate rather than mild.

**Q.** Now, as a young child, you had the kind of minor bumps and bashes and minor problems that one might associate with your condition?

**A.** Yes.

**Q.** And you required Factor VIII products from time to time during your childhood?

**A.** Yes, we did.

**Q.** When you were about 11, I understand, you and indeed your brother had to undergo dental work. You required

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came through. They retained the eye, and I went through six to seven months of treatment, patching up, and trying to improve the muscular development and redevelopment of the eye itself.

It has left me with very sufficient peripheral vision, but it has also left me with issues in relation to a change in colour, mild change in colour. Green is not green necessarily, you know.

**Q.** In the course of your teenage years in particular you became very self-conscious about that. That culminated in the middle of 1976 with you undergoing some form of eye corrective surgery?

**A.** Yes. I remember the process very well. I remember the experience and the lead-up to it. [redacted] facilitated that for us, in which she was very diligent. My parents and myself met on a family haemophilia day in Craigavon Hospital, and we met with the then Professor Archer, who was dealing with the eye issue for me.

In the records, quite clearly, there is correspondence between [redacted] and Professor Archer, identifying that he wanted to ensure that when I did go for the procedure, it would not interfere with the schooling that I was having. So I had the procedure on 13th July 1976. I was 14 years

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1 of age.  
2 **Q.** If we have up on screen, please, 2340008, we can see  
3 the Factor products that you were given around the  
4 time of that surgery. So we have got the date there  
5 of this letter, 6 August 1976. The first  
6 paragraph refers to the surgery which you had and then  
7 we can see in the second paragraph:

8 "He was given Kryobulin cover pre-operatively  
9 and for ten days post operatively ..." and so on.

10 So you received Factor products to accompany  
11 that surgery in the way described there?

12 **A.** Yes. The medical experts determined that was  
13 an essential aspect of the procedure and they wanted,  
14 as they always did, diligently, to provide sufficient  
15 cover that if a bleed did occur, it could be  
16 controlled and it wouldn't cause further damage to the  
17 actual procedure itself.

18 **SIR BRIAN LANGSTAFF:** Could we just go back up to the top  
19 of that? Yes, thank you very much.

20 **MS RICHARDS:** Nigel, bearing in mind you were still  
21 a child, albeit in your mid-teens at that stage, were  
22 you or your parents, as far as you are aware, ever  
23 given any information or warning or advice about any  
24 risks of blood-borne viruses associated with the use  
25 of Factor products.

5

1 and safe. Obviously, as you know, Nigel, those are  
2 issues that the Inquiry will be exploring at later  
3 stages.

4 **A.** Yes, I appreciate that.

5 **Q.** So as far as you were concerned, the operation was  
6 a success. You got on with your life. You finished  
7 your schooling and you went to university?

8 **A.** That's right. I did.

9 **Q.** Then, in or around 1984 or 1985, you were invited to  
10 attend, along with a number of others, a meeting at  
11 the Royal Victoria Hospital. What can you recall  
12 about that meeting?

13 **A.** Aspects of that meeting are indelibly imprinted on my  
14 mind. The issue itself was something that was coming  
15 to the fore through the press. It was on TV. It  
16 became evident that there was a virus, the source of  
17 which they weren't sure, but the impact of which was  
18 very serious. We were, as haemophiliacs in the  
19 community of haemophiliacs, with families throughout  
20 Northern Ireland, we were asked to attend one of  
21 a number of group meetings that were being held.

22 These were in a closed forum. I remember very  
23 well, we went into the room, which I believe in  
24 *[redacted]*'s statement indicates it was a lecture  
25 theatre. I would concur with that. I remember it was

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1 **A.** No, we weren't. Our initial desire, and my parents,  
2 as my guardians, made it clear to *[redacted]* that it  
3 was only to be a procedure if at that stage it would  
4 be safe. I was a young teenager. I was at Belfast  
5 Inst. We were going out and starting to go out with  
6 girls from sister schools, for want of a better  
7 phrase, and I didn't want to be the odd boy on the  
8 block. I didn't want to be the guy with a squint,  
9 "Cock-Eye". I wanted to be the guy that was the same  
10 as everybody else, just slip into the group. I felt  
11 it essential for me and for my self well-being that  
12 I was given the opportunity to do that. That's why we  
13 had the procedure.

14 In relation to the treatment and the  
15 pre-meeting, which I vaguely recall, it was made  
16 evident that the procedure would be provided and  
17 sufficient cover would be given, and it wouldn't be  
18 a major problem, and therefore, between the two  
19 consultants, it was determined, the date was set, and  
20 we took the procedure.

21 **Q.** It is right I should point out that *[redacted]*, in her  
22 witness statement in response, has said that: "Such  
23 facts as were known about the treatment in 1976 were  
24 given", she says, but she says that the use of  
25 products at that time was considered to be effective

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1 a two-doored chamber. There were probably I would  
2 have thought from my recollections about 40 to 50  
3 people, maybe slightly more. We were comfortably in  
4 the room.

5 *[redacted]* came in with Frank Jones, the then  
6 registrar, and Kaye Farrell, the then out-patient  
7 sister. She conferred with us on concerns that she  
8 had and checks that she wanted to make to be sure that  
9 we were aware, or she was certainly aware and the  
10 medical staff who looked after us, that if this virus  
11 was contaminating any of us, that they would have  
12 a record of that.

13 There were several elements of that meeting that  
14 I found strange, given the fact that there was  
15 a considerable amount of hype as to who may have been  
16 sources in the press in relation to the contamination  
17 of individuals with the AIDS virus, as it was then  
18 known. One of those was that *[redacted]* gave us the  
19 choice, and that has been referenced in previous  
20 witness statements and in evidence given, and there  
21 are medical records, that she wanted to know, and  
22 medical staff would take our bloods and test us, but  
23 it was up to us to decide whether we wanted  
24 individually, or as families, to be told.

25 When *[redacted]* left, I found that to be quite

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1 a strange exercise in itself. It seemed to me, as  
 2 a young man starting out in life, and I was in my days  
 3 in university, I felt such a critical issue would be  
 4 something that we would definitely individually and as  
 5 families need to know about. We would need to be  
 6 aware if we were infected with something that had  
 7 potentially catastrophic impacts.

8 **Q.** Just pausing there, Nigel, is this right, and it is  
 9 what you suggest in your statement: the reason you  
 10 thought it was strange to have the choice left was  
 11 because of the wider public health implications, if  
 12 somebody who was, in fact, infected with HIV did not  
 13 know about that?

14 **A.** If somebody chose not to be told, they were  
 15 a potential time bomb or hand grenade. They could  
 16 have infected a number of other people. And we have  
 17 seen situations in previous years, past years, where  
 18 individuals who have made a decision not to inform  
 19 potential partners from a social event and intimacy  
 20 have found themselves, when identified as carrying,  
 21 but not informing, have found themselves under the  
 22 duress of the legal system. That makes sense to me.  
 23 It would have made sense to me at the time. Why would  
 24 I want to walk round infecting people? If I had  
 25 something, I would want to know.

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1 reason why that was done was to ensure nobody else  
 2 came in, because this was quite a sensitive issue,  
 3 a potentially very sensitive issue, and that in order  
 4 to allow us to deliberate this matter before she  
 5 returned and no-one would interfere by coming in and  
 6 catching maybe someone talking and saying something or  
 7 being aware of what that issue may have been, because  
 8 there was a fairly high degree of secrecy outside the  
 9 community. It was important that we were given the  
 10 opportunity to do that in peace, without any  
 11 distractions.

12 She did come back in, and then, from my  
 13 recollections, we were individually taken and blood  
 14 tested, and then the opportunity had been given to us  
 15 to come back, if we wanted to know, or not come back  
 16 if we didn't.

17 **Q.** And your choice was to be informed?

18 **A.** I thought that was the most responsible thing for me  
 19 to do, as an individual and also as a member of  
 20 a wider society.

21 **Q.** Your HIV test was negative?

22 **A.** Yes, it was, bearing in mind I think that the HIV  
 23 testing only really was effective from 1984.

24 **Q.** Now, you have also explained in your witness  
 25 statement, and I don't propose to go to the detail of

11

1 **Q.** So you have a memory of the meeting and physically  
 2 where it was, and that there were lots of people  
 3 there. [redacted] came in and spoke in the way you  
 4 have described. What, if anything, can you recall of  
 5 what then happened.

6 **A.** You mean post-meeting?

7 **Q.** No. Do you remember anything else about that meeting  
 8 itself?

9 **A.** Yes. One other element that I found strange, but that  
 10 added concern to me, was that [redacted] decided to  
 11 retire from the room, as she had stated. She  
 12 indicated she wanted us to talk about this as a group  
 13 of people, and share our thoughts and decide, because  
 14 we were invariably going to be the potential positives  
 15 and negatives. She retired from the room with Frank  
 16 Jones and with Kaye Farrell. I remember the two doors  
 17 being closed. Now, it is in my mind that the doors  
 18 were locked.

19 **Q.** And it is right to say [redacted] says in her  
 20 statement that that's not the case. They were not  
 21 locked.

22 **A.** In [redacted]'s statement she does not recollect that.  
 23 In my statement I do.

24 **Q.** Yes.

25 **A.** Now, I could be mistaken, but it has stuck with me the

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1 it, because it is there in writing, but you have  
 2 identified a range of other Factor products that you  
 3 understand that you received over the years, in  
 4 addition to the Kryobulin that we have seen from 1976?

5 **A.** Can I say the directorate that [redacted] ran, as  
 6 a haemophilia director, sought product within the  
 7 means of her budget, and there were a number of  
 8 competing pharmaceutical companies who were very keen  
 9 to ensure that their product was listed. As a result,  
 10 I, along with others, would have tolerated some  
 11 aspects of the side-effects of some of those, because  
 12 there were side-effects in the early days. It was  
 13 probably deemed necessary to ensure that there were  
 14 a variety of products, so that they would be more  
 15 sympathetic to the victim or the individual who was,  
 16 as a patient, taking those products, and they would  
 17 have a minimum effect as side-effects. That would be  
 18 my understanding of why.

19 **Q.** You began work in 1987 --

20 **A.** Yes.

21 **Q.** -- or thereabouts?

22 **A.** Yes.

23 **Q.** Obviously, at this point, you understood that you did  
 24 not have HIV, and you were unaware of any other  
 25 infection that you might have received?

12



1 A. Yes, that's correct. That's correct.  
 2 Q. You married, you started a family?  
 3 A. Yes.  
 4 Q. But you became aware, without realising their  
 5 significance, of certain physical symptoms over these  
 6 years. What kind of symptoms were they?  
 7 A. I started work with a company that required me to be  
 8 based in the UK mainland. I went into the sales arm  
 9 of that company. Needless to say, England is a much  
 10 bigger place than Northern Ireland, which is probably  
 11 the size of Yorkshire. So I was given quite a large  
 12 area to cover, and it became increasingly larger, as  
 13 certain staff were paid off and certain staff  
 14 retained.  
 15 So I was covering a vast area from Lowestoft and  
 16 Norfolk, up to the Watford Gap, and from the Watford  
 17 Gap up to Birmingham. I had a young lady, as  
 18 an aside, who was my inside sales rep. She would, as  
 19 they did, set my appointments based on the maps. So  
 20 we would have three or four cluster appointments in  
 21 the same area. It is not so easy when industry is  
 22 spread over a larger area. I may have had one  
 23 appointment in Oxford, I may have then gone to  
 24 Lowestoft, I may have headed up to Cambridge and then  
 25 headed home. I was usually setting off about 5 or

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1 and tired, and bound by colds and lethargy. I was,  
 2 though, working hard and assumed I was getting run  
 3 down."  
 4 A. I can give you an anecdote on that. There was a chap  
 5 who was a good runner. I had rode a lot when I was in  
 6 Northern Ireland, before I had gone to work, and I had  
 7 been very fit. As a young man, I was very fit.  
 8 My brother and I were oarsmen. We competed at  
 9 a fairly high level. I gave that up when I went to  
 10 work in England.  
 11 I wanted to keep myself fit, because I was  
 12 eating chocolates, travelling distances, sitting in  
 13 a car in traffic jams, etc, and had to have my wits  
 14 about me. The natural form of relaxation would have  
 15 been to run. I lived in Derbyshire. I lived in  
 16 a nice area in the Peak District. I had a neighbour  
 17 who was a good runner, and he made me compete with  
 18 him. That stopped after a short time, because I just  
 19 didn't have the energy to even put my shoes on.  
 20 Q. Now, there came a point at which you were violently  
 21 sick, violently unwell. That led to you seeing  
 22 a consultant in Newcastle, and you were given  
 23 information then about your health?  
 24 A. Yes.  
 25 Q. What can you tell us about that meeting?

15

1 6 o'clock in the morning. The average week for me was  
 2 about 2,000 miles.  
 3 Q. So you were working very hard and you had a young  
 4 family?  
 5 A. Yes.  
 6 Q. And you were travelling a lot?  
 7 A. Yes.  
 8 Q. You put down the fatigue and the lethargy to those  
 9 life events. Is that fair?  
 10 A. Yes. Bringing up a young family, at this stage we had  
 11 one and then two children, it was difficult for both  
 12 of us. We had to set our schedule, my wife looked  
 13 after the kids when I was working, obviously, and at  
 14 weekends she expected, quite rightly, as I did, to  
 15 spend time with her and with the kids. I was climbing  
 16 literally out of the car seat and on to the sofa.  
 17 I was butchered. I thought it was because of the  
 18 mileage and I always thought, "Yes, okay, but you are  
 19 holding your job down. Just keep it up. You are not  
 20 used to big miles. Northern Ireland is not a big  
 21 place". A large travel in Northern Ireland might be  
 22 from Belfast to Enniskillen. That would have been  
 23 half the journey to the first appointment.  
 24 Q. The way you put it in your statement was this:  
 25 "I was aware of becoming more easily fatigued

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1 A. Just to set the scene, I had progressed from sales rep  
 2 to regional manager for the company, looking after  
 3 Scotland, Northern Ireland and the south of Ireland  
 4 and the north-east of England. I was travelling  
 5 a lot. I had gone from Newcastle up to the Loch Ryan  
 6 area, where we had an office and we were closing that.  
 7 I found myself taking staff out for a meal.  
 8 I developed that evening, and had to get the hotel  
 9 doctor to come, a severe sickness of the stomach.  
 10 I think it was food poisoning. I will not say which  
 11 restaurant I was in. Suffice to say, I was violently  
 12 ill and I was really quite concerned. It was  
 13 an experience I had never had before. Being  
 14 a haemophiliac, I was quite concerned. Some blood was  
 15 brought up. I was then travelling over to Northern  
 16 Ireland and down to the south on business, and I found  
 17 myself quite, quite unwell, light-headed, in a lot of  
 18 pain, but I didn't let that stop me.  
 19 When I was over, I went to [redacted] and  
 20 I called in to say "Hi", see some of the staff and  
 21 just say this was happening in my life. I took the  
 22 opportunity to say to her, "I have had a problem.  
 23 I was violently ill. Can you check it out?" and she  
 24 did. She had an inspection done for me, on  
 25 oesophageal inspection, and they identified that I had

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1 a tear.  
 2 She gave me the choice of having it resolved  
 3 there or having it resolved in the UK mainland, where  
 4 I lived, and I elected to do that, because that's  
 5 where my family were. So I cut my journey short and  
 6 went back. She had already contacted Dr Jones, and  
 7 I went in and there was a bed for me in the Royal  
 8 Infirmary in Newcastle.  
 9 Following the procedure to resolve what was  
 10 a minor tear, but for a haemophiliac continual seeping  
 11 bleed, I found myself being called into what was more  
 12 or less a broom cupboard, a small meeting area, which  
 13 was part of the original Victorian ward. So I sat  
 14 down. I wondered what this was about. This medical  
 15 doctor came in with a big pile of records and  
 16 introduced herself as a [redacted] who was  
 17 a hepatologist in the Freeman Hospital. All news to  
 18 me. I didn't know the Freeman Hospital existed, but  
 19 it became evident that it was quite a serious issue  
 20 that she wanted to discuss.  
 21 She led me through, by asking me if I had heard  
 22 of hepatitis, and I said I had. Had I heard of  
 23 hepatitis A and B? I said "Yes". "Have you heard of  
 24 non-A non-B?" I said "No". She said, "I regret to  
 25 tell you you have been infected with hepatitis C". My

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1 Q. -- did you know that your medical records had been  
 2 shared between Belfast and Newcastle and passed over  
 3 in that way?  
 4 A. No, I wasn't aware of that. I hadn't been involved in  
 5 that process.  
 6 Q. The first that you knew that you had hepatitis C was  
 7 this diagnosis being given to you by the consultant in  
 8 Newcastle?  
 9 A. Correct.  
 10 Q. You think about 1990?  
 11 A. Yes, I believe it was around 1990.  
 12 Q. Can you recall whether you were given any further  
 13 information about the condition or the risk of passing  
 14 it on, or the prognosis, or anything like that?  
 15 A. Yes, I did chat with her about the situation. Her  
 16 reasoning for meeting with me was to recruit me to  
 17 a study she was carrying out with newly being tested  
 18 treatments. I felt it was necessary to sign up to  
 19 this. I wanted rid of this virus. She made me aware  
 20 of some elements of what it would have done if it was  
 21 allowed to pertain in my system.  
 22 I then was recruited by her to attend on  
 23 Mondays, over a protracted period of months. The  
 24 objective was to take treatment, which I was giving  
 25 myself -- in fact, at that stage they were giving

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1 first response was, "No, I haven't". She said, "Yes,  
 2 you have". I said, "Have you evidence?" She said,  
 3 "Yes, I have". I asked her when that had begun.  
 4 She produced from this batch of files blood  
 5 tests, and she was able to show me when I received and  
 6 from what batch I received, and when I was infected,  
 7 and that was on 13th July 1976, the day I had had my  
 8 procedure. I realised then that they were my medical  
 9 records, and I questioned her on why she had my  
 10 medical records and I had not seen any of this. She  
 11 said that she had sought those from my consultant  
 12 haematologist, [redacted]. They were both conferring  
 13 about my health. At that stage they were obviously  
 14 aware that there was an issue that had begun back in  
 15 1976, bearing in mind I believe that that was now  
 16 1990.  
 17 This was news to me and, as you can imagine, the  
 18 very first experience of hearing this left me in total  
 19 shock. My first anxiety was to my family. If I have  
 20 had this for that length of time, and I now have four  
 21 sons and a wife, are they infected as well? And I had  
 22 to break the news to my wife.  
 23 Q. Just sticking for a moment with the consultation with  
 24 the doctor in Newcastle --  
 25 A. Yes.

18

1 it -- and then to go, while I was working in Morecambe  
 2 area, to travel in to the Freeman Hospital, give my  
 3 bloods, and they could then assess whether the  
 4 treatments were having the right impact or whether  
 5 they weren't.  
 6 Q. Now having been told this, you say in your statement:  
 7 "To say I was devastated could not describe my  
 8 feelings in that instant."  
 9 You made contact with [redacted], and went back  
 10 to see her again in Northern Ireland. What, if  
 11 anything, can you recall about that meeting?  
 12 A. Well, I decided it was essential. I could travel back  
 13 and forward on business, but I took time to go myself.  
 14 I contacted [redacted] to say that I was coming over,  
 15 that I had some questions for her that I needed  
 16 answers to, and we agreed to have a meeting.  
 17 I sensed, and I recall sensing when I met with  
 18 [redacted], we had a cordial meeting at the beginning,  
 19 but at one stage, when I had to repeat my insistence  
 20 that I wanted to see where exactly and when exactly  
 21 I was infected, she was reluctant initially, stalling  
 22 initially, I think is probably fairer, and she  
 23 produced the files. We had them on top of -- in the  
 24 area where we were, we were quite private, and there  
 25 was a panel, like a desk this size, and my records

20

1 would have probably gone to about there at that stage.  
 2 They are a lot bigger now, and about that height. She  
 3 went through one of the piles, and she knew where it  
 4 was and when it was. She pulled it out and said  
 5 "There it is". I said "Thank you, thank you for  
 6 showing me", and it corroborated the information I had  
 7 already seen when I was in Newcastle.

8 **Q.** Could we just have up on screen, Paul, a further  
 9 document. It is in exhibit 2340013. If you can go to  
 10 what is about page 19, please, Paul. No, next one.  
 11 That's it, thank you.

12 Nigel, this is from your records and you have  
 13 exhibited this to your statement. It is a letter from  
 14 [redacted]. It is written for the purposes of  
 15 insurance, it would seem. It is dated November 22,  
 16 1993. I just wanted to ask you to look at what's said  
 17 in the second paragraph, where it says:

18 "He is positive for hepatitis C, which was  
 19 previously designated non-A non-B hepatitis.  
 20 A positive result was found in this centre in 1990,  
 21 and confirmed in Newcastle in 1991."

22 So that record suggests that the diagnosis was  
 23 first discovered in Belfast and then confirmed in  
 24 Newcastle?

25 **A.** I would concur with that.

21

1 is 2340012. If we go to the next page. So if we just  
 2 have the first paragraph highlighted, please, under  
 3 the heading "Diagnosis". This is a much later  
 4 document, Nigel, that you have exhibited to your  
 5 statement, but we can see here, if we pick it up from  
 6 the end of the first line:

7 "... Interferon monotherapy 1995 with no  
 8 response."

9 So this looks as though you underwent an initial  
 10 trial, and then a course of treatment in 1995 with the  
 11 side-effects you have described.

12 **A.** Yes.

13 **Q.** And not successful?

14 **A.** Yes.

15 **Q.** Then, in 1998, you underwent dual therapy, Interferon  
 16 plus Ribavirin, but relapsed post-treatment.

17 Just pausing there, your statement explains one  
 18 of the many side-effects you experienced involved mood  
 19 swings and personality alterations?

20 **A.** Yes, it certainly did. You are never prepared for  
 21 this sort of thing when it comes. You are living  
 22 through the middle of it. You don't necessarily  
 23 realise it is happening to you, but changes were  
 24 certainly taking place. Issues that were  
 25 insignificant became critical. I became opinionated.

23

1 **Q.** But you were only told by the consultant in Newcastle?

2 **A.** Correct.

3 **Q.** Thank you. Now, in addition to that initial trial of  
 4 Interferon, which you started in the circumstances you  
 5 have described, you then went on to undertake four  
 6 separate courses of treatment for your hepatitis C?

7 **A.** Yes, I did. I had what I was told was parent group 3,  
 8 which was common to the European location that I was  
 9 in. They said it could be specific to certain  
 10 treatments to reissue. My first experience on the  
 11 treatment with [redacted] was I'd probably say  
 12 difficult. I was holding my job down. I had  
 13 cooperation from my firm to take the Monday morning,  
 14 but, of course, I had to make it up before the end of  
 15 the week. As a manager you have responsibilities.  
 16 I didn't want to be looked at as being different than  
 17 anyone else, and that I could hold my corner up. So  
 18 the treatment was difficult. I had headaches, 'flu  
 19 like symptoms the whole way through that process,  
 20 shakes, temperature rises, temperature falls, nausea,  
 21 which could be difficult and embarrassing, I also had  
 22 diarrhoea. Not easy when you are travelling distances  
 23 in a car.

24 **Q.** If we look at another document, which summarises the  
 25 various courses of treatment you underwent, Nigel, it

22

1 I became defensive. I became offensive. I felt the  
 2 need to state my case more rigorously than I should  
 3 have done on many occasions. While it was a daily  
 4 occurrence, it wasn't constant. In the first episode,  
 5 it had very serious detrimental impacts on my career,  
 6 and I was not getting any support to deal with the  
 7 side-effects. I was modestly told about them, and  
 8 told that they were different for everyone, but I went  
 9 through a process of hell.

10 In the second, I had months of renal problems.  
 11 I was through seven or eight different types of  
 12 antibiotics to resolve the problems, and they never  
 13 did. So I lost a lot of time not working during that  
 14 period.

15 On the third, I took anti-depressants, because  
 16 it would make me quite depressed. It would make me  
 17 I suppose feel sorry for myself.

18 On the final one I had less issues in relation  
 19 to my mental state and emotional state, but it  
 20 completely floored me in relation to white blood  
 21 cells, energy, sleep. One of the big issues that was  
 22 becoming evident to me, and it was explained to me  
 23 that the hormonal management within the liver was not  
 24 as it should have been with a normal patient, and as  
 25 my liver continued to deteriorate and degradate,

24

1 I found myself getting maybe 3 or 4 hours sleep.  
 2 I might get to sleep at 5 o'clock in the morning.  
 3 All of that had a direct impact on my  
 4 personality, needless to say, on my patience, and on  
 5 my ability to carry out a normal life.  
 6 Q. Having undergone that second course of treatment, in  
 7 1998, ultimately without clearing the virus, you  
 8 relapsed post-treatment, you continued to experience  
 9 the symptoms of hepatitis C.  
 10 Then, in 2004, you received a letter, which we  
 11 will put up on screen. It is 2340010, please. This  
 12 is the notification in relation to vCJD?  
 13 A. Uh-huh.  
 14 Q. What, if anything, do you recall about receiving this  
 15 letter and the impact upon you?  
 16 A. Just before that, can I say at this stage I was living  
 17 in Northern Ireland, after the break-up of my marriage  
 18 or the breakdown of my marriage, as a result of the  
 19 treatments that I was on, and the nature of my  
 20 personality under those treatments, and the concern  
 21 and anxiety of my wife that, while not infected at  
 22 that stage, her and the children were still  
 23 vulnerable, living with a virus-carrying individual.  
 24 So I looked then and found that in this  
 25 correspondence that vCJD had become an issue. It was

25

1 consultant that I would not go in in the morning,  
 2 I would go in last in the afternoon.  
 3 Q. Again, you describe it very vividly in your statement,  
 4 that you would have staff masked up, medical kit, once  
 5 used, discarded or sent for high power cleansing. You  
 6 recognised the need to follow protocol but it was both  
 7 soul destroying and embarrassing to have to sign  
 8 documents and watch nurses, dentists and other medical  
 9 staff mask up and kit up to deal with me. You  
 10 explained it both humiliated and angered you. It was  
 11 very obvious why it was that people were taking these  
 12 precautions?  
 13 A. Yes. Can I say I adopted to the protocols  
 14 reluctantly, but the best way for me to handle that  
 15 emotionally and mentally was to say that, "I don't  
 16 know what you guys have got", and I used to say this.  
 17 "I don't know what you guys have got, but thank you  
 18 for protecting me from what you may have".  
 19 Q. Now, in 2006, you underwent the third course of  
 20 treatment, and again you relapsed post-treatment, so  
 21 that third course was not successful in clearing the  
 22 virus?  
 23 A. Uh-huh.  
 24 Q. Then in 2007, towards the end of 2007, you had a CT  
 25 scan, which showed cirrhosis. Is that right?

27

1 shortly after this that I actually became a UK Trustee  
 2 for the Haemophilia Society, and sat on a panel with  
 3 consultants in London. We were debating an issue and  
 4 treatments around vCJD and its impacts. So this was  
 5 just the next nail in the coffin for me.  
 6 Q. You put it this way in your witness statement, Nigel:  
 7 "In 2004, I was advised that I was one of  
 8 a number of patients who had received Factor VIII  
 9 treatment from blood donated by people who later  
 10 developed vCJD, and was therefore hit emotionally and  
 11 psychologically by another hammer blow."  
 12 A. Yes, very much so. Can I say -- it may not be  
 13 referenced later on in your questioning -- I have gone  
 14 through in excess of 30 OGDs, and every time I had to  
 15 do an OGD I had to sign a document to confirm that  
 16 I was aware that I could very well be carrying vCJD.  
 17 That had an impact not only on me -- I was unclean  
 18 potentially -- but I couldn't go in as a normal  
 19 patient. Those treatments, I had to go in last. Very  
 20 first time I had one of those treatments I sat for  
 21 four and a half to five hours, because they wouldn't  
 22 put me in on the date that the administration had  
 23 given me, because I was designated as having that, and  
 24 also -- well, having the risk of that, and also  
 25 hepatitis C. So I made the arrangements with the

26

1 A. Yes, that's correct. That again was just another nail  
 2 in the potential coffin. We were heading towards  
 3 closing the lid pretty quickly after that. I found  
 4 myself having to face the trauma of another very  
 5 negative issue, something that was having a major and  
 6 detrimental impact on the condition of my health, and  
 7 it was very difficult to deal with emotionally. It  
 8 probably for me, as much as hepatitis C, was an issue,  
 9 and haemophilia in one sense as well, where you didn't  
 10 want to share. I couldn't go into a Council chamber  
 11 and talk to colleagues and say to them, before we had  
 12 the meeting, "No, I am not going to have a glass of  
 13 wine because I have got cirrhosis". They would  
 14 automatically assume that I had drunk myself into that  
 15 state. Very few people in society are aware of the  
 16 difficulties created to the liver by toxins. Alcohol  
 17 is not the only one. Hepatitis is a major one. For  
 18 me to have developed cirrhosis was a major concern.  
 19 I sat with a friend of mine, a very good friend of  
 20 mine, who is an MP at the moment. We sat in my house  
 21 with my second wife. We recounted the issue, and we  
 22 talked about it, and at that stage I wasn't sure  
 23 whether I should stay in politics or whether I should  
 24 leave.  
 25 I didn't actually put this in my statement so

28



1 maybe you don't want to hear this.  
 2 **Q.** No. That's fine, Nigel.  
 3 **A.** Okay. We talked about this, and with his  
 4 encouragement I stayed on. My wife at that stage was  
 5 pretty concerned about the issues, and I think she  
 6 also developed doubts in her mind as to whether or not  
 7 there was some other reason, and that marriage broke  
 8 up.

9 **Q.** You have explained in your witness statement how,  
 10 following the identification of the cirrhosis in 2007,  
 11 you experienced a number of physical health  
 12 complications, in addition to the ongoing lethargy and  
 13 pain and so on. Then, in October 2015, you had  
 14 a bleed from the brain?

15 **A.** Yes. Some say that you can make connections between  
 16 the treatments that you have and the development of  
 17 that experience. I was doing business in the south of  
 18 Ireland with a company. I had developed a working  
 19 relationship through one of the Government training  
 20 homes in the south, and also with the equivalent body  
 21 in Northern Ireland, with the company I was working  
 22 for. We specialised in the off-shore industry  
 23 petrochemical business.

24 I would have done training and travelled to the  
 25 United States and further afield. I was at a meeting

29

1 I can't have this happening in meetings, or on planes  
 2 or anywhere else".  
 3 He took me in. I made my way back home. As  
 4 I was coming home, one of the sisters phoned me and  
 5 said, "What are you going? Where are you?" I said,  
 6 "I am driving home". She said, "No, you are not.  
 7 Turn the car round and come back straightaway". The  
 8 reasoning was that there was more than just  
 9 a nosebleed. They had done an initial scan and they  
 10 identified that there was an aneurysm, and also there  
 11 had been what they suspected was a tumour bleed, and  
 12 there was.

13 **Q.** As you have said, you were prevented from working  
 14 again as a result. You were restricted to bed and  
 15 home for a period of some four months, and you  
 16 experienced a range of side-effects. Your health  
 17 problems continued. You began to become bloated and  
 18 generally feeling very ill indeed?

19 **A.** I had a protracted, long-term, chronic issue with my  
 20 liver, which at this stage I was aware of. It was  
 21 something that I had over the years had to accommodate  
 22 and come to terms with, and I found myself, really as  
 23 a result of the shock, I felt, of this experience with  
 24 the tumour and the aneurysm, I think that almost  
 25 triggered the virtual total debilitation of my liver,

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1 with a contract colleague from Canada, and I had been  
 2 taking her round Northern Ireland to see other  
 3 training companies and introducing her company to  
 4 them. I found myself suffering from what felt like  
 5 the onslaught of the 'flu. I would move my head, and  
 6 then it would happen. She was very aware of this.  
 7 She could see that I wasn't myself and she could see  
 8 I had what appeared to be difficulties driving. We  
 9 stopped and had something to eat, and I wasn't feeling  
 10 great.

11 We came back into a meeting and I sat with one  
 12 of my directors with her, and we were chatting away.  
 13 Everything seemed okay. I was sitting back thinking  
 14 "Okay, I have had a decent week. We have got the  
 15 contract," etc, etc. Then I leant forward and  
 16 I looked at my director. So I looked, and then it  
 17 happened, and I was feeling very rocky.

18 During this period I was experiencing minor  
 19 nosebleeds, which became prevalent. I didn't think  
 20 that I had ever had a nose issue or a bleeding issue  
 21 before. Maybe it was blood pressure. I don't know.  
 22 That's what I thought. I was in Cork, and it  
 23 happened. I went straight up to Gary Benson, the  
 24 consultant haematologist. I said, "Look, you have got  
 25 to do something about this. It needs cauterised.

30

1 and I went into a state of serious ill health, yes.

2 I went from wearing suits like this -- in fact,  
 3 this was one of them -- to not being able to wear  
 4 suits, and going in to work in tracksuit trousers and  
 5 a fleece. My employer, who was very co-operative and  
 6 very supportive, took me to the side. We sat in the  
 7 Board room, myself and this other director who  
 8 I referenced in the Canadian visitors' trip. They  
 9 were very concerned about my health. They were afraid  
 10 that they were pushing me to such an extent that  
 11 I could die, and they didn't want to be responsible  
 12 for that.

13 They said, "Look, your job's safe". Bear in  
 14 mind, I had lost my family. I had lost my  
 15 self-respect. I had regained it, false summit upon  
 16 false summit, and then I got the kick again, just when  
 17 I thought everything was okay. It was far from okay.  
 18 They said to me, "Look, take time off. Your job is  
 19 safe".

20 As he and I still joke when we are out playing  
 21 golf, it was the longest sabbatical he's ever awarded  
 22 anyone, such a sabbatical that I never went back to  
 23 work. My job that I had developed within the company  
 24 was gone, and now we are just social but very good  
 25 friends.

32

1 Q. Now, by this time or around this time in 2015/2016,  
2 you had undergone the fourth course of treatment, with  
3 triple therapy, a combination of three drugs over a 24  
4 week period.

5 A. Yes, I had.

6 Q. That did have a different outcome, in terms of the  
7 hepatitis C itself?

8 A. One of the positive elements of taking treatments that  
9 didn't work into the long-term, rested, as was  
10 described to me by a hepatologist, it rested your  
11 liver. Your liver was not being bombarded and  
12 criminalised, damaged. So during the period, the  
13 damage would stop, or slow down, and you were given  
14 more life longevity to your liver. Then when the  
15 treatments had failed, or been unsuccessful, the  
16 bombardment started again. So it was respite for the  
17 liver, as he described it.

18 The final treatment that they gave me came  
19 a number of years after I wanted to continue to try  
20 and resolve, because I was conscious of the fact that  
21 my health was getting worse, and I didn't want to go  
22 to that final precipice of total liver failure. But  
23 the treatment came. It was a practical treatment from  
24 their perspective and worth applying funding for for  
25 me, because it would work they felt pretty

33

1 had life during the life of it, devastating impacts,  
2 and froze me into a stupefaction of a couch potato,  
3 I found myself recovering, and they then could look  
4 seriously at giving me a liver transplant.

5 Q. In 2016 you were on the liver transplant list?

6 A. Yes.

7 Q. You underwent a variety of tests over a prolonged  
8 period of months in that regard, but you didn't at  
9 that stage receive a transplant. Then, at the end of  
10 2017, you were told you had liver cancer in the right  
11 lobe?

12 A. Yes. That was an interesting experience in itself.  
13 Emotionally for me, it was very interesting. I always  
14 felt when I heard someone had cancer, "Oh, my God!  
15 God help you! God help that poor person!" I was  
16 actually quite elated. The reason why, and that may  
17 sound very strange, it was a means to an end,  
18 a necessary evil. While I was on the transplant list  
19 and told that I was moving up, the treatment froze me,  
20 and I found myself then starting to get back into the  
21 potential to work. My boss said, "Look, I have got  
22 some work for you out in Antwerp. I need a guy that's  
23 going to go there and do the business." I said, "It  
24 gives me a chance to test myself, to see if I have  
25 still got the sharpness that I once had", and to see

35

1 successfully on the parent group 3A that I had. So we  
2 started that treatment.

3 I can only liken it to something like an extreme  
4 form of chemotherapy. Yes, there was a degree of hair  
5 loss. The only place I can grow hair now is just on  
6 the lower part of my lip. I went through a lot of  
7 nausea. I didn't sleep. Six months I never slept,  
8 never slept. I lay on the sofa. In fact, I invested  
9 in a large TV, because I said, "I am going to be here  
10 for a while". I wasn't allowed to drive. I wasn't  
11 allowed to drive because I was not fit to get up and  
12 get into the car. My judgment was bad on that  
13 treatment. My licence ceased for a period of weeks.  
14 I had to fight with Gary Benson and my local doctor  
15 afterwards to get it back. But it worked. It was  
16 worth of sacrifice.

17 The importance of that issue was my hepatologist  
18 had advised me that they were unwilling to proceed  
19 while I was on the list for a transplant, and I had  
20 maybe a 20% active liver, but heading downwards at  
21 some speed. They said to me that the opportunity to  
22 get the transplant rested really, because the cost of  
23 a transplant and the likelihood of getting an accurate  
24 liver at the time was always slim.

25 So I took the course of treatment, and while it

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1 if I was up to the job. Could I stay, if I got back  
2 into employment, at that level? Could I bring back  
3 some self-respect and some self-confidence that  
4 obviously I had lost?

5 So I took on the challenge. We were having our  
6 Christmas do in Edinburgh. On the day of the  
7 Christmas do, I had to go and see my consultant  
8 hepatologist to get the results of a scan test that  
9 had been run, one of a number. They thought I had  
10 cancer before, with shadows on the liver. It was  
11 a monthly occurrence. You took these things. I had,  
12 I think, 35 OGDs. I got to a stage where I stopped  
13 taking the sedative, because I needed to drive. So  
14 they rammed them down, they pulled them out, and I got  
15 up, had a cup of tea and went home, or went to work,  
16 or did what I had to do.

17 I found myself then with that issue. Having to  
18 tell my colleagues, who waited for me to come and join  
19 them straight from the airport, that I had good news  
20 and bad news. They wanted the good news. I said, "We  
21 are all going to have a cracking Christmas". They  
22 said, "Okay. What is the bad news?" I said, "I have  
23 got liver cancer".

24 One man, sitting opposite eating -- because it  
25 was a bijou restaurant, a nice Thai restaurant -- it

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1 was like something out of one of those comedy  
2 scenes -- the fork sort of fell as his food came out  
3 of his mouth. He looked me straight in the eye, and  
4 thought, "How dare you come into this restaurant and  
5 tell us a story like that?" But my colleagues were  
6 personal friends, and they wanted to hear the truth,  
7 and I had nothing to hide.

8 **Q.** On 12th February 2018 you received an important  
9 telephone call to tell you that there was a donor  
10 liver available for you?

11 **A.** Yes. At this stage I had developed a stable  
12 relationship -- at last, thank God -- with a very good  
13 woman. Ironically her brother had also had  
14 a transplant and she lived in the south of Ireland.  
15 She and I were going to take some time and go down  
16 over the February 14th period down to a place called  
17 Clifton in the south of Ireland and have some time to  
18 ourselves.

19 I was sitting with my dog beside me, my lifelong  
20 partner, and the cat on the sofa, draped over it, and  
21 I got a phone call at 1.30 in the morning. Having  
22 previously been in politics, when you get a private  
23 phone call at that time of the morning, it is either  
24 the police or it is the hospital. So I answered, and  
25 it was a lady from King's College, who said to me that

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1 a transplant if you are less than 20% of actually  
2 staying alive. So you were caught between the devil  
3 and the deep blue sea. I found myself a willing  
4 accomplice in the process. It was an opportunity to  
5 try and restore some sense of normality to my life and  
6 give me a fresh start, and I was very grateful that  
7 after 19 months this had finally come, and only  
8 through the courtesy of liver cancer.

9 So I went across. After a nine-hour procedure  
10 I came out of it in the intensive care unit, which  
11 looked like something out of a space movie, fantastic  
12 technology that they have developed, and I'm here  
13 today to tell the story, and I didn't think I would  
14 be. I thought I would lose the opportunity to see the  
15 end and get some conclusion to the experiences of the  
16 life path that I have had to have, courtesy of the  
17 virus.

18 **Q.** You have said this in your statement, Nigel, that  
19 after undergoing the transplant and the recovery from  
20 it, you returned home to begin the rest of your life.

21 **A.** I did, yes, and I have pursued that diligently ever  
22 since, respecting the quality of life that I have,  
23 respecting the sacrifice that was made by the person  
24 who gave me that liver, and trying to help other  
25 people.

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1 they had a liver. I said, "That's fantastic".  
2 I didn't assume that it was for me, because I had been  
3 told on several occasions, by my consultant  
4 hepatologist, that because I had had two treatments to  
5 resolve or contain the cancer in my right lobe of my  
6 liver, that I would not find myself in a situation  
7 where transplant would be practical for another three  
8 to four months. So I had put that out of my head.  
9 I said, "When do you need me to come over? Some time  
10 this week". She said to me, "No, you will be getting  
11 a phone call from the Air Ambulance", which came  
12 during the conversation. I said, "Yes, I am getting  
13 a call now". "That's X from the Air Ambulance. He  
14 will phone you back. You need to be over here for  
15 your procedure early in the morning. Have you got  
16 your bag packed?" I said, "I have packed a bag. It  
17 is in the car. I have one in the house. Yes, I am  
18 ready to go". She said, "Right".

19 Knocked my neighbour up, told him to look after  
20 my dog and feed my cat. He was very generous and said  
21 he would. I headed, with a very good friend, and met  
22 my brother, Simon, at the Air Ambulance. We got  
23 a quality picture, courtesy of the pilot, just in case  
24 I wasn't coming home. You have a 20% chance of not  
25 surviving the transplant. And you really only get

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1 **Q.** Nigel, you have touched on already and you have set  
2 out in some detail in your witness statement some of  
3 the many broader impacts that your infection and  
4 treatment had on your life?

5 **A.** Yes.

6 **Q.** It caused the breakdown of your first marriage, and  
7 you told us today about your second marriage?

8 **A.** Yes.

9 **Q.** It impacted upon the time that you were able to spend  
10 with your children growing up?

11 **A.** Yes.

12 **Q.** And it impacted upon your work, employment and career  
13 over a number of years?

14 **A.** It certainly did.

15 **Q.** Rebuilding a new job and finding a new role in  
16 politics in the way you have described in your  
17 statement?

18 **A.** Yes, yes.

19 **Q.** In terms of the broader impacts, is there anything  
20 that you would like to add to what you have already  
21 told us and what you have set out in the statement?

22 **A.** I have several observations that I would like to make,  
23 if that's okay with you, Sir Brian. Thank you.

24 I have written them down, because I have been advised  
25 I do go on a bit, as you are probably aware, but

40



1 I want to be as succinct as possible, and I want to  
2 get the points across. They are important points for  
3 me, given the path that I have had and the experience  
4 that I have received.

5 So, first of all, Sir Brian, I'd like to thank  
6 you for taking the opportunity to treat us equally in  
7 Northern Ireland, and bring here to us the Inquiry.  
8 It is a case of Rome not going to Caesar; Caesar  
9 coming to Rome, and Rome is very grateful.

10 In my case, yes, you have referenced it, Jenni,  
11 I lost my family, I lost my career, I lost my health  
12 and I lost my self-respect. In the early days I saw  
13 no hope and no prospect, as the sense of normality  
14 wasn't within my grasp.

15 Upon reflection, I questioned my mortality and  
16 recognised it was not within my control. And then the  
17 new liver, and with it came hope and expectation. It  
18 was a real reprieve, a new life and a future.

19 While I believe I will never get justice, how  
20 can you bring back that which has been ripped from my  
21 life, I will through you, sir, and your good judgment,  
22 get closure.

23 To my fellow witnesses, who we have heard so far  
24 this week and we will hear tomorrow and this  
25 afternoon, I would like to pay tribute for the sharing

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1 If I lived in England, the recognition of my  
2 victimhood would be different, but in Northern  
3 Ireland, like those in Scotland and Wales, all victims  
4 of this same National Health Service disaster appear  
5 not worthy of equal financial support during the  
6 lifetime of this Inquiry. That's a sad reflection on  
7 a government which has now created a hierarchy of  
8 victims under the pretence of it being a devolved  
9 matter. That to me, as an act, is reprehensible.

10 If I lived 50 miles down the road, in the south  
11 of Ireland, the treatment and respect and recognition  
12 would be different again.

13 So while we still have the Inquiry here, sir,  
14 I believe we must press home our case. We are the  
15 same as every other victim in every region of the  
16 United Kingdom. I am very pleased that our infected  
17 and affected community in England have received  
18 further recognition, and that the uplift they have  
19 received will ease some of the hardship they, like us,  
20 experience.

21 Lastly, while I recognise that the forensic  
22 elements and aspects of the Inquiry will take place in  
23 the New Year, I for the life of me can't understand  
24 why a government seems to me to allow itself to be  
25 scapegoated for the sole responsibility of this

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1 of their harrowing and emotional experiences, and they  
2 have done this in open forum, as have I, to provide  
3 an insight into what this national disaster has done  
4 to the lives of its victims and the infected and  
5 affected community, and the legacy of trauma and pain  
6 it has left all of us to cope with.

7 So for me it's legacy can best be summed up by  
8 firstly, in my case, and I know in the case of many,  
9 a legacy of institutional, medical dependency. The  
10 paths of lives, like mine, irreversibly altered and  
11 influenced by infections introduced outside our  
12 control and influence, and in so many cases the  
13 apparent unwillingness to share information until  
14 years after the damage had begun its assault on its  
15 victims.

16 I call it "the mantra of a mushroom": kept in  
17 the dark and only fed with information when absolutely  
18 necessary.

19 Secondly, and just as damning, the legacy and  
20 hierarchy of victimhood and, shamefully, a government  
21 willing to allow financial support of those very  
22 victims, people like me, sons, daughters, fathers,  
23 mothers, brothers and sisters, equally infected across  
24 the regions, equally affected across the regions, but  
25 unequally supported.

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1 disaster, when I believe the corporate pharmaceuticals  
2 have a key role in this tragedy, and are themselves to  
3 a degree complicit.

4 That's all I have to say. Thank you.

5 **MS RICHARDS:** Sir Brian, I am not quite finished yet, sir.  
6 Before I ask Mr Williams if there is anything further  
7 to add, I have been asked by Mr Robinson, who  
8 represents the Belfast Health and Social Care Trust  
9 and [redacted], to clarify that [redacted]'s witness  
10 statement says, in relation to the meeting in the  
11 1980s, to discuss HIV, she says:

12 "I certainly remember that the room was not  
13 locked."

14 I make that clarification.

15 **SIR BRIAN LANGSTAFF:** I thought you made that clear during  
16 the course of questioning.

17 **MS RICHARDS:** I thought I had, but I have been asked to  
18 repeat it.

19 **SIR BRIAN LANGSTAFF:** There is a difference of  
20 recollection between Nigel and [redacted] on that.

21 **MS RICHARDS:** Precisely so, sir. I am just going to ask  
22 Mr Williams, who, as you know, Nigel, represents you,  
23 if there is anything further. No.

24 **A.** Thank you very much.

25 **MR ROBINSON:** I wonder, sir, if I could just clarify

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1 the point and why I raised it and it's only to --  
 2 **SIR BRIAN LANGSTAFF:** Just a moment.  
 3 **MR ROBINSON:** Yes.  
 4 **SIR BRIAN LANGSTAFF:** We have a process for raising  
 5 points. What we shall do for a moment is we will just  
 6 take a short break so you can go into the witness room  
 7 here. Mr Robinson can explore with counsel for the  
 8 Inquiry what points he might wish to raise, and we  
 9 will take it from there. It may mean that you will  
 10 come back in a moment or two. I have a question of my  
 11 own to ask you in any event. So you can wait for  
 12 that.  
 13 **A.** Thank you, sir.  
 14 (Witness withdrew)  
 15 (11.11 am)  
 16 (A short break)  
 17 (11.17 am)  
 18 **MS RICHARDS:** Sir, nothing further that I am going to ask.  
 19 Obviously, sir, you indicated you had a question for  
 20 the witness.  
 21 **SIR BRIAN LANGSTAFF:** Yes. We will bring Mr Hamilton  
 22 back -- sorry -- Nigel back.  
 23 (Witness returned to hearing room)  
 24 Questioned by **SIR BRIAN LANGSTAFF**  
 25 **SIR BRIAN LANGSTAFF:** Sorry for keeping you, Nigel. The

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1 **A.** From my recollections, I believe, affected and  
 2 infected family members as well, I believe in the  
 3 region of 40 to 50 people. It was a lecture theatre,  
 4 as [redacted] has said.  
 5 **SIR BRIAN LANGSTAFF:** Did anyone say, "How dare you leave  
 6 that choice us with us!" or words to that effect?  
 7 **A.** I know after the deliberations there were views held  
 8 by both sides, quite strongly. Whether we were  
 9 holding those views ill-informed or well-informed at  
 10 the time I cannot recall, but the feeling that it was  
 11 a potential time bomb indicated to me and others that  
 12 we would need to know. If I had something operating  
 13 on my system and I was not aware of it, I would like  
 14 to know. If the government put a bug into my head,  
 15 I would like to know that bug was there.  
 16 **SIR BRIAN LANGSTAFF:** Did anyone challenge the doctor  
 17 about leaving you with the choice?  
 18 **A.** I do recollect that I made observations to her at the  
 19 meeting, and I know others did as well, and it became  
 20 a little bit of a free-for-all. There were people who  
 21 were totally against it and others who were totally in  
 22 favour of it. The reality of it was those personal  
 23 exchanges would have taken place, I would imagine,  
 24 after the meeting was over.  
 25 **SIR BRIAN LANGSTAFF:** I am not asking you to imagine --

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1 one thing I wanted to ask was this. Going back to the  
 2 meeting which was held between [redacted], two others  
 3 and a number of those who had haemophilia and had had  
 4 Factor product in 1984/85, thereabouts, as you  
 5 remember it in the hospital.  
 6 **A.** Yes, sir.  
 7 **SIR BRIAN LANGSTAFF:** She left you there to discuss and  
 8 consider what you wanted to do.  
 9 **A.** Yes.  
 10 **SIR BRIAN LANGSTAFF:** You have told us how they felt  
 11 strongly -- at least you feel strongly now that you  
 12 should not have been given that choice, but you would  
 13 be, as you described, a ticking time bomb.  
 14 **A.** Correct.  
 15 **SIR BRIAN LANGSTAFF:** You must have felt that at the time,  
 16 because you say you took the decision to be told,  
 17 because you felt that was the responsible thing to do.  
 18 **A.** My attitude has not wavered over the years.  
 19 **SIR BRIAN LANGSTAFF:** You've indicated you thought it was  
 20 the wrong choice to be left with you and it should not  
 21 have been offered?  
 22 **A.** In my circumstances, if I had elected --  
 23 **SIR BRIAN LANGSTAFF:** I am not really concerned so much  
 24 with your view, as this. How many of you were there  
 25 discussing, roughly?

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1 **A.** Yes.  
 2 **SIR BRIAN LANGSTAFF:** -- just to recall. It seems to me,  
 3 I think, that you probably can't quite remember it  
 4 now.  
 5 **A.** No, sir, I can't.  
 6 **SIR BRIAN LANGSTAFF:** You can.  
 7 **A.** I can't.  
 8 **SIR BRIAN LANGSTAFF:** You can't. So if, on reflection,  
 9 you do recall anything that was said to her to  
 10 challenge her view, and what she may have said in  
 11 response, could you please put that in writing? It is  
 12 only fair she should have a chance to consider it  
 13 herself.  
 14 **A.** I agree, totally.  
 15 **SIR BRIAN LANGSTAFF:** And let us have that in due course.  
 16 **A.** I will, sir. I will give some deliberation to that.  
 17 **SIR BRIAN LANGSTAFF:** That's all I wanted to ask. Do any  
 18 other questions arise out of that?  
 19 **MS RICHARDS:** Nothing else, sir.  
 20 **SIR BRIAN LANGSTAFF:** Thank you once again, Nigel, for  
 21 coming, and I am sorry for keeping you waiting for  
 22 a few minutes.  
 23 **A.** Thank you.  
 24 **SIR BRIAN LANGSTAFF:** Well, we will take a break now until  
 25 11.50.

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1 (11.22 am)  
 2 (A short break)  
 3 (11.54 am)  
 4 **SIR BRIAN LANGSTAFF:** Now, Ms Fraser Butlin, our next  
 5 witness is Mr I, is it?  
 6 **MS FRASER BUTLIN:** That is correct.  
 7 **SIR BRIAN LANGSTAFF:** Let me remind those of you who have  
 8 been here this week and tell those of you who have  
 9 not, as yet, the Inquiry takes seriously the  
 10 difficulty which many people have in talking to the  
 11 world about experiences which are often deeply  
 12 personal. It is important for us to get the best  
 13 evidence which they can give. That often may involve  
 14 ensuring that when they give evidence, they don't have  
 15 the sense that they are speaking to people outside the  
 16 room in a way which is visible. That applies to the  
 17 next two witnesses, the first Mr I, today, whose  
 18 evidence will not be live streamed visually, so nobody  
 19 will see his face. It will be live streamed on audio  
 20 feed, so that anyone who wishes can see what is being  
 21 said by him to you. You will have the benefit of both  
 22 seeing and hearing what he has said. He is happy with  
 23 that.  
 24 What it means is that I have to make sure that  
 25 nobody publishes anything which might lead to his

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1 identification, because he wishes to be known as  
 2 "Mr I", and nobody publishes anything which might show  
 3 his image. For that purpose I have made a legal  
 4 order, a breach of which is treated as a contempt of  
 5 court, and so a breach of which is really quite  
 6 serious.  
 7 Let me just read it out to you, because that's  
 8 what I have to do. The press are already aware of its  
 9 exact terms:  
 10 "It is ordered that the name and address of  
 11 witness W1383" -- to you and I that's Mr I -- "and any  
 12 other identifying information, such as the witness'  
 13 image or a description of their appearance, cannot be  
 14 disclosed or published in any form, unless express  
 15 permission is given by me or by the solicitor to the  
 16 Inquiry acting on my behalf. Witness 1383 must be  
 17 referred to only as 'Mr I'.  
 18 "This order remains in force for the duration of  
 19 the Inquiry, and at all times thereafter, unless  
 20 otherwise ordered. I may vary or revoke the order by  
 21 making a further order during the course of the  
 22 Inquiry."  
 23 Mr I.

**MR I (affirmed)**

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1 **Questioned by MS FRASER BUTLIN**  
 2 **MS FRASER BUTLIN:** Mr I, you have severe haemophilia A?  
 3 **A.** Yes, that's right.  
 4 **Q.** And you were first diagnosed as a very young child?  
 5 **A.** Correct.  
 6 **Q.** If fact, you had your first bleed when you were just  
 7 six weeks old?  
 8 **A.** Yes, that's correct.  
 9 **Q.** You initially received cryoprecipitate?  
 10 **A.** No, not initially. Within Northern Ireland I have  
 11 always had Factor products. The only time I ever  
 12 received cryoprecipitate was in England, whenever we  
 13 were on a family holiday. It was later in life than  
 14 that. Apologies.  
 15 **Q.** No, that's fine. Your parents have recalled that it  
 16 was in the early '80s that the treatment was changed  
 17 over to Factor concentrate?  
 18 **A.** Okay.  
 19 **Q.** And your mum recalled being told you were being given  
 20 heat treated products, and when they were not  
 21 available you were being given Scottish products?  
 22 **A.** Yes, that's correct.  
 23 **Q.** Have you talked to your mum about this?  
 24 **A.** Yes, I have, not long after a conversation around it.  
 25 There may be a mix-up, but it was definitely Factor

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1 products I was ...  
 2 **Q.** In relation to the question that you were being heat  
 3 treated products or Scottish products --  
 4 **A.** Yes.  
 5 **Q.** -- can you tell us what your mum's understanding was  
 6 about what was going on?  
 7 **A.** Mum herself had been diagnosed with hepatitis non-A  
 8 non-B after a successful tonsillectomy. She got very  
 9 ill after the procedure and so was aware of the  
 10 dangers with American Factor VIII. At a young age,  
 11 she had talked to [redacted] or the treating  
 12 consultant at the time and they had assured her that  
 13 I would be on either National Health derived products  
 14 or heat treated products. So she put the faith in  
 15 that that would be what I would be given.  
 16 **Q.** Do you know what your parents' understanding was of  
 17 why that was?  
 18 **A.** Not so much why it was. More so just because of what  
 19 had happened to mum in the past, with her experience  
 20 of the American products.  
 21 **Q.** You have said in your statement you understand that in  
 22 around 1983/84 they were trying out heat tested  
 23 products, and when they didn't use these, they were  
 24 trying to use Scottish products on children, "which my  
 25 parents say they were told were as pure as possible"?

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1 A. Yes, that's correct.  
 2 Q. Was that your understanding of what you were being  
 3 told?  
 4 A. Yes.  
 5 Q. Again, your mum recalls she was told by Dr Dempsey  
 6 that you would never be given American products. You  
 7 would only be given Scottish or heat treated Factor  
 8 VIII.  
 9 A. That's what she was led to believe, yes.  
 10 Q. So you would receive the purest products possible?  
 11 A. Yes, that's right.  
 12 Q. Could we have document 1383006, please. The main  
 13 paragraph -- this is a letter in 1995, where it seems  
 14 that you were a particularly high user of Factor VIII?  
 15 A. Okay.  
 16 Q. It says at the start:  
 17 "I have been having fun and games trying to  
 18 procure supplies of Factor VIII from Scotland. It  
 19 appears there is some difficulty in meeting demands by  
 20 production. Therefore I have been looking at the  
 21 usage during the past few months for all the  
 22 patients."  
 23 Your treating doctor is asked to give  
 24 an indication of whether there is anything special or  
 25 peculiar going on with you. Were you aware of any of

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1 had hepatitis C?  
 2 A. Yes. That's right.  
 3 Q. And she shouldn't be concerned about it, as you would  
 4 live a long and happy life?  
 5 A. Yes.  
 6 Q. Is that your recollection --  
 7 A. That's my recollection.  
 8 Q. -- or your understanding of what your mum --  
 9 A. My understanding of what it was, yes.  
 10 Q. Then, when you were about 6 or 7, your parents were  
 11 called back into the hospital, and what were they told  
 12 about your hepatitis?  
 13 A. I wasn't 100% sure it was that age, but that I had  
 14 cleared the virus, or I had cleared the virus  
 15 naturally. That I think was from [redacted]. And  
 16 then, whenever they went and had a conversation with  
 17 my paediatric consultant, Dr Dempsey, he was furious,  
 18 and furious that they had been told that, and was  
 19 actually very insulted, and said, "You know, this  
 20 virus, nobody has proved this virus goes away. This  
 21 virus has the potential to hide and may be  
 22 undetectable in tests", and not to consider that I had  
 23 cleared it.  
 24 I think then, going forward after that, I was  
 25 tested very regularly, into my mid to late teens, and

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1 these difficulties in relation to Scottish Factor?  
 2 A. No, no.  
 3 Q. Your parents' understanding is that you were given  
 4 infected blood products some time between 1982 and  
 5 1984?  
 6 A. Okay.  
 7 Q. Which is when they were first told you had contracted  
 8 hepatitis?  
 9 A. Yes.  
 10 Q. When your parents were told you had contracted  
 11 hepatitis, you were about 2 or 3 years old?  
 12 A. Yes, that's ...  
 13 Q. What were they told?  
 14 A. I am not totally au fait with the conversation. Just  
 15 sort of going on experience, that yes, I had it. It  
 16 was obviously a concern. Nobody really knew what the  
 17 next stage was going to be, whether it would develop,  
 18 whether it was going to be any further than that, but  
 19 they were told I had it, and that was about the height  
 20 of it I think.  
 21 Q. You have said in your statement that she does not  
 22 recall being given any information about what the  
 23 infection meant for you?  
 24 A. No.  
 25 Q. And she remembers being told that all haemophiliacs

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1 a decision was made somewhere along then that, you  
 2 know, yes, it has been undetectable for a number of  
 3 years and that I had cleared the virus.  
 4 Q. You requested a copy of your medical records in autumn  
 5 2018.  
 6 A. Yes.  
 7 Q. To try to understand and confirm that chronology?  
 8 A. That's correct.  
 9 Q. Because, as you have said, you were working off your  
 10 mum and your parents' memories?  
 11 A. Yes.  
 12 Q. What in terms of documentation have you been able to  
 13 obtain?  
 14 A. The medical records that I have had made available,  
 15 going through them myself, I found very limited detail  
 16 on why, where or when I did contract the virus, a very  
 17 similar amount of detail for why, where, when the  
 18 virus become undetectable, and any conversations that  
 19 was had around that.  
 20 Q. The details of your treatment in the '80s is simply  
 21 missing at this stage?  
 22 A. Yes, that's correct.  
 23 Q. You were always treated at the same hospital?  
 24 A. Yes, bar a few occasions maybe whenever we were on  
 25 a family holiday or such like.

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1 Q. But the bulk of your haemophilia records would be  
2 with --  
3 A. Would be with the Royal Victoria Hospital at this  
4 time.  
5 Q. You said that you have had a recent conversation with  
6 Dr Benson about records?  
7 A. Yes, that is correct.  
8 Q. What was that conversation?  
9 A. He made it quite clear that a lot of this  
10 information -- obviously they changed hospitals in the  
11 late '90s, early 2000s over to the City. There may  
12 have been documentation that got lost in the move, and  
13 that they are still turning up details here and there,  
14 and, you know, there is more details that may come up  
15 going forward, but they obviously can't make any  
16 promises on that. It was long before his time.  
17 Q. But at this stage you don't have those early records?  
18 A. No, I do not.  
19 Q. As far as you are aware, you have not contracted any  
20 other infections, but you are worried about it?  
21 A. That's correct. On every correspondence you may see  
22 between my consultant and any other consultant, the  
23 first paragraph nearly always sets out that I am  
24 a public health risk, due to the potential of  
25 contraction of vCJD. That's something you have to try

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1 concerned that you may have been used for research  
2 purposes?  
3 A. Yes.  
4 Q. Why do you think that may have been?  
5 A. Probably because I supposedly cleared the virus  
6 naturally. I would imagine that there was tests done  
7 to find out how I had done it. I don't think it was  
8 a common occurrence that the virus just did go away.  
9 So I imagine there was research done to find out why.  
10 If it was for the greater good, that's fair enough to  
11 me. I have no issue with it at all. I just do recall  
12 a number of years in my sort of mid teens, there was  
13 more blood taken than just your regular tests.  
14 Q. As you said, your hepatitis C was cleared naturally,  
15 without any treatment?  
16 A. Yes.  
17 Q. Could we have document 1383004, and the first  
18 paragraph of that letter, please. It is a letter from  
19 1995, dealing with the point that you are anti-HCV  
20 positive but have normal serum ALTs, but are not  
21 positive for PCR RNA. It is the medical terminology  
22 for saying you have cleared the hepatitis C?  
23 A. Yes.  
24 Q. The next sentence is what I wanted to draw your  
25 attention to:

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1 to live with at the same time, you know, and it is  
2 maybe not the nicest thing to see in your opening  
3 paragraph of an e-mail or a letter about you, you  
4 know.  
5 Q. And you have received the correspondence indicating  
6 that because you had Factor concentrates between 1980  
7 and 2001, you shouldn't donate blood, organs or semen.  
8 A. That's correct.  
9 Q. And you should inform all health care professionals?  
10 A. That's correct.  
11 Q. And that concerns you?  
12 A. It's something you have to live with. It is  
13 something, you know, the potential is that nothing  
14 will come of it, but there is always that doubt in the  
15 back of your mind, or should you start feeling unwell,  
16 is this something new? Is this something that's  
17 coming? There is the stigma of having had hepatitis C  
18 in the past. The conversations that were passed over  
19 to my parents at the time, you know, that this virus  
20 doesn't go away. It may hide. It may do this. You  
21 know, it is something to live with.  
22 Q. You said that you were tested throughout your teens  
23 and early 20s --  
24 A. Yes.  
25 Q. -- in relation to the hepatitis C, and you are

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1 "No-one is entirely certain as to the future for  
2 such patients, but clearly they do not require Alpha  
3 Interferon."  
4 A. Yes.  
5 Q. And you haven't had treatment?  
6 A. No.  
7 Q. But your understanding is that the future is somewhat  
8 unclear for you?  
9 A. That's right. I think hopefully it is clear that the  
10 virus has gone. I have seen other documents and have  
11 seen, you know, correspondence that says that  
12 [redacted] has ...  
13 Q. Could we stop? There is a three minute delay so we  
14 should be fine.  
15 **SIR BRIAN LANGSTAFF:** Just to remove your name.  
16 A. It had to be me.  
17 **MS FRASER BUTLIN:** I will just go and ask ....  
18 What I will do, Mr I, is the tape I think will  
19 restart now and I will ask the same question.  
20 A. Yes.  
21 Q. So we should pick up where we were. Okay?  
22 A. Okay.  
23 Q. We were looking at the document on the screen.  
24 I asked you: "Your understanding is that the future is  
25 somewhat unclear for you?"

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1 A. Correct. Again, it is something that you have to deal  
 2 with, but hopefully the future is clear enough that  
 3 there's going to be no repercussions. I have seen  
 4 myself referred to, "A patient who has occasional  
 5 elevated ALTs, but is hepatitis C negative", I believe  
 6 is the medical description that would be in some  
 7 correspondence.  
 8 Q. But you have described being quite unwell because of  
 9 the hepatitis C, or at least because of what you think  
 10 is because of the hepatitis C --  
 11 A. Potentially.  
 12 Q. -- since you were young?  
 13 A. Yes.  
 14 Q. Can you tell us what the physical symptoms have been?  
 15 A. Well, I have always had issues with my stomach, mild  
 16 irritable bowel syndrome, reflux. I would feel more  
 17 fatigued than peers of my own age or sometimes people  
 18 that I work with. It may just be me or it may be down  
 19 to the virus. Again, that's questions that sort of go  
 20 unanswered. Nobody seems to be able to give you  
 21 an answer to it. I have asked, on occasion, have they  
 22 been related, and the best guess is "possibly".  
 23 Q. You have described in your statement that the lack of  
 24 get up and go --  
 25 A. Yes.

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1 A. It can do, yes, that's correct.  
 2 Q. Have you ever been offered any counselling or  
 3 therapeutic support in relation to the hepatitis C?  
 4 A. No, not until this Inquiry started, and then the ...  
 5 Q. You have said already your mum is also a haemophiliac?  
 6 A. That's correct, yes.  
 7 Q. I am going to ask you a few questions about her.  
 8 A. Okay.  
 9 Q. Because I know you have already talked to her about  
 10 a lot of her story as well.  
 11 A. Yes.  
 12 Q. She has mild haemophilia A?  
 13 A. Yes.  
 14 Q. As you have said, she was also infected with hepatitis  
 15 C, which she believes was from treatment before and  
 16 after a tonsillectomy in November 1980?  
 17 A. That's correct.  
 18 Q. She developed jaundice very shortly after that?  
 19 A. Yes.  
 20 Q. And was very unwell for about six months?  
 21 A. Yes.  
 22 Q. She recalls a conversation between the doctors at the  
 23 time. Do you know anything about that?  
 24 A. I know she had a conversation with the surgeon, prior  
 25 to her tonsillectomy, which she did not have with the

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1 Q. -- has had a big impact on your friendships, and as  
 2 you care for your son?  
 3 A. Yes. Maybe -- obviously not as much as other people  
 4 have been affected that have sat on this seat, but  
 5 definitely there is an issue. There definitely is  
 6 an underlying issue of some description that I don't  
 7 have the same energy maybe as peers my age, and it is  
 8 noticeable at times, and it seems to come and go in  
 9 waves.  
 10 Q. You have also struggled mentally. What can you tell  
 11 us about that?  
 12 A. Again, I think a lot of that maybe relates to that  
 13 nobody knows going forward. So I would probably  
 14 describe myself at times as a bit of a hypochondriac.  
 15 You start feeling sick or something starts going  
 16 wrong, you think "Is this in relation to something?  
 17 Is there something more coming?" Generally, it may  
 18 turn out to be the 'flu, it may turn out to be  
 19 whatever, but there is always that underlying doubt.  
 20 Q. You said in your statement that not knowing the extent  
 21 of the infection and the potential long-lasting  
 22 effects is very daunting?  
 23 A. Yes.  
 24 Q. And it has made you very paranoid and anxious about  
 25 your health?

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1 haematologist. The surgeon asked her if she was sure  
 2 that she wanted to go ahead with the procedure, due to  
 3 the unknown of the product she was going to be given.  
 4 She had not been fully aware of the risk but was  
 5 content that she needed to have the tonsillectomy, so  
 6 carried on with the procedure.  
 7 She then went on to develop jaundice, feel very  
 8 unwell, and was sent home I think quite shortly after  
 9 her treatment or her procedure. They tested her  
 10 regularly. Maybe a district nurse came out and took  
 11 blood tests and such like off her. I do know that in  
 12 one conversation with her she mentioned that at one  
 13 stage the nurse missed the vein and she started  
 14 bleeding from the puncture wound. The district nurse  
 15 actually dropped the syringe and stepped back. So  
 16 they knew themselves there was more to it than just  
 17 hepatitis or an illness, in her mind that is anyway.  
 18 And she was diagnosed with hepatitis non-A non-B, as  
 19 it was known then.  
 20 Q. Your mum recalls a conversation by her bedside, just  
 21 before she was discharged from the hospital, where one  
 22 of the doctors said "Maybe she's got ..." at which  
 23 point he wrote something on a piece of paper or on his  
 24 hand and showed it to one of his colleagues, and the  
 25 other one said, "It is just the junk we have been

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1 pumping into her, she is fit to go home."  
 2 A. Yes, I remember hearing about that conversation.  
 3 Q. And she has always wondered what that conversation was  
 4 really about?  
 5 A. Yes.  
 6 Q. In about 1984, your mum wanted to know about hepatitis  
 7 C --  
 8 A. Yes.  
 9 Q. -- and whether she was infected. Can you tell us how  
 10 she came to find out about her diagnosis?  
 11 A. I think the media were starting to pick up on some  
 12 reports of this virus that was hitting haemophiliacs  
 13 and people who had been treated with blood products.  
 14 She then took action herself and went to see her GP.  
 15 On going to ask the GP he says, "what the hell do you  
 16 want a hepatitis C test for? You have no chance of  
 17 getting it". So she said that she felt she had, and  
 18 he said, "Okay, I will refer you".  
 19 My knowledge then was that she was contacted by  
 20 [redacted] in the hospital, and brought in, and  
 21 somehow the information had got fed to her that she  
 22 wanted a test for this, in which she was then told she  
 23 had it, and that was how she found out that she had  
 24 hepatitis C.  
 25 Q. It was quite striking for your mum, wasn't it, that

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1 difficulty sleeping?  
 2 A. Yes.  
 3 Q. How did that affect you and the rest of the family?  
 4 A. It is always a stress and always a worry. I knew  
 5 obviously from a child, basically, about the  
 6 haemophilia, hepatitis, how it was all related, and  
 7 pretty much how it went hand in hand almost. So  
 8 whenever you go into your teens and your later teens,  
 9 and you start to realise the actual severity and the  
 10 implications of these viruses and what they can do.  
 11 My parents were involved with the local group of the  
 12 Haemophilia Society at the time, whenever I was young.  
 13 A lot of the people you met, you know, older men who  
 14 had had haemophilia, most of them are very seriously  
 15 ill, and it wasn't the haemophilia. It was viruses,  
 16 should it have been hep C, HIV, and it was something  
 17 you learned to develop and grow up with, you know. So  
 18 it was something you were never really scared of, but  
 19 you are very aware.  
 20 So I suppose going into my later teens and  
 21 having seen that in my younger days, all of these men,  
 22 and a lot of them have passed away actually, it is a  
 23 stress, you know. You always wonder, is there going  
 24 to be something, is this going to happen to my mum?  
 25 Is she going to get worse. Is she going to develop

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1 when she went to the GP to ask about it, the GP  
 2 laughed at her?  
 3 A. Yes.  
 4 Q. When she was requesting the test?  
 5 A. That's right.  
 6 Q. And when she was told she had hepatitis C, she was  
 7 also told she will probably have a long and normal  
 8 life, and it was just a risk of having Factor VIII?  
 9 A. That's right.  
 10 Q. Your mum has been unwell for a number of years. What  
 11 have her symptoms been?  
 12 A. Similar. She would fatigue a lot easier than others.  
 13 She would have maybe bouts of times where she would  
 14 feel 'flu-like symptoms, just feel generally unwell.  
 15 I believe that a lot of it has been a direct effect  
 16 from carrying hepatitis C for the length of time. It  
 17 definitely has had a negative impact on her health  
 18 and, you know, whatever going forward, I don't know.  
 19 Q. She has had significant lethargy?  
 20 A. Yes.  
 21 Q. She used to think she was just being lazy?  
 22 A. That's right.  
 23 Q. She has also had a lot of stomach and gastro problems?  
 24 A. Correct.  
 25 Q. She suffered from depression and had significant

66

1 more illness? There is always an underlying worry  
 2 there, yes, of course. That spreads to the wider  
 3 family as well. My father would be affected as well,  
 4 I am sure.  
 5 Q. And very practically, it meant that your mum couldn't  
 6 work full-time?  
 7 A. Yes.  
 8 Q. So she did a number of part-time jobs around what she  
 9 could do and around child care?  
 10 A. That's right, yes.  
 11 Q. So financially it impacted the family as well?  
 12 A. Of course it did, yes.  
 13 Q. Your mum only recently underwent treatment for the  
 14 hepatitis C?  
 15 A. Yes.  
 16 Q. Do you know why she resisted it for so long?  
 17 A. I think there had always been an underlying worry  
 18 about what potentially could come from the Interferon  
 19 treatment. Again, with their involvement in the  
 20 Haemophilia Society and such like, they knew people,  
 21 they knew people who had been through it. They have  
 22 seen the side-effects. They have seen how it could  
 23 affect you in general. I don't think she just didn't  
 24 want to put herself through that.  
 25 The treatment she received recently was promised

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1 it would be a very simple treatment, there is very  
 2 limited side-effects. I must admit I pushed her  
 3 myself to try, or tried to guide her to take it.  
 4 I had been assured that the treatment was a lot  
 5 better, and it wouldn't have any negative impact on  
 6 her, other than hopefully clear the virus and reduce  
 7 her chance of liver issues going forward.  
 8 **Q.** Your mum has described in her statement:  
 9 "Over the years, my haematologist, Dr Benson,  
 10 has offered me an array of treatment to help clear my  
 11 hepatitis C virus."  
 12 **A.** That's right.  
 13 **Q.** "I have always shied away from treatment, probably  
 14 having a silly mindset that if I tampered with the  
 15 virus, it may just turn nasty towards me. I suppose  
 16 I have lived with the infection in my body for so long  
 17 it has become part of who I am. After avoiding  
 18 treatment for many years I was told that I would  
 19 eventually need it."  
 20 So she did start the treatment?  
 21 **A.** That's right, yes.  
 22 **Q.** How is your mum now post-treatment?  
 23 **A.** Well, she has been through her treatment and has been  
 24 told that the virus is non-detectable. Again another  
 25 concern: does that mean it is cleared or it is just

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1 **Q.** She recalls that when she was wheeled into theatre,  
 2 two nurses came forward. One of them grabbed her left  
 3 arm and looked at it.  
 4 "She said to her colleague, 'Look! Is that  
 5 a needle stick mark?' while looking at the mark from  
 6 my blood test. They were very abrasive and I couldn't  
 7 understand why."  
 8 Then when she came to, the nurses were cleaning  
 9 down all of the equipment, and one of them said, "This  
 10 is all for you", gruffly. It was only then that it  
 11 dawned on her that they probably knew of her hepatitis  
 12 C status and thought that she was a drug addict.  
 13 **A.** Yes, and I think that is the stigma that's attached to  
 14 a lot of it, you know. You didn't get it. We were  
 15 given this. We didn't get it through any foul play or  
 16 action of our own, you know. It was nothing that we  
 17 wanted or put -- a risk that we put ourselves through  
 18 to get. I think that has to be very clear, that, you  
 19 know, there's a stigma.  
 20 I think I said in some of my own statements, but  
 21 prior to the mid/the early '80s, if you told anybody  
 22 you had haemophilia, they would have said, "What's  
 23 that?" Afterwards you told somebody you had  
 24 haemophilia and the feeling you always got was they  
 25 may have taken a step back and says, "Oh! Have you

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1 non-detectable and it may come back? As far as how  
 2 she feels, I think she has actually felt possibly  
 3 worse since taking the treatment and from after the  
 4 treatment as far as aches, pains, feeling lethargic  
 5 and such like goes. She doesn't feel great.  
 6 **Q.** Your mum had a particularly terrible -- what she's  
 7 described as a terrible experience of the stigma  
 8 associated with hepatitis C when she went in to be  
 9 treated for a serious abscess and she was at the  
 10 School of Dentistry.  
 11 **A.** Yes.  
 12 **Q.** Do you know anything about that?  
 13 **A.** I just remember her coming out and being disgusted  
 14 with the set-up, that she was left to the very last.  
 15 There was going to be no other procedures after it,  
 16 that -- I think everything was covered up. There was  
 17 surgical bags over everything to make sure that, you  
 18 know, everything was kept uncontaminated. Whenever  
 19 she recovered or woke up in the recovery, they were  
 20 basically scrubbing the place around her. You know,  
 21 it was -- and they had not moved her into a recovery  
 22 ward. Just the general feeling -- and there is a lot  
 23 of people sitting in this seat have said -- there is  
 24 a distinct notion you are unclean, you know, and that  
 25 is the main stigma.

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1 got HIV or have you got hepatitis?" I think that's  
 2 a critical point that needs to be sort of put across,  
 3 that for what was quite an unknown disease, a  
 4 bleeders' disease, you know, it got a lot of attention  
 5 in the '80s, '90s and it was all for the wrong  
 6 reasons.  
 7 **Q.** Moving back to you, you've received money from the  
 8 Skipton Fund?  
 9 **A.** Yes.  
 10 **Q.** And continue to receive money from the Northern  
 11 Ireland Blood Payment Scheme?  
 12 **A.** That's correct.  
 13 **Q.** How have you found dealing with that new scheme?  
 14 **A.** The new scheme not so good. Previously it was within  
 15 the -- it was different trusts. So it would have been  
 16 Caxton I would have dealt with in the past, and prior  
 17 to the regular payments and such starting very rarely  
 18 ever contacted them. Again you always feel if you  
 19 have to contact, if you have to ask, you're begging  
 20 for help and that's a notion that -- you don't like  
 21 feeling like that either.  
 22 However, with Caxton I went through a bit of  
 23 a break-up. I found myself on the lower end of having  
 24 a good bank balance and I did ask for some help. They  
 25 were very helpful. There was no issue whatsoever.

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1 The same can't be said for the BSO. Now I am not  
 2 going to criticise the person that you deal with.  
 3 Very pleasant interaction with them, but -- and  
 4 I could show you the form -- the initial form.  
 5 I used to have a mobility car sort of is the  
 6 background of it. In the benefit changes I lost it  
 7 moving on to PIP. So I found myself again in  
 8 a situation where I was going to have to outlay  
 9 a significant amount of money to keep myself on the  
 10 road and I went to them and asked for help.  
 11 On the initial form it says that these one-off  
 12 grants are for to help people with mobility issues,  
 13 with this, with that. Whenever I went through  
 14 everything, went through the whole process of filling  
 15 in your bank details, your incomings, your outgoings,  
 16 which feels very intrusive as well, I got a letter  
 17 back saying, "This has to go to the Health Trust for  
 18 discussion and you should know within the next few  
 19 days".  
 20 My return came back that no, they felt I was not  
 21 eligible for any aid, because my earnings were too  
 22 high and that I didn't fit that criteria, and that  
 23 these benefits were -- this was not to cover mobility,  
 24 even though it clearly says on their form to start  
 25 with. By that stage I just replied. I thanked them

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1 A. That's right.  
 2 Q. -- because she's been much shyer about asking?  
 3 A. Correct.  
 4 Q. You have said in your statement you don't feel that  
 5 financial assistance should be means tested. Why is  
 6 that?  
 7 A. Why should it be? That's more the question. Whether  
 8 you work, whether you don't work -- I am quite lucky  
 9 with the role I am in. My employer is very, very  
 10 understanding. I can take time. I can work from  
 11 home. I can, you know, have flexible working hours  
 12 should I feel ... I have a sick benefit scheme. So if  
 13 I need to take time off, I know I'm not going to have  
 14 loss of earnings and such like. There are others who  
 15 may not be in that position and can't get themselves  
 16 in that position and can't work, but that's not my  
 17 fault. I have been lucky enough that I can work.  
 18 I think we were all afflicted with the same  
 19 infections, viruses. So why should we be treated any  
 20 differently? I think that's very important.  
 21 And a point that was made by the last person in  
 22 the seat too: the devolution of power in Northern  
 23 Ireland should make no difference whatsoever. The  
 24 fact that our politicians can't get on with each other  
 25 doesn't mean that we should be treated any different.

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1 for their time and says, "That's fine. I disagree  
 2 with your decision, but I am not going to take it any  
 3 further".  
 4 So that has been my experience with the BSO  
 5 other than the regular payment side of things and  
 6 I won't personally be going back and asking for any  
 7 more.  
 8 Q. It wasn't just intrusive; it was also illogical from  
 9 your perspective?  
 10 A. Illogical and derogatory nearly, you know, and it made  
 11 you feel like again you're begging for help. These  
 12 things are supposed to be there for people affected,  
 13 and whenever you have to go and ask for it and be told  
 14 "No", you sort of wonder to yourself, "Well, what's  
 15 the point in it?"  
 16 I also find them to be very -- I think if you  
 17 are pushier with them, I think if you have the  
 18 backbone to stand up to them, or maybe just not feel  
 19 as if you are begging, and be quite willing to shout  
 20 and scream, you will get more. So it's a very unfair  
 21 process.  
 22 Q. And that's why you think that your mum hasn't received  
 23 as much --  
 24 A. That's right, yes.  
 25 Q. -- financial assistance as you --

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1 Q. You also had difficulty obtaining life insurance.  
 2 A. That's right, yes.  
 3 Q. And what have you been told?  
 4 A. I can't get it, and that's the long and short of it.  
 5 I've tried in the past. Whenever I started buying my  
 6 house I tried. I was told then I couldn't get it, and  
 7 more recently I took up a will writing service through  
 8 work, and obviously they advise you on what you should  
 9 be doing to protect yourself financially and protect  
 10 your family going forward, should anything happen.  
 11 Their main piece of advice is "life insurance". The  
 12 guy came back to me about twenty minutes later and  
 13 says, "I have tried everyone that provides us cover.  
 14 I'm sorry. No-one will touch you".  
 15 Q. Those are the questions I have for you.  
 16 A. Okay.  
 17 Q. Is there anything else you'd like to say at this  
 18 stage?  
 19 A. No. I would like to thank the Inquiry again, as  
 20 everyone else has, for coming around and doing their  
 21 tour of the country. I actually have personally felt  
 22 it a bit liberating. I had this conversation with my  
 23 mum last night, that I found it a lot easier to tell  
 24 people and to tell people even in work. I would  
 25 always have kept it very close, kept it very personal,

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1 even the fact I had haemophilia, due to the stigma  
 2 related with it. Over the last year maybe since this  
 3 has come on I've quite openly told colleagues and more  
 4 people than just my direct management, you know, what  
 5 afflictions I've had and I have found it easier. So  
 6 thank you. Thank you.

7 **Q.** I am just going to ask Mr Snowden if there's anything  
 8 he would like me to raise.

9 **A.** No problem.

10 **Q.** There is nothing from him.

11 **SIR BRIAN LANGSTAFF:** There is nothing from me except to  
 12 thank you for your openness and for being prepared to  
 13 be and being here.

14 **A.** Thank you.

15 **SIR BRIAN LANGSTAFF:** Thank you. Well, we will take  
 16 a break now, shall we, until 1.45? That's when we  
 17 will hear, shall we, from Mrs J?

18 **MS FRASER BUTLIN:** Mrs J. That's correct.

19 (12.30 pm)

20 (Luncheon adjournment)

21 (1.52 pm)

22 **SIR BRIAN LANGSTAFF:** Our next witness is Ms J.

23 **MS FRASER BUTLIN:** That is correct, sir.

24 **SIR BRIAN LANGSTAFF:** In her case, as I mentioned this  
 25 morning, as in the case of Mr I, there will not be any

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1 **A.** It means that I would be known as a carrier of  
 2 haemophilia. I wouldn't be made out to have  
 3 full-blown haemophilia, it would be mild haemophilia,  
 4 but over the years I have had several serious  
 5 haemorrhages and required a lot of treatment before  
 6 and after procedures.

7 **Q.** You have had five major haemorrhages --

8 **A.** Yes.

9 **Q.** -- in your life. What can you tell us about them, or  
 10 would you prefer me to set them out?

11 **A.** Well, most of them I do remember quite clearly, the  
 12 first one really being when I was about 11 years of  
 13 age, getting my appendix out. I took a haemorrhage  
 14 after that and I needed a large blood transfusion.

15 **Q.** That was about 1969?

16 **A.** 1969. And then, following that, I had quite a serious  
 17 bleed after getting some teeth out. A few other  
 18 times, it would mostly have been due to dental work.  
 19 Even when I would be in my early 20s, I had further  
 20 teeth out, and I wasn't long married, and quite  
 21 a major bleed even then. At that time I was  
 22 identified as a bleeder, but I had never been  
 23 identified as a haemophiliac or a carrier of anything.

24 Then there was further investigations done and  
 25 then I was told that is what it was. Following that,

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1 live streaming which will show her as she gives  
 2 evidence. She is giving evidence anonymously. So the  
 3 same ruling applies in her case as did in Mr I's. You  
 4 will forgive me I hope for reading it through so that  
 5 everyone can hear it again, as I have to do:

6 "It is ordered that the name and address of  
 7 witness W0481", that's Ms J to you and me, "and any  
 8 other identifying information, such as the witness'  
 9 image or any description of their appearance cannot be  
 10 disclosed or published in any form, unless express  
 11 permission is given by me or by the solicitor to the  
 12 Inquiry, acting on my behalf. Witness W0481 must be  
 13 referred to only as 'Ms J'.

14 "This order remains in force for the duration of  
 15 the Inquiry and at all times thereafter, unless  
 16 otherwise ordered, and I have the power to vary or  
 17 revoke that order by making a further order during the  
 18 course of the Inquiry."

19 It is so ordered. Ms J.

20 **MS J (sworn)**

21 **Questioned by MS FRASER BUTLIN**

22 **MS FRASER BUTLIN:** Ms J, you are a symptomatic carrier of  
 23 haemophilia B.

24 **A.** Yes.

25 **Q.** Can you tell us what that means?

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1 I had further teeth. But after my daughter was born,  
 2 I had another very major haemorrhage.

3 **Q.** About 1984?

4 **A.** Yes. I know at that time I needed a very large blood  
 5 transfusion, plus being on cryoprecipitate and stuff  
 6 at the time, but in between times I had had -- then  
 7 I had a hysterectomy and I had a major haemorrhage  
 8 following that as well.

9 **Q.** Your second daughter was born in 1988?

10 **A.** Yes.

11 **Q.** And you had also been given cryoprecipitate then to  
 12 prevent any haemorrhage?

13 **A.** Yes.

14 **Q.** You were also given Factor IX throughout whenever you  
 15 had particular surgeries, as well as cryoprecipitate?

16 **A.** Different times I would have been given either Factor  
 17 or it would have been bloods or Cyklokapon. It just  
 18 depended on what procedure I was getting. To be  
 19 truthful, sometimes I was not fully aware of exactly  
 20 what I was being given at the particular time. You  
 21 just knew you went up to have pre or post treatment.

22 **Q.** All of that treatment or the majority of your  
 23 treatment was here in Belfast?

24 **A.** Yes.

25 **Q.** But you weren't invited to attend the meeting in 1984

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1 about infections that we heard about early this  
 2 morning?  
 3 **A.** This morning was actually the first time I had ever  
 4 heard of any meeting even ever having taken place.  
 5 **Q.** And that troubled you?  
 6 **A.** Yes, because at the time I was never told probably  
 7 until the early '90s that I was infected, but it is  
 8 obvious now to me that in 1985 it was known that I was  
 9 an infected person, and I should have been included in  
 10 that meeting.  
 11 **Q.** You recall that at some point in the 1990s you were  
 12 told that the hospitals were changing their blood  
 13 supplies. What can you remember of that?  
 14 **A.** What I do remember was it was a short time after I had  
 15 actually been told I had hepatitis C, and I was still  
 16 actually trying to come to terms with actually having  
 17 the diagnosis. It is in my statement that I had been  
 18 told when I had been attending a clinic and asked how  
 19 I was coping with my hepatitis. It was following  
 20 this, it was part of a conversation in a consultation  
 21 a lot of weeks or months later, I asked about how the  
 22 infection had taken place. I had been told at that  
 23 time that unfortunately some of the products had been  
 24 brought in from America, and it is now public  
 25 knowledge that some of the products had actually been

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1 "What I don't understand is that the hospitals  
 2 knew which blood products had been given to which  
 3 patients. So why didn't they know that I was infected  
 4 earlier? Didn't they use the batch numbers to work  
 5 out who was given infected blood? I find it  
 6 frustrating that I don't know when I was infected."  
 7 **A.** Exactly, because every unit of blood that is given to  
 8 anyone, any treatment, there is a label comes attached  
 9 to everything. So there should be a follow-up. And  
 10 once a batch has been identified as being  
 11 contaminated, then they should be able to recall  
 12 exactly who has been given what contaminated blood.  
 13 **Q.** You have referred to it a little bit already, but how  
 14 did you then find out that you had hepatitis C?  
 15 **A.** I was attending the Haemophilia Centre, which at that  
 16 time was based in the Royal, for a routine check-up.  
 17 I went in for my usual check-up, and in the middle of  
 18 it I was asked, "How are you coping with your  
 19 hepatitis C?"  
 20 Well, truthfully, at that stage I nearly fell  
 21 off the seat. There and then I just thought, "I have  
 22 been handed a death sentence". I was imagining nearly  
 23 I was going to walk out the door and never come back  
 24 in again. My head was just -- my whole world just  
 25 collapsed. Fortunately, my husband actually was with

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1 bought and used, and I was reassured that that wasn't  
 2 going to happen again, and that they were actually  
 3 looking into buying products from a Parisian company,  
 4 so it would eradicate any further infections taking  
 5 place.  
 6 **Q.** We have talked about sort of the five major  
 7 haemorrhages you have had and the dental treatment  
 8 that you have had. You know, obviously, at some point  
 9 you were infected with hepatitis C, but you aren't  
 10 sure when that occurred?  
 11 **A.** To this day I don't know. I was never actually told  
 12 how, when or where. I was just told "you have it".  
 13 **Q.** And how do you feel about that?  
 14 **A.** I feel very let down. "Let down" is actually quite  
 15 an easy word to say, but I feel that I was just part  
 16 of a statistic. I think people forget when they are  
 17 making diagnosis of things or if they are aware if  
 18 people have a condition that they are actually dealing  
 19 with a human being, and they don't realise the impact  
 20 a diagnosis has on anyone.  
 21 I think once people were made aware -- I am  
 22 talking about government and medical teams were  
 23 aware -- I think anybody who was at risk should have  
 24 been informed immediately, not years later.  
 25 **Q.** What you have said in your statement is:

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1 me that day. We walked out on to the corridor. He  
 2 knew there was something wrong, because I had went in  
 3 myself and actually I explained to him. We turned and  
 4 actually came back in again. That day it was  
 5 a registrar I had spoke to. I asked to speak to the  
 6 consultant that day, in the middle of the clinic, but  
 7 unfortunately it was a busy clinic.  
 8 Feeling dismissed sounds wrong, but I felt  
 9 partly dismissed. I was told, "Oh, yes. Yes". I was  
 10 handed a leaflet, more or less, and told "It will be  
 11 all be sorted out. Don't worry, there will be  
 12 treatments", but I just felt there wasn't a support  
 13 network even opened up to me at that time. You were  
 14 just left to your own. I walked out of that place  
 15 absolutely devastated. My world had just collapsed.  
 16 **Q.** Were you ever told you were being tested for hepatitis  
 17 C --  
 18 **A.** No.  
 19 **Q.** -- prior to that appointment?  
 20 **A.** No.  
 21 **Q.** You were a nurse at that time?  
 22 **A.** Yes.  
 23 **Q.** Was hepatitis C ever raised in connection with your  
 24 work?  
 25 **A.** No. Most nursing professionals would have had

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1 a vaccine for hepatitis B as part of their medicals,  
 2 but it was never -- as I say, my knowledge of  
 3 hepatitis C was very limited until I ended up being  
 4 told I had it myself.

5 **Q.** And you were in quite a state for a few weeks after  
 6 your diagnosis?

7 **A.** I think I felt as if I was in a parallel universe.  
 8 That might sound ridiculous, but the world was going  
 9 on without me. I became probably more insular in  
 10 myself. I would hold things quite a bit to myself and  
 11 I found even I became more insular. I was frightened  
 12 who I could talk to, who I could share things with.  
 13 I became absolutely paranoid round my children.  
 14 I worried about if I was going to infect my children,  
 15 how I was going to even -- would I live to see them  
 16 growing up, would I see the next month, the next year?  
 17 The unknowns were -- I think you just go into  
 18 an absolute mental turmoil, because it's just the  
 19 unknown entity of what's in front of you.

20 **Q.** You have described you were scared to touch your  
 21 children?

22 **A.** Yes.

23 **Q.** You were anxious when it came to hugging them?

24 **A.** Yes.

25 **Q.** And you would be frantic if one of the children used

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1 a journey that we both have unfortunately had to go  
 2 on, which a lot of other marriages probably wouldn't  
 3 have held together on.

4 **Q.** It was both you have said in your statement the fear  
 5 of infecting him, but also because you were becoming  
 6 more insular, as you described earlier?

7 **A.** Yes. Because it is like everyone who has  
 8 an infection, an illness or anything, it is actually  
 9 quite hard to share your own intimate feelings about  
 10 it. Also, sometimes you are actually scared to  
 11 actually share them, because you don't want someone  
 12 thinking little of you, even though it is your  
 13 husband, partner, brother, sister, whoever it is, but  
 14 I think it just seriously affects your relationships  
 15 with other people, because truthfully you actually  
 16 can't be yourself. You are yourself, but you are  
 17 living an unknown, and you are walking, should I say,  
 18 an unknown path, and I think you are scared to  
 19 actually probably let your whole true feelings come  
 20 out, and I think again that's what affects your  
 21 relationships.

22 **Q.** You only told members of your close family about the  
 23 hepatitis C?

24 **A.** Yes.

25 **Q.** Why was that?

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1 your toothbrush or touched a drinking glass that you'd  
 2 used?

3 **A.** Yes. And it was very hard to explain to a young  
 4 family why you were doing that, and to this day it is  
 5 quite emotional thinking about it, that you lost that  
 6 personal touch that you should be able to just  
 7 automatically go up and hug your children. It is just  
 8 that fear. They are too young at that time to  
 9 understand why. I feel probably long-term that  
 10 fortunately my relationship is very good with my  
 11 children, but when I look back now, I realise that  
 12 they didn't get that probably warmth that they should  
 13 have got from me at the time.

14 **Q.** It also impacted on your marriage?

15 **A.** Yes.

16 **Q.** Can you tell us how?

17 **A.** Well, fortunately I have a very good husband, but our  
 18 intimate relationships would have been out the window,  
 19 put it that way. That's the easiest expression I can  
 20 use. Because I was scared of infecting him. Even  
 21 trying to even share my affections with him, I was  
 22 finding it even hard, because part of me was still in  
 23 a mental turmoil most of the time. But fortunately we  
 24 have battled our way through it together, and I am  
 25 very, very thankful for that. But I realise it's

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1 **A.** Well, truthfully, the stigma was the main thing,  
 2 because people's perception, and even today it's still  
 3 the same, that hepatitis -- I heard someone else speak  
 4 about it earlier. I was waiting on someone thinking  
 5 I had been standing mainlining up the street. You  
 6 know, it's the perceptions that people have of it.  
 7 It's a hard thing to actually share with anybody else,  
 8 outside your own family, and I think you have to feel  
 9 very secure in that. But the main thing really is  
 10 other people's perceptions of the disease. As I say,  
 11 I shared it with my immediate family. My colleagues  
 12 I worked with for a long time were aware I had  
 13 haemophilia, but they never knew I had hepatitis.

14 **Q.** And that meant you felt you said that you were living  
 15 a double life?

16 **A.** Exactly, because I had a work life hat and I had  
 17 a home life hat, and that probably affected probably  
 18 a lot of relationships with people I worked with,  
 19 because they only actually saw part of me, and  
 20 probably it is like everyone wears a mask. I probably  
 21 had my mask on in my working life and I could only  
 22 pull my mask off when I came home.

23 **Q.** Now, you were working in the hospital where you also  
 24 received treatment?

25 **A.** Yes.

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- 1 Q. And what was that like?
- 2 A. It was actually quite difficult, but I was fortunate
- 3 that the colleagues that I worked with in the area
- 4 that I had the treatment in, I had the respect of
- 5 them, even as a person and I trusted in their
- 6 confidentiality, because I was fully aware that they
- 7 were reading my notes, giving me treatment. It is
- 8 quite intimidating. I know it is intimidating for any
- 9 patient to go and have treatment, but it is quite hard
- 10 for colleagues sitting reading your notes, and knowing
- 11 your intimate details about your life.
- 12 Q. You have described one occasion when you went in for
- 13 surgery and knew the surgeon?
- 14 A. Yes.
- 15 Q. And you found that difficult?
- 16 A. I found it difficult, but because of his
- 17 professionalism I have to say, and he reassured me at
- 18 the time that my diagnosis to him had no impact on his
- 19 treatment to me, and that reassured me, very much so.
- 20 I think a lot of times it is down to individuals'
- 21 response to you. His reassurance actually I think got
- 22 me through that particular journey.
- 23 Q. Unfortunately, that wasn't the case every time, and
- 24 you have described in your statement one particular
- 25 occasion when you had a shoulder injection?

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- 1 straight over into the Haemophilia Centre, and asked
- 2 to speak to somebody, because I said, "If I have been
- 3 treated like that, someone else is going to be".
- 4 I said, "Look, someone here, will they make sure they
- 5 speak to the infection control people in this area so
- 6 that this doesn't happen to anybody else again".
- 7 Q. You had another occasion when you needed
- 8 a gastroscopy?
- 9 A. Uh-huh.
- 10 Q. And you faced difficulties then as well?
- 11 A. I unfortunately was diagnosed with a tumour in my
- 12 stomach. I had to have a few gastroscopes done.
- 13 Especially, on one occasion, I went in, and there's
- 14 quite a discussion round what part of the list I would
- 15 go on to start off with. I thought, "Well, fair
- 16 enough". Then it was, "Oh, how are we going to
- 17 disinfect this equipment?" I could hear all this
- 18 conversation going on as if I wasn't even in the room.
- 19 "Oh, maybe we could use an old scope".
- 20 I was slowly but surely sinking further into the
- 21 floor, because I thought, "Here I am sitting here with
- 22 the mange, never mind a stomach tumour". Then the
- 23 discussion was also made, "Well, if we can't use old
- 24 equipment, then we'll maybe have to destroy the rest",
- 25 and I was sitting thinking, "Heavens above! There is

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- 1 A. That day I can recall very clearly. I am not being
- 2 derogatory to people with this condition, but
- 3 I actually felt like a leper sitting there. I went in
- 4 to get my shoulder injection. The surgeon arrived to
- 5 give it to me, and he was in a discussion with me, and
- 6 all of a sudden the nurse that was in the room
- 7 realised that I had hepatitis. Well, the next thing,
- 8 truthfully, she nearly went off the wall. "Oh", you
- 9 know, you can imagine the whole hullabaloo. "Oh, such
- 10 an infection risk, you are going to contaminate
- 11 everyone else. What are we going to do with this
- 12 equipment once we have finished?" I am sitting there
- 13 with a painful shoulder, about to get steroids put in,
- 14 thinking, "Oh, my God!" I actually turned round and
- 15 said, "If you follow the correct infection control
- 16 procedures, I am no more risk than anybody else
- 17 sitting here or anybody that walks in off the street".
- 18 Fortunately, the consultant spoke up as well,
- 19 and I did get the procedure done. But I never seen
- 20 antics like it. People running about putting gloves
- 21 on here, there and everywhere, and you just felt
- 22 like -- truthfully, I was so disgusted when I actually
- 23 came out of it. I was very sore, after getting the
- 24 treatment and everything done. It was the Belfast
- 25 City Hospital at the time. I walked from there

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- 1 tens of thousands of pounds of equipment going to be
- 2 absolutely scrapped just because it's been down my
- 3 throat".
- 4 I heard actually a similar comment made earlier,
- 5 so it seems to be a common theme. Eventually, I did
- 6 get the procedure done, and I had a surgery for my
- 7 tumour, which fortunately was removed, but it resulted
- 8 in me being in hospital for nine days. If I hadn't
- 9 had the scope done, put it this way, my diagnosis
- 10 wouldn't have been done and I wouldn't have been
- 11 sitting here today. But it is just the fact again
- 12 that I was such an infection risk, and again, were
- 13 they going to dump the equipment out after they used
- 14 it on me, which I think is deplorable.
- 15 Q. In your statement you said that, as a nurse yourself
- 16 for so long, you feel that the perception of hepatitis
- 17 C among health care professionals was atrocious?
- 18 A. As I said, truthfully, I do, because I think that
- 19 people's knowledge -- I have to say initially myself,
- 20 before I had my diagnosis, I had limited knowledge of
- 21 it, but because there has been more in the last
- 22 20 years, I think all across the board of medical
- 23 professionals really need to be re-educated in what
- 24 hepatitis is, about the infection risks of it, and
- 25 actually be up-to-date with the knowledge of it, but

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1 actually remember to treat patients as human beings.  
 2 They are not just a factory line coming in.  
 3 I would always like to have thought that people  
 4 who looked after you had compassion for, but not  
 5 always did I find that, and I think it is very  
 6 important that people are more aware of what the  
 7 infection, no matter what infection it is, that  
 8 patients are treated appropriately.  
 9 **Q.** You underwent a first course of treatment in about  
 10 1999 or 2000?  
 11 **A.** Yes.  
 12 **Q.** And that was with Interferon?  
 13 **A.** Uh-huh.  
 14 **Q.** How did you fare with that?  
 15 **A.** When I started the first course of treatment, I really  
 16 went into it blind, in the sense that I wasn't fully  
 17 aware of what side-effects actually was going to  
 18 impact on me. I knew it was the treatment that I was  
 19 hoping that would clear the virus, but I wasn't  
 20 expecting to end up with constant nausea. The fatigue  
 21 was unreal, and the lethargy you had, and then even  
 22 the impact of actually having to self-administer your  
 23 own treatment at home. Again, the paranoia even came  
 24 in at home with that, because all of a sudden again  
 25 I was having syringes and needles present in my home,

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1 your estimate in your statement?  
 2 **A.** I can't remember truthfully exactly the time zone,  
 3 because a lot of it truthfully I have tried to block  
 4 out. But it was at least a year nearly in between it.  
 5 If my medical notes were in front of me, I could  
 6 probably find it very clearly, but I know there was  
 7 a good gap in between the two treatments.  
 8 **Q.** And once you started the second round of treatment,  
 9 what were the side-effects that you faced?  
 10 **A.** I thought the side-effects from the first type of  
 11 Interferon were bad, but I didn't realise how I was  
 12 going to be affected further, because unfortunately  
 13 even -- I felt as if I was going through  
 14 a chemotherapy regime, because I was absolutely and  
 15 utterly exhausted all the time. I would be nauseous.  
 16 I ended up actually starting to get quite paranoid.  
 17 The impact of it was actually ten times worse than the  
 18 first one. I became clinically depressed, and I have  
 19 never been depressed ever in my life. I became even  
 20 further insular. Just my whole life completely  
 21 changed again.  
 22 In one of the consultations when I was up at the  
 23 hospital, the registrar spoke to me and persuaded me  
 24 to actually go on to anti-depressants so that  
 25 I could -- I had actually thought of stopping the

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1 with young children. Again, the infection risk  
 2 against my children came back into it again, because  
 3 I realised that there was treatment there. But  
 4 unfortunately, despite going through the whole  
 5 treatment, I was still positive at the end of it.  
 6 **Q.** Initially your viral load dropped, but by the end it  
 7 was obvious that it hadn't been successful?  
 8 **A.** I think -- I can't be 100% accurate, but I know at  
 9 some stage I produced a couple of false negatives in  
 10 my viral load, and then I was told that I would need  
 11 to go on the different type of Interferon, which was  
 12 the pegylated one at the time, but unfortunately it  
 13 wasn't available here.  
 14 **Q.** Why was that? What are your feelings about that?  
 15 **A.** Well, to my knowledge, what I was told was it was  
 16 available in other parts of UK, but it hadn't been  
 17 cleared by NICE guidelines to be given here, and also  
 18 that with different health regions there is different  
 19 funding, and that I would have to wait a wee while.  
 20 I can't remember exactly how long I waited  
 21 between one treatment and the other, but eventually  
 22 I was told that the second type of treatment was  
 23 available for me.  
 24 **Q.** You think it was about 18 months later that you were  
 25 able to start the second treatment. At least that's

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1 treatment, because the impact on me was so much. She  
 2 said to me at the time, "It is important for you to  
 3 try and continue" and persuaded me to actually go on  
 4 anti-depressants so I could actually finish the rest  
 5 of the course.  
 6 **Q.** Around that time, you were studying for a further  
 7 qualification, and you couldn't complete that?  
 8 **A.** No. I had actually registered with the university  
 9 because as part of everyone's life you want to keep  
 10 upgrading your certificates and stuff, and I had  
 11 actually completed a certificate in health and social  
 12 services management, and I was going on to do the  
 13 diploma. I had actually started the first couple of  
 14 weeks of it, but this was when I was doing my second  
 15 lot of treatment, and it got to the stage the fatigue  
 16 and the running back and forth to hospital even,  
 17 I just knew that I wasn't even going to make it, and  
 18 I had to pull out of the course, and that was  
 19 devastating to me, because I had built my way up to  
 20 actually getting to further advance myself. So that  
 21 was a big loss for me.  
 22 **Q.** And you struggled to be in work during the treatment?  
 23 **A.** I would have finished my work, came home, injected  
 24 myself and truthfully lay and perspired -- this is the  
 25 delicate way of putting it -- all night. I took two

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1 paracetamol and then had to get up maybe at 6 o'clock  
 2 in the morning to go back to work. With hindsight  
 3 looking back, I actually don't know how I kept myself  
 4 going, but I had two young children, I had a husband  
 5 who had just started actually a degree course himself.  
 6 So I was the main earner at home. So I don't know,  
 7 I had to push up from my feet and try and keep going.  
 8 **Q.** When you did need to phone in sick, you said you  
 9 couldn't tell your colleagues what was wrong?  
 10 **A.** I think I must have had more 'flu than anybody else  
 11 has ever had, but truthfully it wasn't a lie, in the  
 12 sense that I was having constant 'flu symptoms anyway.  
 13 So, I mean, it wasn't a lie, because the symptoms that  
 14 you get from your treatment is headaches, shivers,  
 15 nausea, vomiting. That was the simplest answer, was  
 16 to phone in and say I had the 'flu.  
 17 **Q.** That second treatment cleared the virus?  
 18 **A.** As far as I'm concerned I'm clear, but I don't know  
 19 whether I'll be clear forever. I have come up with  
 20 a negative result, but I can never honestly say that  
 21 I'm 100% clear.  
 22 **Q.** You've had a number of scans and you don't have  
 23 cirrhosis of the liver, but since the treatment you  
 24 have continued to feel really quite unwell. Can you  
 25 tell us how you felt?

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1 that?  
 2 **A.** Well, to be truthful, over the last four or five years  
 3 prior to that, because of the multiple times, as you  
 4 said there, that I have had palsy, I had the tumour,  
 5 I was finding that, actually, when I went back to  
 6 work, I was finding that the fatigue, the tiredness,  
 7 the multiple times I was having to attend clinics,  
 8 I was just truthfully finding that I couldn't  
 9 physically carry on.  
 10 **Q.** You said you would finish a 12-hour shift and would be  
 11 flat out asleep until dinner time the next day?  
 12 **A.** If I worked a week-end shift, my family all knew that  
 13 they needn't even dream of phoning me until 4 o'clock  
 14 even the next day, because I would have been  
 15 absolutely physically exhausted. I know people can be  
 16 exhausted doing shifts, but I found that it really had  
 17 got too much.  
 18 **Q.** You had worked shifts all your life?  
 19 **A.** Yes.  
 20 **Q.** So you were used to how that felt?  
 21 **A.** Yes.  
 22 **Q.** But this felt very different?  
 23 **A.** I would say truthfully, over the latter part of -- but  
 24 then I am only talking about maybe five years post  
 25 treatment. After the second lot of treatment, then

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1 **A.** As the years have gone on, I would have a general  
 2 fatigue all the time. I would be a lot easier tired  
 3 than I really should be. Part of it I would have put  
 4 down a few years ago to, at my age, the menopause or  
 5 something, but I know it wasn't, because the symptoms  
 6 kept repeating themselves. Even my memory probably  
 7 wouldn't be as sharp as it would have been, and  
 8 I would be more susceptible to infections, colds and  
 9 'flus, and I found even recovery time from a lot of  
 10 the surgeries I have had is a lot slower than  
 11 a regular person should expect.  
 12 **Q.** As you have said, in 2015, you had a gastrointestinal  
 13 stromal tumour removed?  
 14 **A.** Yes.  
 15 **Q.** You have had five attacks of Bell's Palsy?  
 16 **A.** I have had five attacks of Bell's Palsy, and I feel  
 17 a lot of that -- I think my immune system is weakened  
 18 from the hepatitis C, but also from the treatment that  
 19 I was given for hepatitis, because I feel really that  
 20 it was nearly like a double course of chemotherapy,  
 21 which long-term I feel has affected my immune system.  
 22 I feel I have been more susceptible. Unfortunately,  
 23 I feel it has just been like a catalogue of illnesses  
 24 have occurred more so since then.  
 25 **Q.** You ultimately took early retirement at 59. Why was

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1 I would have found more and more symptoms actually  
 2 were getting worse. What you put down to general  
 3 tiredness was turning into exhaustion.  
 4 **Q.** Do you now have any follow-up with the liver clinic?  
 5 **A.** I haven't heard a word from the liver clinic now for  
 6 several years. One minute I was attending quite  
 7 regularly, having bloods done. I had had a few scans  
 8 done, and then all of a sudden no further  
 9 appointments. So I don't know whether I will have  
 10 a further review. I had always taken it even that if  
 11 I was clear, that because of my history, that I would  
 12 have been seen even every couple of years, but I feel  
 13 like one of those people that's sort of "Oh, no, you  
 14 were okay", and so you have been pushed to one side  
 15 now. So ...  
 16 **Q.** The question you say you have been left with is about  
 17 the impact of hepatitis C on your future health and  
 18 things going forward?  
 19 **A.** Exactly. That's what I have been saying there, is  
 20 I have noticed as the years have gone on that my  
 21 health is further deteriorating. I seem to be more  
 22 open to things. I do wonder -- I never had had  
 23 stomach issues most of my life, and then all of  
 24 a sudden a few years ago this tumour has come out from  
 25 nowhere. Most people would get Bell's Palsy, maybe

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1 would get it once or twice and recover, where mine has  
 2 never recovered, and I have been left permanently with  
 3 disability. I just still think that has been an  
 4 impact of the disease on me.

5 **Q.** You spoke earlier about being diagnosed with clinical  
 6 depression during the treatment, and being offered  
 7 anti-depressants and taking them, but were you ever  
 8 offered any counselling or psychological support?

9 **A.** No. The only support I ever had was at one stage when  
 10 I was attending for treatment, I was told that -- I am  
 11 nearly sure it was the Red Cross was available for  
 12 a massage, and I got two massages, because they were  
 13 attached to the cancer centre, and that was the  
 14 counselling and the psychological support I got.

15 **Q.** Do you think if you had been offered counselling or  
 16 psychological support, you would have taken it up?

17 **A.** Most definitely, because I think it is a very lonely  
 18 journey to make on your own. I think if you have  
 19 always someone -- family is important, paramount, but  
 20 I also think it is important that someone else can be  
 21 actually there that can be an ear to lean on. I think  
 22 that would have actually made a lot of people's  
 23 journey right through this whole thing an awful lot  
 24 easier.

25 **Q.** You also received a letter about vCJD in the mid

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1 actually able to sit here and actually bring them out  
 2 now.

3 **Q.** I want to move on to the Skipton Fund. You have  
 4 received payments from them, and you remember signing  
 5 a form before you received the payments. What did  
 6 that form say, as far as you remember?

7 **A.** It was such a long time ago, but from what I do  
 8 remember, if you signed it, you agreed that whatever  
 9 the outcome of the payment was, that was the totality  
 10 of it, and that you wouldn't have been eligible to  
 11 make a further claim into it.

12 **Q.** The payments you receive have shifted over to the  
 13 Northern Ireland scheme?

14 **A.** Yes.

15 **Q.** Do you have any particular points you want to raise  
 16 about the processes?

17 **A.** The only thing I do want to say, yes, I feel it is  
 18 good that it's been recognised that people need help  
 19 with benefits, or whatever. But I feel that --  
 20 I heard someone else also mention it -- there  
 21 shouldn't be any difference made from tier 1 to tier 4  
 22 in the payments of the benefits. I feel that everyone  
 23 who has been affected by hepatitis C, HIV, regardless,  
 24 should all be treated exactly the same. Also, again,  
 25 that it shouldn't affect people's general benefits,

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1 1990s. What can you tell us about that?

2 **A.** That was like another -- truthfully, it dropped  
 3 through the door. I opened it and sort of put it back  
 4 in the envelope and sort of then reopened it again.  
 5 My first reaction was, "What next?" because I just  
 6 thought, "You can't actually tell me anymore,  
 7 because ..." But when you tried to talk about it,  
 8 I felt it was sort of brushed to one side. It was  
 9 just either part of being a haemophiliac or part of  
 10 anybody who has had a blood transfusion.

11 Even to this day, I don't actually think there  
 12 is actually very much -- the letters were put out, but  
 13 there wasn't actually much follow-up afterwards. Most  
 14 of what was said to you was, "well, we had to put  
 15 those out. Don't worry about it. It might not-..."  
 16 You know, I felt the whole thing was actually played  
 17 down.

18 **Q.** You have said you were left trying to just blank that  
 19 out?

20 **A.** I think so. I think that's probably been my own  
 21 coping mechanism, that you mentally can only take so  
 22 much on board, but it is always back there. But  
 23 I think the like of this Inquiry has made me probably  
 24 bring forward things that I have buried in my mind for  
 25 quite a while, and it's probably good that I am

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1 because if it is given to people, it is counted as  
 2 their income, and then again it will stop people  
 3 actually getting some general benefits, which  
 4 unfortunately some people, because of their disability  
 5 or because of their infection, has had to leave their  
 6 employment or whatever. People need support, not  
 7 things pulled away from them.

8 **Q.** You have also said that it would have helped if you  
 9 had had access to discretionary payments when you were  
 10 ill?

11 **A.** Yes.

12 **Q.** Because that would have put less pressure on you to  
 13 keep working when perhaps you were too ill to?

14 **A.** I didn't know about a lot of the stuff. The longer it  
 15 went on, you find out about things. They have not  
 16 actually been put to the forefront. I don't think,  
 17 even amongst sufferers of the disease, or the  
 18 infection, should I say, were actually informed of how  
 19 to access a lot of things. It is only if you enquired  
 20 into them or someone actually told you. The things  
 21 were never actually put in front of you clearly to  
 22 know about.

23 **Q.** You are also anxious about how many databases you are  
 24 now sitting on, with your personal medical  
 25 information?

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1 A. Well, obviously, prior to my knowledge of my  
2 diagnosis, I obviously was tested, without my  
3 knowledge. So that's on a database. When the Skipton  
4 Fund got in touch with me initially, I am obviously on  
5 their database. Now I am on some other government  
6 database. It's got to the stage I don't know where it  
7 has been shared. I think it is important that people  
8 actually know where their information is.

9 Q. Those are the questions I have for you. Is there  
10 anything else you would like to say?

11 A. No. I think I've covered it. But there's just  
12 a couple of wee things I would like to just finish on.  
13 I would really like to thank Sir Brian and all  
14 the team. I have to say from the people who phoned  
15 me, the people who regularly e-mail me, I think the  
16 support that all the victims have been given is  
17 absolutely fabulous. Thank you for giving myself and  
18 others a chance to share our journey, and that's what  
19 I am calling it, a journey. I hope and pray, as  
20 a victim and a survivor, that answers are forthcoming  
21 on how, why, where patients like myself contracted the  
22 virus, and I hope in future that this situation never  
23 arises again, and the stigma of hepatitis C is  
24 understood by people generally, and I mean the general  
25 public have a clear understanding and the medical

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1 A. Thank you.

2 Q. You are still under oath.

3 A. Yes.

4 Q. Could we have document 1383007, please? If we just  
5 look at the very first part of it, it is a letter from  
6 the Right Honourable Karen Bradley, Secretary of State  
7 for Northern Ireland, written on 22 May. It says:  
8 "Thank you for your e-mail of 14th May  
9 concerning the Infected Blood Inquiry."  
10 That's an e-mail you wrote?

11 A. It is.

12 Q. Can you tell us what you put in that e-mail to the  
13 Secretary of State?

14 A. Yes. Within light of the Inquiry coming up, I had to  
15 e-mail the Secretary of State asking that, on the back  
16 of Theresa May's benefits, the scheme uplift which she  
17 has shown in England, could Northern Ireland follow  
18 suit and just mirror what England has done. Due to  
19 the fact we don't have a fully functional Stormont  
20 Parliament here, I was worried once again we would be  
21 left behind and we would be treated differently again.

22 Q. This is the reply you got?

23 A. Yes.

24 Q. You just got it about an hour ago. It says this:  
25 "I empathise with all victims at the heart of

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1 profession does as well, and also that people realise  
2 that this is about people. This is a human story.  
3 This is not about stats. This is a human story.  
4 Thank you very much.

5 SIR BRIAN LANGSTAFF: Well, thank you for sharing your  
6 part of the human journey with us.

7 A. Okay. Thank you.

8 SIR BRIAN LANGSTAFF: We will take a break, shall we, till  
9 3.10?

10 MS FRASER BUTLIN: Thank you, sir.  
11 (2.20 pm)

12 (A short break)

13 (3.12 pm)

14 SIR BRIAN LANGSTAFF: Ms Fraser Butlin.

15 MS FRASER BUTLIN: Sir, if we may, I would like to recall  
16 Mr I, in light of some evidence that was provided  
17 about an hour ago. I think it would be useful to the  
18 Inquiry --

19 SIR BRIAN LANGSTAFF: About an hour ago?

20 MS FRASER BUTLIN: -- to see it.

21 SIR BRIAN LANGSTAFF: Very well.

22 MR I (recalled)

23 Further questioned by MS FRASER BUTLIN

24 MS FRASER BUTLIN: Mr I, thank you for continuing to give  
25 some further evidence.

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1 this scandal. It is a tragedy that should never have  
2 taken place, and I can only imagine the pain it has  
3 caused families throughout the UK.

4 "I am aware of the issues you raise regarding  
5 the potential disparity in financial support between  
6 victims in Northern Ireland and those in England. As  
7 you know, the Infected Blood Inquiry is UK-wide, and  
8 the Inquiry terms of reference include consideration  
9 of financial assistance across all the nations of the  
10 UK. The announcement made on 30th April increasing  
11 funding for recipients in England is to be welcomed,  
12 as are the efforts made by the Department of Health  
13 and Social Care to reach out to the devolved  
14 administrations with a view to working together to  
15 support recipients in all four nations.

16 "Indeed, my colleague and Health Minister,  
17 Jacqui Doyle-Price, has explicitly stated that she  
18 would like to see greater parity of support.

19 "Please be assured that I am keeping a close eye  
20 on developments in the Inquiry. It is only right that  
21 those whose lives have been blighted should receive  
22 the care and assistance they need. Of course, the  
23 best means of supporting victims in Northern Ireland  
24 is via a functioning assembly, in which locally  
25 elected ministers can speak up and act on their

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1       behalf. That is why securing a successful outcome to  
 2       the talks process is my absolute priority."  
 3       What is your response to that letter?  
 4       **A.** I think I have heard it echoed in the crowd that it  
 5       has just been stalled again, and we will be held back  
 6       and used as a political football to try to get  
 7       politicians with no relevance to this Inquiry back  
 8       around the table. I don't think that Stormont has got  
 9       anything to do with this. I think that the fact that  
 10      the scheme is already in place, it just takes a civil  
 11      servant or herself to sign a page and say uplift it to  
 12      mirror England. I don't think there is any reason for  
 13      this at all.  
 14      **MS FRASER BUTLIN:** I have no further matters I want to  
 15      raise with you.  
 16      **SIR BRIAN LANGSTAFF:** No. I have no questions to arise  
 17      out of this. Thank you very much.  
 18      **A.** Thank you.  
 19      **SIR BRIAN LANGSTAFF:** Do we now have Tina, John and  
 20      Patricia --  
 21      **MS RICHARDS:** We do, sir.  
 22      **SIR BRIAN LANGSTAFF:** -- as they would wish to be known?  
 23      **MS RICHARDS:** Yes, please. So if the three of you would  
 24      like to come up. Thank you.  
 25      ///

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1       as yet.  
 2      **MS RICHARDS:** That's right, sir. So that no adverse  
 3      inference should be drawn, but as a result there may  
 4      be matters that they would have otherwise wanted to  
 5      draw to the Inquiry's attention that I would not be  
 6      able to explore with these witnesses, but these  
 7      witnesses will be giving their recollection, setting  
 8      out their views, and you, sir, will receive the  
 9      Trust's and doctors' evidence as part of the Inquiry  
 10     record in due course.  
 11     **SIR BRIAN LANGSTAFF:** Yes.  
 12     **MS RICHARDS:** So you are Tina, John and Patricia.  
 13     **TINA:** Yes.  
 14     **JOHN:** Yes.  
 15     **PATRICIA:** That's right.  
 16     **MS RICHARDS:** You are siblings. You have other brothers  
 17     and sisters. Can I go through them in order of their  
 18     age to see if I have it right. Eddie is eldest. Then  
 19     there is you, John, you Patricia, Paula, Ann, Rosie  
 20     and you, Tina, and the baby of your family was Seamus,  
 21     known as Shea?  
 22     **TINA:** Yes.  
 23     **MS RICHARDS:** I will refer to him as Shea. You are here  
 24     to talk primarily about what happened to Shea and  
 25     speak on his behalf?

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1                   **CHRISTINA MCLAUGHLIN (sworn)**  
 2                   **JOHN PATRICK CONWAY (sworn)**  
 3                   **PATRICIA MARTINA KELLY (sworn)**  
 4                   **Questioned by MS RICHARDS**  
 5      **SIR BRIAN LANGSTAFF:** Now, John, you have a naturally  
 6      quiet voice. So you may need to move your chair just  
 7      a little bit closer to the microphone so we can all  
 8      hear what you have to say. Thank you.  
 9      **MS RICHARDS:** Sir, just before I start asking the  
 10     witnesses questions, it is right that I point out that  
 11     they were relatively late additions to the witness  
 12     schedule. As a result, the Belfast Health and Social  
 13     Care Trust and some of the doctors who are mentioned  
 14     in their witness statements have not had 21 days to  
 15     respond to certain criticisms raised in the  
 16     statements. That's not the fault of the Trust or the  
 17     doctors. So those listening to the evidence or  
 18     reading the evidence should bear in mind that there  
 19     may well be aspects of the evidence which would not be  
 20     accepted by the Trust or doctors, and responses in  
 21     writing from the Trust and the doctors are expected in  
 22     due course.  
 23     **SIR BRIAN LANGSTAFF:** They should read nothing adverse  
 24     into the fact that there has been no response as yet,  
 25     because the simple fact is the Trust has not had time

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1      **PATRICIA:** That is correct.  
 2      **MS RICHARDS:** You are also going to talk a little about  
 3      Eddie, who has given a statement to the Inquiry but  
 4      will not be giving oral evidence?  
 5      **TINA:** That is correct.  
 6      **MS RICHARDS:** Shea was born, I think, in 1973?  
 7      **TINA:** Yes.  
 8      **MS RICHARDS:** He had severe haemophilia A?  
 9      **TINA:** Yes.  
 10     **MS RICHARDS:** He was under the care of either the Belfast  
 11     Haemophilia Centre at the Royal Victoria Hospital or  
 12     Belfast City Hospital for much of his life?  
 13     **TINA:** That's correct, yes.  
 14     **MS RICHARDS:** But also one of the local hospitals?  
 15     **TINA:** Altnagelvin Hospital, that's our local hospital,  
 16     yes.  
 17     **MS RICHARDS:** In terms of medical records, you have  
 18     received, as I understand it, Shea's records or that  
 19     would have been records at the Royal Victoria Hospital  
 20     or the City Hospital?  
 21     **TINA:** Yes, they were all received. We did apply for  
 22     Altnagelvin's records just prior to the Royal's, but  
 23     I only realised the other day we haven't received  
 24     those yet.  
 25     **MS RICHARDS:** Now, can I ask first of all you, John, as

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1 the eldest of the siblings giving evidence today, can  
 2 you tell us how Shea's haemophilia affected him as  
 3 a child and growing up?  
 4 **JOHN:** Well, basically Seamus was very much into soccer,  
 5 but mother and father had us all warned that he wasn't  
 6 to play any sort of contact sports. So he was kind of  
 7 pushed down the road of being a snooker player, and he  
 8 turned out quite good at it. In those days my  
 9 recollection of Seamus is he had a very poor quality  
 10 of life, very little schooling. We are going back  
 11 quite a while. So when Seamus got a bleed or  
 12 a haemorrhage, in those days there, probably the drugs  
 13 available might not have been as good as they are  
 14 today. So I do recall Seamus lying on the sofa at  
 15 home in real pain.  
 16 **MS RICHARDS:** I think the way you put it, Tina, in your  
 17 statement, he didn't have a normal childhood?  
 18 **TINA:** No.  
 19 **MS RICHARDS:** As you have said, John, he was not able to  
 20 attend school regularly?  
 21 **JOHN:** No.  
 22 **MS RICHARDS:** Your parents were devoted to him and he was  
 23 the baby of the family?  
 24 **JOHN:** He was the baby, yes, definitely.  
 25 **MS RICHARDS:** You have all said in your statement -- one

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1 that process going on at the time?  
 2 **TINA:** One of my other siblings does, yes, very much so.  
 3 I don't remember that. I just remember him being  
 4 tested for what was in the news and stuff at the time.  
 5 **MS RICHARDS:** And you have seen from his records that he  
 6 had a number of subsequent HIV tests, all negative,  
 7 but over the years you are not sure whether he would  
 8 have understood and agreed that he would be tested on  
 9 those regular bases?  
 10 **TINA:** I honestly don't even know if he was aware of the  
 11 first test. I wasn't even aware that he had been  
 12 tested until I seen his notes for the subsequent ones.  
 13 **MS RICHARDS:** Now, at some point Shea was diagnosed with  
 14 hepatitis C, and your parents were informed of that  
 15 diagnosis and, John, you have said that Shea was aware  
 16 of it from a young age.  
 17 **JOHN:** Yes. Well, I remember, vaguely I remember  
 18 obviously -- it is a long time ago -- but I remember  
 19 he was made aware of it, and I remember my mother  
 20 saying to me that it's important that this doesn't get  
 21 out. She says "Be careful with your own friends that  
 22 you don't happen to let this drop, because he is  
 23 really worried about it and he will just never put his  
 24 foot in the street again if it gets out", you know,  
 25 I do remember that.

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1 of you described him as "the golden child"?  
 2 **TINA:** Yes, he was.  
 3 **MS RICHARDS:** He was ruined by you all, spoilt rotten by  
 4 you all.  
 5 **JOHN:** He described himself as the golden child.  
 6 **MS RICHARDS:** You have been able to establish I think from  
 7 your own knowledge of Shea growing up, and indeed  
 8 what's in his records that he was given  
 9 cryoprecipitate and then Factor products?  
 10 **TINA:** That's right.  
 11 **MS RICHARDS:** In the mid 1980s, he moved on to receiving  
 12 Factor products through a Home Treatment Programme, so  
 13 it was administered at home?  
 14 **TINA:** That's right.  
 15 **MS RICHARDS:** You don't have details of precisely what  
 16 batches or what products he was given?  
 17 **TINA:** We can only guess at them. He did receive  
 18 cryoprecipitate and Kryobulin. He has received those  
 19 but the when, we don't know.  
 20 **MS RICHARDS:** In your statement you said that in about  
 21 1985, when Shea would have been 11, 12 years old, you  
 22 understand that he was tested for HIV and found to be  
 23 negative?  
 24 **TINA:** Yes.  
 25 **MS RICHARDS:** Do you have any recollection, any of you, of

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1 **MS RICHARDS:** Patricia, can you recall what Shea's  
 2 attitude to his infection to the hepatitis C was?  
 3 **PATRICIA:** I can indeed. Seamus had a broken femur, and  
 4 was in the Royal Victoria Hospital, four years prior  
 5 to him dying, and he came to stay with me, because at  
 6 this stage then I was fighting to get him a ground  
 7 floor accommodation to suit his needs. He made me  
 8 quite clear that he wanted his own towels, that nobody  
 9 else in the house was to use those towels, and that  
 10 they were to be threw out and destroyed after. He  
 11 would have done his own Factor VIII, always did.  
 12 Seamus was an expert at it. But I was not under no  
 13 circumstances allowed to handle needles or anything.  
 14 They had to be in a yellow bucket. I had always baby  
 15 wipes in the room, so he could clean his hands and  
 16 stuff. I was not allowed to touch anything  
 17 whatsoever.  
 18 **MS RICHARDS:** One of you in your statements talked about  
 19 Shea having been embarrassed about the infection, the  
 20 condition that he had --  
 21 **PATRICIA:** When the girl from the housing executive did  
 22 come to my home to visit Shea, his words to me was:  
 23 "You better not tell her I have hepatitis C". I said:  
 24 "Sure, Seamus, this isn't your fault". He said:  
 25 "I don't care. I don't want you to tell her". I said

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1 "Right, okay. I won't".

2 **MS RICHARDS:** Do you know what information your parents

3 were given or Shea was given about the nature of the

4 condition and its prognosis, or risks of infecting

5 others?

6 **PATRICIA:** To be fair, both of them were very private

7 about it as well. They didn't speak about it. Like

8 John says, everybody was warned at the time when

9 Seamus had it, that was old enough to know. It didn't

10 go outside of the house. There was nobody to talk

11 about it and it wasn't talked about.

12 **MS RICHARDS:** And, Tina, you have said in your statement

13 that their understanding, at least at an early stage,

14 was that it was if you are going to get a virus, you

15 put it this way, the best you could get, that it was

16 no big deal and that it shouldn't be problem.

17 **TINA:** Yes. That was the way it was sold to us, if you

18 like. So we didn't worry about it. We didn't think

19 it was -- it was just another label that Seamus had,

20 you know. We were so obviously engrossed with the

21 haemophilia, because that keeps a lot of people busy,

22 you know, for pretty much all the time. So we didn't

23 think anything of it. But just to point out that the

24 shame that Seamus had from the hepatitis C initially

25 arose from what I would be 100% sure came from the

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1 chips. I mean fatty foods aren't good for the liver,

2 and red meat and stuff. We have learned a lot this

3 last few days. Seamus wouldn't have been aware of

4 that. He immediately asked for a dietician in the

5 hopes of giving him a few extra months of life, which

6 was quite sad.

7 **MS RICHARDS:** In 1995, Shea started a course of Interferon

8 treatment, which involved him having to inject into

9 the stomach. How did he cope with that. John, can

10 you recall?

11 **JOHN:** I just remember vaguely that it made him very ill.

12 He just couldn't cope with the treatment at all.

13 **MS RICHARDS:** Was he able to finish the course?

14 **TINA:** No.

15 **JOHN:** No.

16 **MS RICHARDS:** Now, if we come forward from the 1990s

17 through into the early 2000s, and obviously you

18 explained how the haemophilia that Shea suffered from

19 was very much at the forefront of your minds and his

20 mind. Looking back now, can you see the extent to

21 which the hepatitis C affected him?

22 **TINA:** Certainly.

23 **MS RICHARDS:** How was that?

24 **TINA:** Well, I mean, we are only realising in the last

25 year, right up until Seamus was diagnosed, we never

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1 doctor saying to him: "You know, best keep this to

2 yourself. You don't really want anybody to know

3 this."

4 So what was said to him, even as a child, and

5 obviously my parents would have been there, has

6 probably resulted in why they didn't want it to be

7 said.

8 **MS RICHARDS:** One of the criticisms, Tina, you have made

9 in your witness statement, in terms of the advice that

10 was or wasn't given, is you say he wasn't given advice

11 about how best to manage the infection, in terms of

12 healthy lifestyle and healthy eating?

13 **TINA:** Yes, absolutely, so much so that it was actually

14 when he was diagnosed -- I don't want to jump forward,

15 but it is important to point out that he wasn't

16 aware -- in fact I was not aware, none of us were. We

17 are not medically trained people, so you don't look

18 into something unless it is necessary. He went into

19 Altnagelvin very sick, just this time last year. When

20 he went in, he asked for the dietician, because I had

21 brought leaflets in that were outside about keeping

22 a healthy liver and what to do. Seamus didn't eat

23 healthily. He lived on his own. He wasn't a big

24 fella. We called him "the takeaway king". If he was

25 going to eat anything, it would have been fish and

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1 would have been aware of symptoms, things to look out

2 for. He wouldn't have been aware of it. Seamus would

3 have been frail looking, you know. Well, at times

4 through his life he would have put a bit of weight on,

5 and he would have looked a bit healthier, and maybe

6 his joints wouldn't have been as impacted. But there

7 was times that he was very frail, very depressed.

8 I didn't realise until the last week of actually the

9 London hearings that depression comes along with

10 hepatitis C. So yes, there was lots of symptoms in

11 hindsight now fit.

12 **MS RICHARDS:** You have mentioned in your statements, in

13 2004, Shea received a letter about a possible risk of

14 vCJD?

15 **TINA:** That's right.

16 **MS RICHARDS:** Do any of you recall whether that was

17 something that impacted upon Shea?

18 **PATRICIA:** To be honest with you, he would have hid

19 letters from you and he wouldn't tell you. He would

20 never have said "I have appointments" or "I have

21 this". He hid everything. He hated hospitals.

22 **TINA:** He was terrified of HIV and AIDS. He was

23 terrified of that. I would have said when this letter

24 came in, he would have been pretty much kept to

25 himself.

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1 **MS RICHARDS:** Now, Tina, in November 2008, you accompanied  
 2 Shea to a liver ultrasound scan in Belfast?  
 3 **TINA:** I did.  
 4 **MS RICHARDS:** That was only a few weeks after your mother  
 5 had died?  
 6 **TINA:** Yes.  
 7 **MS RICHARDS:** She had extracted a promise from you,  
 8 I think?  
 9 **TINA:** Yes.  
 10 **MS RICHARDS:** What was the promise she extracted?  
 11 **TINA:** Every day of our life before she even died, but  
 12 certainly when she was very, very ill -- she didn't  
 13 know she was going to die. She was very, very ill and  
 14 must have known that things weren't great. Her  
 15 express wish was that we would care for Seamus, keep  
 16 an eye out on him, make sure he was okay. It didn't  
 17 matter about the rest of us like, but as long as he  
 18 was okay, which we would have done anyway of course,  
 19 because Seamus was a high priority for us all, but we  
 20 were fulfilling her wishes.  
 21 **MS RICHARDS:** So you accompanied him when he went to  
 22 hospital for the scan?  
 23 **TINA:** I drove, yes.  
 24 **MS RICHARDS:** Did you go in with him for the scan?  
 25 **TINA:** No, not to the scan, but I remember walking in,

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1 want that", he says, "because you are a dead man".  
 2 **MS RICHARDS:** And he called it "dead man's money"?  
 3 **TINA:** Yes.  
 4 **MS RICHARDS:** And that is the stage 2 Skipton payment?  
 5 **TINA:** That is what I believe it to be, yes.  
 6 **MS RICHARDS:** Is what you think he was referring to?  
 7 **TINA:** That's right.  
 8 **MS RICHARDS:** Nothing further was said. You understood  
 9 that Shea was okay at that time?  
 10 **TINA:** He told me that. I didn't know any of it. That  
 11 has always stuck with me.  
 12 **MS RICHARDS:** Now, one of the main concerns you express in  
 13 your statement and, of course, conscious as I am that  
 14 the doctors and Trust have not had a chance to respond  
 15 to it, but one of your concerns is what you regard as  
 16 a failure to undertake regular screening or scanning  
 17 of Shea in the years after 2008. Is that right?  
 18 **TINA:** Well, that was the only scan he ever had until he  
 19 was diagnosed.  
 20 **MS RICHARDS:** I am just going to ask to have up on  
 21 screen -- in fact, it is in your statement, Tina.  
 22 Perhaps I will just read it out. You have referred to  
 23 a letter at the end of your statement in a summary,  
 24 a chronology at the end, from 10th September, 1997,  
 25 from Dr McNulty. It says this about Shea:

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1 and I distinctly remember Dr Benson met us when we  
 2 went into -- I am sure we went into the haematology  
 3 part. He actually says: "Thank you for bringing  
 4 Seamus up", and took Seamus away then for the scan.  
 5 So, no, I wasn't in at the actual scan.  
 6 **MS RICHARDS:** You described in your witness statement,  
 7 Tina, a conversation you had with Shea when he came  
 8 out of the scan?  
 9 **TINA:** Yes.  
 10 **MS RICHARDS:** What can you recall about that conversation?  
 11 **TINA:** It was a curious conversation. I have always  
 12 remembered it. We were coming down in the car  
 13 afterwards. He was a bit quiet. He says to me,  
 14 "That's the strangest thing". And I said, "What is  
 15 it?" He says, "Do you remember we got the money?" I  
 16 said, "The money because of the hepatitis", or the  
 17 contaminated blood, as he knew it. I says, "That's  
 18 right". He says, "This hepatitis thing must be more  
 19 serious". I says, "What makes you think that?" He  
 20 says, "Because it can cause cirrhosis of the liver".  
 21 So I think maybe that was when he realised "this could  
 22 be trouble, but I am okay", and he was quite confident  
 23 that he was okay, and maybe confident that it would  
 24 never impact him. He says, "Because they give you  
 25 more money whenever it comes to cirrhosis, but I don't

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1 "Although his blood tests are rechecked every  
 2 three months, the condition of his liver continues to  
 3 give cause for concern and would need to be closely  
 4 observed over the coming years."  
 5 Is it your view that the condition of Seamus'  
 6 liver was closely observed over the following years?  
 7 **TINA:** Absolutely. I believe that Seamus was very  
 8 closely monitored. However, that wasn't shared with  
 9 Seamus, and anything arising from that, any worries  
 10 arising from that was never shared with Seamus or us,  
 11 because he was terrified that, you know, as I said  
 12 this stage of cirrhosis of the liver and leading on --  
 13 because obviously cancer is a very real risk. So he  
 14 was very concerned about that. So whenever he left  
 15 that first scan, in 2008, he was very confident that  
 16 he was safe. We were confident that he was safe. To  
 17 be quite honest, we never gave it any second thought.  
 18 We thought if there was any issue, the doctors would  
 19 send for him.  
 20 **MS RICHARDS:** So you are critical of the fact there wasn't  
 21 a scan over the following years after 2008?  
 22 **TINA:** Yes.  
 23 **MS RICHARDS:** Do you understand there to have been some  
 24 form of ongoing monitoring, in terms of blood tests or  
 25 liver function tests?

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1 **TINA:** Absolutely, at his Haematology clinic, yes.  
 2 **MS RICHARDS:** But you don't know what emerged from those  
 3 tests or whether they were shared with Shea?  
 4 **TINA:** No. I did look through his notes, albeit it was  
 5 very difficult to look through his notes when he has  
 6 literally just passed a year coming this week, so it  
 7 was too emotional to look through at some of the  
 8 stuff. Just as a haemophiliac going to clinic, your  
 9 bloods are checked. We were aware that his liver  
 10 function would have been one of those checks that  
 11 would have been being looked at, as well as virus  
 12 levels and stuff like that.  
 13 **MS RICHARDS:** Now, in September 2014, you have already  
 14 referred to this, Patricia, Shea broke a bone, a femur  
 15 bone?  
 16 **PATRICIA:** Yes.  
 17 **MS RICHARDS:** He spent about three and a half weeks in  
 18 hospital?  
 19 **PATRICIA:** He did.  
 20 **MS RICHARDS:** How did that impact upon him?  
 21 **PATRICIA:** Well, the way Seamus was, because he was in  
 22 Belfast, "It would be taking you out of your way. So  
 23 what you have to do is bring me up this and this and  
 24 this and this for the next three days. Go down then  
 25 and put so much money on my TV. Then just leave me

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1 that, John?  
 2 **JOHN:** Well, basically I remember him landing at the  
 3 house and telling me that he had cirrhosis of the  
 4 liver, and he had cancer in the liver, he says:  
 5 "I have got three to six months to live, and I have  
 6 organised my funeral, but I need you to organise a few  
 7 other things for me and take care of a few things",  
 8 and he just sat down. He had his dinner and he left.  
 9 I just couldn't believe the conversation. It was so  
 10 surreal. I was like did that just take place? He  
 11 just walked in and says "I'm dying in six months'  
 12 time". It was a shock, like, you know, a total shock.  
 13 **MS RICHARDS:** And that was triggered by -- he had gone to  
 14 the GP first of all because he was experiencing very  
 15 bad stomach pains, and then he was referred to the  
 16 hospital. You said that was quick, immediately  
 17 referred to the hospital?  
 18 **TINA:** He went to the GP with tummy pains, as you said.  
 19 There was nothing before that. What she seen in him,  
 20 she was horrified. So much so that she sent him for  
 21 a scan, which resulted in it being done on the  
 22 Saturday. I didn't even know you could get a scan on  
 23 a Saturday. Anyway, he was sent up for a scan.  
 24 Unfortunately, as the events rolled out, the scan had  
 25 showed that he had actually got advanced liver cancer,

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1 alone, because you know when I am in pain I can't be  
 2 bothered with anybody, and then I will see you in  
 3 three days time again." That was Seamus' attitude.  
 4 **MS RICHARDS:** Tina, you have observed in your statement  
 5 that Seamus wasn't the same again after that. In what  
 6 way?  
 7 **TINA:** Hindsight, I know, is a wonderful thing, but a lot  
 8 of his friends were sending messages to me, you know,  
 9 via Facebook and whatever, to say they were a wee bit  
 10 concerned. He had a very, very close group of friends  
 11 equally like family. They were very concerned about  
 12 changes going on with him and things, maybe wee  
 13 comments he was making about sore tummy and different  
 14 things that were going on with him. Of course I would  
 15 have probed him, but as soon as you probed him: "Who  
 16 were you talking to?" You were caught out  
 17 immediately.  
 18 I did try and encourage him to go and make sure  
 19 he was okay. He said "No, I am feeling okay. I am  
 20 coming round now", that type of thing. There was  
 21 that. I have lost my ...  
 22 **MS RICHARDS:** That answers the question, thank you.  
 23 **TINA:** Thank you.  
 24 **MS RICHARDS:** Then a time came in October 2017, when Shea  
 25 did go and see his GP. What can you recall about

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1 which was in the stem of the liver, which meant that  
 2 he couldn't have any treatment, and pretty much you  
 3 have three to six months to live.  
 4 **MS RICHARDS:** And that was perhaps November 2017?  
 5 **TINA:** Yes, by the time he got --  
 6 **MS RICHARDS:** He told you, John, in the way you described.  
 7 He phoned you, Tina.  
 8 **TINA:** Yes.  
 9 **MS RICHARDS:** And I think you Patricia?  
 10 **PATRICIA:** Yes.  
 11 **MS RICHARDS:** And told you essentially what John has just  
 12 relayed?  
 13 **TINA:** I got quite cross with him. I have never ever  
 14 fell out with Seamus. Seamus and me were very close  
 15 growing up. There was only a year and a few months  
 16 difference. Albeit he would have drove you crazy  
 17 mostly growing up. He was just so funny. He had  
 18 a humour and he had a dry humour. Sometimes he would  
 19 have said stuff and you didn't know "Is he serious?"  
 20 So he phoned me and he says, "You're not going to  
 21 believe this". I hadn't obviously been chatting to  
 22 John or anybody. I said, "Why, what's wrong?" He  
 23 says, "They have told me", because I knew he was  
 24 running for the test, I knew there was something going  
 25 on. He said, "there is nothing they can do". He

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1 says, "They were hopeful that maybe the tumours were  
2 small enough that there could be some treatment, but  
3 there is nothing they can do. I have three to six  
4 months to live". I said, "I don't believe you. No  
5 way. We'll not be accepting that. Not at all. That  
6 can't be right. It can't be that final".

7 I will be honest with you. I was thinking look  
8 at all the years that maybe -- you know, this cancer,  
9 or that type of cancer doesn't appear overnight or  
10 certainly over a few weeks. It has to gather for  
11 years to get to this stage. That was my own feeling  
12 on it. And as he told me that, what horrified me  
13 more, because at this stage, obviously I was aware  
14 with the conversation I had had with him that  
15 hepatitis can cause cirrhosis and leading on to  
16 cancer, and he says to me, you know, "The doctor was  
17 lovely." He was absolutely delighted with this. It  
18 was Dr McCrory. He says, "He was very kind, but he  
19 was saying to me, you know, it was probably my  
20 lifestyle that caused this." I went, "Absolutely not.  
21 Absolutely not. Don't you dare let that be said to  
22 you". He says, "But, he is lovely". I says, "I am  
23 sure he is lovely, but this is a direct result of  
24 hepatitis C. Don't you dare accept that".

25 You know, he fought the corner of the doctor.

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1 Seamus couldn't go down the town to the bars  
2 because they were too rough. So these were his two  
3 local bars and all his friends went into it. That  
4 made me angry, because there is a stigma getting put  
5 on him, and I don't really like that.

6 **MS RICHARDS:** John, you have made some observations about  
7 the times you used to occasionally go out with Shea?

8 **JOHN:** As I say, he didn't play football but he loved  
9 football. Me and him would have went out and watched  
10 a game of football and had a couple of pints. I would  
11 say I probably consumed more alcohol than Seamus. He  
12 couldn't afford it, to be honest with you. I just  
13 don't know where that came out of. It's just crazy  
14 for them to suggest that.

15 **MS RICHARDS:** There's also some suggestions -- again,  
16 I know you are aware of this in the medical records,  
17 that over the years he missed appointments or didn't  
18 attend. Whichever one of you wants to answer that,  
19 please do.

20 **TINA:** Can I answer that? Patricia, sorry, go ahead.

21 **PATRICIA:** I was just going to say no doubt about it. It  
22 was like you would have needed a crane to get him  
23 there. No doubt about it. I would say aye, he did,  
24 and he had loads of appointments from us, because he  
25 mortally hated hospital. He really, really did. At

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1 That is how much respect he had for the medical  
2 profession and how my mother and father brought him  
3 up.

4 **PATRICIA:** Brought us all up.

5 **TINA:** He wouldn't have questioned that. However, I was  
6 adamant that's what it was.

7 **MS RICHARDS:** You three know, I think, that there are some  
8 medical records that refer to Seamus having an alcohol  
9 problem?

10 **TINA:** Uh-huh.

11 **MS RICHARDS:** What's your response to that?

12 **PATRICIA:** Can I answer that?

13 **MS RICHARDS:** Of course you can.

14 **PATRICIA:** I am telling you now, I am so, so angry,  
15 because that's not Seamus' lifestyle. Don't you get  
16 me wrong. Seamus would have done anything to get out  
17 of the house, did not rest, did not put his leg up and  
18 rest the way the other brother would have did it.  
19 Seamus could not stay in the house. He had to be out,  
20 out, out, all the time, but if they had been there and  
21 seen Seamus, Seamus sat at the bar a lot of the times  
22 with a cup of tea, just for conversation to his best  
23 friend that worked in the bar, just for somewhere to  
24 go and somebody to talk to, because he couldn't do the  
25 things that other people wanted to do.

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1 one stage my mother was coming home from the hospital  
2 from visiting, and he was running down Spencer Road in  
3 his pyjamas. He was getting there before her. He ran  
4 out of the hospital. That was just Seamus' nature.

5 **TINA:** It was painful, what he was going through in the  
6 hospital. It was painful when he was a child. But if  
7 you are chatting more about when he was an adult --

8 **MS RICHARDS:** Yes.

9 **TINA:** I know that Seamus went to doctors. I mean,  
10 I have had comments -- I attend clinic for other  
11 reasons with other family members, and we also share  
12 the same consultant. Lovely, lovely man, very jovial,  
13 very likeable. But there was comments made to me,  
14 "That boy doesn't turn up". But Seamus went, in  
15 particular, on a few occasions -- I don't want to  
16 criticise, because maybe that's too strong and I am  
17 being unfair and the last thing I want to be is unfair  
18 to anybody, but Seamus would have been criticised for  
19 maybe just not attending the clinic, you know.  
20 I don't think anybody would understand, other than  
21 maybe the people in this room, haemophilia is so  
22 debilitating. Seamus probably was one of the worst  
23 haemophiliacs you will ever meet. He had chronic  
24 joints. Getting out of bed -- I will give you -- if  
25 he got out of the car to come to your house, you

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1 ignored him for a couple of minutes. I am saying  
2 ten minutes maybe. Because he would have stood at the  
3 door of the car to adjust. He would let on he was  
4 looking for something. You just ignored that. Then  
5 he would have come into your house and he would have  
6 sat on the arm of the chair. He could never sit down  
7 in the chair.

8 If you said, "Are you sore today, mucker?" "No,  
9 I am grand".

10 It was embarrassing -- he was embarrassed by his  
11 condition. Instead of maybe the clinics realising  
12 that he was not coming because he just couldn't come,  
13 it was criticised that he was -- sorry, maybe not  
14 taking care of his health, and that couldn't be  
15 further from the truth. Seamus managed his own  
16 health, albeit maybe in an amateur way, because he was  
17 not medically trained. He had to become that. So  
18 I really have to fight his corner in that sense.

19 **MS RICHARDS:** Now, over the months that followed from Shea  
20 having been given this diagnosis in about  
21 November 2017, Shea's family, yourselves, the wider  
22 family and friends, tried to support him and watch out  
23 for him?

24 **TINA:** Absolutely, yes.

25 **JOHN:** Yes.

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1 Anyway, Rosemary did get in. She says, you  
2 know, we need to contact your GP and maybe get her to  
3 come out and take a look at you. "We will do it  
4 tomorrow." So she says, "All right, we will give it  
5 to tomorrow." Then she phoned me and she says, "This  
6 has to stop. This can't go on".

7 He phoned me that particular night, just a wee  
8 conversation. I said: "How are you feeling?" "Aye,  
9 grand." I said, "Rosemary was saying that you might  
10 need a wee bit of the GP out." "Aye, I will go  
11 tomorrow." "I said, "Right, sure, I will come up and  
12 we will get it arranged. We'll take you over and get  
13 it arranged. We will take you over and we'll get the  
14 GP to look you over, sure, do no harm".

15 As it turned out, it wasn't the next day,  
16 because he got us to the following day, which was the  
17 Tuesday. He phoned the GP, or the GP phoned him, and  
18 she said, "Seamus, I am not coming out, because if  
19 I come out, I am putting you straight into hospital.  
20 I am sending an ambulance for you now."

21 Unfortunately, the ambulance came and away it went.

22 **MS RICHARDS:** You have described again in your statements  
23 that in the weeks before he died he was in pain?

24 **JOHN:** Yes.

25 **TINA:** Much pain.

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1 **MS RICHARDS:** You have said in your statement, Tina, that  
2 Shea was aware he was dying, and he became a little  
3 reclusive?

4 **TINA:** He did. Sorry. This part is quite funny, because  
5 he was so crafty at manipulating who he wanted to get  
6 in and who was going to see him. And again, phone  
7 calls, we could have had a phone call conversation for  
8 an hour, and everything was grand, and he sounded  
9 grand. Particularly, I think it was around 20th  
10 April, Rosemary had rung me. She says to me, "That  
11 boy has the key in the back of the door". So  
12 obviously the key is in the back of the door, you  
13 can't get the key in. She had a key to go in. She  
14 would have made him dinner and left stuff over, and  
15 Patricia was the same. But he had the key in the back  
16 of the door so that he could decide who was getting in  
17 and when.

18 So for maybe three days we weren't getting in to  
19 see him. Now, I had again one of his friends who  
20 would have messaged, and she was very, very concerned,  
21 because he was talking to her in the middle of the  
22 night, and he was quite fear -- he was terrified,  
23 I will be honest with you. The bravery was there, but  
24 he was terrified, and night-time was very troublesome  
25 for him.

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1 **MS RICHARDS:** Couldn't find a comfortable way even of  
2 lying. He told you that he had received the dead  
3 man's payment?

4 **TINA:** Yes. The particular day that the comment about  
5 his lifestyle, he told me it on the same day it  
6 seemed, the same day he was told he had three to six  
7 months to live, that it was probably his lifestyle  
8 that had done it and he was handed the dead man's  
9 payment. He says: "What do I do with that?"

10 **MS RICHARDS:** Before I ask you to talk about the very last  
11 part of Shea's life, can you tell us a little more  
12 about what he was like?

13 **TINA:** As a child -- I have to tell you -- this is the  
14 character of him, even from a child. Rosemary, myself  
15 and him would have shared a room when we were  
16 children, although he slept really with my mother,  
17 because he was always ill. But you would have got  
18 spurts of Seamus being at himself. We still had to go  
19 to school. We had built -- not built-in wardrobes,  
20 wardrobes that were kind of in the wall of the  
21 bedroom, with a sliding door or a push door. Seamus  
22 would have went into that wardrobe and hid for maybe  
23 fifteen minutes. We would have went to bed. You  
24 would have been just drifting off into a nice sleep,  
25 and he would have jumped out of the wardrobe with

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1 a sheet over his head screaming. It took you about  
2 a month to come round. Then he would have done it  
3 again. So in that way he was just a nightmare. He  
4 was so funny growing up with, he was just lovely to  
5 grow up with. You remember him with the snooker,  
6 going down --

7 **JOHN:** As I say, we pushed him towards snooker, because  
8 he was quite good, and we didn't want him doing any  
9 contact sports. I hate snooker, but I agreed to play  
10 him, because it was what we needed to do to get him --  
11 like it wasn't much of a match. It was usually  
12 a humiliation. He used to just destroy me in front of  
13 everybody. But, you know, as I say, he did love  
14 soccer. He loved it so much. Me and him were  
15 Liverpool supporters. We always tried to go out and  
16 watch an odd match there, have a beer. That was it.

17 **TINA:** As regards the snooker --

18 **JOHN:** The snooker, he had me tortured. As you know,  
19 I work for local newspapers. Seamus was always  
20 looking for some photograph in or snooker results in.  
21 Of course they always left it to the last minute,  
22 where you nearly had to stop a press just to get it  
23 done for him. He never changed. No matter how many  
24 times you told him, "I need these results earlier", it  
25 just didn't wash with him at all.

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1 me -- it is actually his friend that owns the bar. He  
2 says, "He phoned me and the bouncers are going to take  
3 me up the back stairs. Two of them will get the back  
4 wheels and two get the front". I didn't even lift on  
5 it. I says, "That's perfect".

6 I don't think I have ever seen anything more  
7 horrible than to see him being carried up, such  
8 a frail state, and these big burly men in tears. He  
9 didn't see them in tears. They were very good at  
10 keeping it. But that will stay with me forever, you  
11 know. He was taken up the fire escape outside,  
12 because he didn't want people to see him being wheeled  
13 through the restaurant or the bar, whatever was  
14 downstairs.

15 **MS RICHARDS:** In the last few weeks of his life, there  
16 were three things he particularly wanted. One was the  
17 snooker?

18 **TINA:** That is right.

19 **MS RICHARDS:** One was to be with -- he had a daughter, to  
20 be at his daughter's 16th birthday party.

21 **TINA:** Yes.

22 **MS RICHARDS:** And the other was to go on a family cruise,  
23 take his daughter and go on a cruise with all of you.

24 **TINA:** He did.

25 **MS RICHARDS:** He played snooker and he made it to his

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1 **TINA:** When he was 14 -- he was learning to drive when he  
2 was 16, but when he was 14, he obviously couldn't  
3 drive and he asked Sid, my husband now -- he wasn't my  
4 husband then -- and myself to take him to Omagh,  
5 because he was going to play Jimmy White in Omagh. He  
6 was, as I say, 14. He went up and he beat him. The  
7 atmosphere was just amazing. I know you have a photo  
8 of him.

9 **MS RICHARDS:** We have a photo of Shea as an adult. It is  
10 2778002. If we go to the third page, please, Paul.  
11 Keep going. Next one. There's Shea.

12 **TINA:** That's him. That was ten days before he died. He  
13 had helped arrange that. Jimmy White was very fond of  
14 him, very emotional that night. It was a tough night.  
15 My husband and my son and that took him down. John,  
16 myself -- a few days before that I had said, "We will  
17 come up". He had all his gear on him. We were  
18 laughing about him. He never carried a bag. He had  
19 this bag on him and he was ready to go for the big  
20 night. He says to me -- I said, "We will come up and  
21 I will bring up -- we will put the chair out". "What  
22 chair?" "The wheelchair". I was assuming that he  
23 would be going in a wheelchair. "I am not going in  
24 a wheelchair". Right. Okay, no problem.

25 The night I came up, in the afternoon he said to

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1 daughter's birthday?

2 **TINA:** He made it to the snooker that night, albeit he  
3 literally just sat there. He wasn't fit to play. He  
4 would have loved to have played Jimmy White again,  
5 maybe to see if he could beat him again, you know.

6 The day of his daughter's birthday, he actually  
7 wanted to just be alive for the day of his daughter's  
8 birthday. I went over. That was the day he was  
9 coming out the hospital. I don't know why, he didn't  
10 want to come out of hospital that day. We never could  
11 pick up on why he wanted to stay to the Monday, for  
12 whatever reason. For somebody that hated hospitals  
13 and would never have dared be wanting -- he didn't  
14 want to come out.

15 On the way home -- and I know it is my  
16 statement -- we had ordered balloons and all-sorts.  
17 He says, "I will go in, maybe I will just get her  
18 another wee present", because he absolutely idolised  
19 her. He adored her. I said, "Sure, we will do that."

20 I wheeled him out into the car, got him settled,  
21 got down to the shopping centre. I said, "We will go  
22 in and pick up the balloons now". There is like a wee  
23 jewellery store. He says, "You just go on in and get  
24 them". He was completely wiped out. Literally, to  
25 get him from the wheelchair, from the bed into my car,

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1 and he was not fit to go in, obviously. So we got him  
 2 home, and a couple of photographs with Jennifer,  
 3 showing her 16th birthday, and that was it. He was  
 4 wiped out for the rest of the night. He wasn't fit.  
 5 But he got to be there at the 16th birthday.  
 6 **MS RICHARDS:** He didn't manage to take her on the cruise?  
 7 **JOHN:** No, he didn't, no. We were doing our best to try  
 8 to arrange a family cruise, like.  
 9 **TINA:** Talks about helicopters and everything.  
 10 **JOHN:** He just went so far downhill after that that it  
 11 was impossible.  
 12 **TINA:** He went very quickly.  
 13 **MS RICHARDS:** The last few days and weeks of his life you  
 14 have described in your statement, as have your  
 15 brothers and sisters. So I won't ask you to say  
 16 anything more about it than you want to, but he was in  
 17 a lot of pain?  
 18 **JOHN:** Very much.  
 19 **PATRICIA:** Horrendous.  
 20 **JOHN:** Horrendous.  
 21 **PATRICIA:** Horrendous.  
 22 **JOHN:** Especially the last three or four days there where  
 23 he was totally in his bed and, you know, he had to  
 24 toilet and such, and obviously the other brother,  
 25 being haemophiliac as well, wasn't fit to do anything

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1 Rosemary over and we cleaned up -- I cleaned it up.  
 2 She got him sorted and got him into the bed.  
 3 I actually don't know what I cleaned up, whether it  
 4 was blood, whether -- I don't know what it was. It  
 5 was just liquid. I was a wee bit horrified. We felt  
 6 very, very alone, very isolated and not helped in any  
 7 way from -- I would have thought -- as haematology and  
 8 hepatology clinics, I thought maybe, you know,  
 9 somebody should have been there, some expert help in  
 10 that sense. Like we would have went to the ends of  
 11 the earth to help him, as you would do for anybody,  
 12 but I think a wee bit of extra help or expert help  
 13 would have absolutely been perfect at that time.  
 14 **MS RICHARDS:** And, John, you have described in your  
 15 statement how the two of you had made plans to  
 16 watch -- I'm sure I'm going to get the name of the  
 17 football tournament wrong -- the European Cup finals?  
 18 **JOHN:** The Champions League final last year. I would  
 19 like to add to what Tina was saying that on one  
 20 occasion I entered the room to get him a drink and  
 21 that fluid was there. I don't know. I am wrong  
 22 maybe, but I thought it was something to do with the  
 23 radiation treatment he got previous, because it didn't  
 24 look like blood. It's hard to describe what it looked  
 25 like. He actually nearly came out of the bed shouting

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1 like that. So I was doing it, because the girls can't  
 2 do it. It was just impossible to move him without  
 3 causing pain, you know.  
 4 **TINA:** This day last year -- and I can talk about it now,  
 5 but this morning I probably couldn't have -- we can  
 6 obviously all point out where we exactly were at  
 7 this minute in time, which was beside his bed, but  
 8 this particular morning I went into the room. What  
 9 I didn't know -- he wouldn't let us stay at night. He  
 10 was a nightmare. John had slept on the sofa and he  
 11 wasn't even allowed. "Who's out there?" You know, he  
 12 caught you, like, but he needed somebody there night  
 13 and day. You couldn't have left him.  
 14 So I came up in the morning with the buns for  
 15 the tea, but when I went into the room there was black  
 16 bodily fluid on the floor and he was annoyed. I will  
 17 be honest. He probably was going in and out of some  
 18 kind of consciousness. He wouldn't take Oramorph,  
 19 because he wanted to keep his liver -- because  
 20 Dr McCrory says, "Don't be taking paracetamol. Don't  
 21 be ..." Whatever that doctor had told him, it was  
 22 gospel. He really did take it on board. I think he  
 23 then tried to not take anything, which was -- you  
 24 know, and the pain that he was in was horrendous.  
 25 When I went in that morning, and we called

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1 at me not to touch that. "Don't you touch that.  
 2 Whatever you do, do not touch that". I remember that  
 3 well.  
 4 Then, yes, on the Saturday night we had plans to  
 5 go across to a pub across the street from where Seamus  
 6 lived to watch the Champions League final. We spoke  
 7 about it most of that week, and then on the Tuesday or  
 8 Wednesday night he says to me -- he says, "You know,  
 9 if you're going to take me across to that match,  
 10 you're going to have to push me in the wheelchair.  
 11 How do you feel about that? Ha-ha!" I says, "I feel  
 12 okay about that, because I can get drunk and you can  
 13 push me back", and he says, "Right. You're on.  
 14 I will definitely go across in the wheelchair".  
 15 I says, "Right", but obviously he just got -- he just  
 16 went downhill all week.  
 17 The Champions League final on that Saturday  
 18 night for me was sitting at Seamus' bedside showing it  
 19 on an iPad. He was dropping in and out of sleep, you  
 20 know, and when he heard a cheer coming from actually  
 21 the pub across the street, believe it or not, he just  
 22 sat up once and says to me, "I take it Liverpool  
 23 scored", which wasn't the case, but I says, "Yes, they  
 24 have", and he just went back down again and he never  
 25 spoke to me after that again. That was Saturday night

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1 and Seamus passed away in the early hours of Monday  
 2 morning.  
 3 **MS RICHARDS:** That was 28th May 2018, so almost a year  
 4 ago?  
 5 **JOHN:** Yes.  
 6 **MS RICHARDS:** How old was Shea?  
 7 **JOHN:** 45.  
 8 **TINA:** But he was only six weeks 45.  
 9 **JOHN:** Yes.  
 10 **MS RICHARDS:** You mentioned earlier he had organised his  
 11 own funeral. I think it was a Liverpool funeral. Is  
 12 that right?  
 13 **JOHN:** Yes, yes. It was all Liverpool-themed, yes.  
 14 **PATRICIA:** He bought a Liverpool top.  
 15 **JOHN:** He bought a Liverpool top for the top of his  
 16 coffin.  
 17 **PATRICIA:** He told the undertaker, "Nobody's getting that.  
 18 That's going down along with me".  
 19 **JOHN:** He says, "Don't let anybody take it off the  
 20 coffin. It's to go down with me".  
 21 **MS RICHARDS:** All of you described in your statements the  
 22 devastation that his death brought upon the family --  
 23 **JOHN:** Yes.  
 24 **MS RICHARDS:** -- and the hole, the gap that's left in your  
 25 lives.

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1 been studying this thing. You've five years in you".  
 2 He looked at me as if I was crazy like, but anyway  
 3 I get away with that. I says -- you know, we would  
 4 have had a wee conversation. I says, "Know what you  
 5 should do? You should open a snooker school. We'll  
 6 help you run it", you know, just silly chat, anything,  
 7 but he says, "I want more time, Tina". I says,  
 8 "I know. You'll get that time". Like that was  
 9 literally two -- it wasn't even two weeks before he  
 10 died. You're sitting there and my heart was breaking,  
 11 but you couldn't show the emotion, because it wasn't  
 12 fair on him.  
 13 The particular morning of the -- I mean, the  
 14 pain must have got horrendously, you know, to cope  
 15 with for him. He wouldn't accept the driver, because  
 16 in his eyes -- my mother and father both had a driver  
 17 before they died and it's the most amazing thing,  
 18 because it's a very gentle way of helping you across,  
 19 if you like. It's the most amazing tool, but he  
 20 wouldn't accept that.  
 21 The hospice nurse came in, and she nearly didn't  
 22 get in, because she was from the hospice, a lovely  
 23 girl. He says to her he was looking to go on  
 24 holidays. She says, "Well, we'll not be just going  
 25 today". I thanked her so much, because she kept the

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1 **TINA:** Yes.  
 2 **MS RICHARDS:** Is there anything in particular you would  
 3 like to say about that?  
 4 **JOHN:** You know, he was the baby of the house. I mean,  
 5 I gave him fifteen years. I would be expecting Seamus  
 6 to be organising my funeral, you know, not the other  
 7 way about like. So ... I think it's more the shock  
 8 of the speed in which -- you know, that's where I am  
 9 disappointed with the medical side of things, that  
 10 they could have afforded us maybe a bit more notice,  
 11 if not -- I am not saying they could have saved his  
 12 life. I think he would have succumbed to the cancer  
 13 eventually anyway, because by the sounds of things,  
 14 you know, hepatitis is a very serious thing, despite  
 15 what we thought.  
 16 If they had just afforded us with scans or  
 17 picking anything up, even symptoms. Seamus' symptoms  
 18 were so severe, looking back, that we maybe would have  
 19 had some warning. Maybe that sounds selfish, because  
 20 that's what I would love for myself, a bit of  
 21 preparation for this, you know. You know, I have to  
 22 say Seamus says to me two weeks before he died, "I'm  
 23 not appeared to die". I say, "Nor should you be. My  
 24 mummy will be there with you. You know, she's getting  
 25 her boy, but you're going nowhere yet". I says, "I've

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1 hope going, because he was gauging, he was asking  
 2 these questions to see, "What time have I got?" He  
 3 kept saying to every doctor, because we could hear  
 4 from outside, "I think there's two months in me left  
 5 yet, you know". She says, "Well, you're going nowhere  
 6 today" and I thought, "Thank you". So that encouraged  
 7 him a wee bit and gave him a wee bit of hope.  
 8 But the morning of the liquid he cried out and  
 9 he's never asked for the pain relief in such a way.  
 10 He says, "Tina, please give me my Factor VIII" and  
 11 I says, "No problem" and I mixed it up, and I went to  
 12 inject it and the needle just -- obviously his veins  
 13 had collapsed, because it just would not go in. He  
 14 says, "Is it in there now?" It was like, you know --  
 15 I says, "It's in there now", but it wasn't like.  
 16 There was nothing -- it wasn't going to do anything  
 17 anyway. It wouldn't touch it. He says, "I'll take  
 18 some of that Oramorph stuff". I says, "No problem.  
 19 I'll get you that now", and we measured it out now.  
 20 As John says, he was just going in and out of some  
 21 kind of coma I think, which was a blessing.  
 22 However, you couldn't have passed the bed.  
 23 That's the sad thing, because the professionals that  
 24 were coming in and dealing with Seamus were very, very  
 25 skilled in dealing with cancer pains and tumour pains

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1 or whatever they see on a daily basis. They were  
 2 excellent. They were excellent people, GPs,  
 3 excellent, but none of them knew about haemophilia  
 4 pain, and haemophilia pain is horrendous, horrendous,  
 5 especially in its rawest form when you have no Factor  
 6 VIII to even try and, you know, resolve bleeds. His  
 7 legs were that thin, but his ankles were like that.  
 8 His knees were like that, which they always were, but,  
 9 I mean, I could see -- you know, I am very aware of  
 10 haemophilia. So I knew that he had severe bleeds  
 11 right up and down his body. He hadn't got any  
 12 bruising, which is not necessarily the best thing,  
 13 because if it comes up into the bruise, it's not  
 14 bleeding inside; it's coming to the surface. He just  
 15 had the most horrendous few days, and then eventually  
 16 we did get the driver. He agreed to the driver,  
 17 albeit we had a couple of choice words from him, and  
 18 he did agree to it, but it took a lot for the driver  
 19 to just even touch the pain.  
 20 **MS RICHARDS:** Two months before Seamus' death your cousin  
 21 Michael died.  
 22 **TINA:** Uh-huh. Michael Perkins.  
 23 **MS RICHARDS:** Michael's daughter Laura has given  
 24 a statement to the Inquiry and she is content for  
 25 you --

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1 **JOHN:** Yes.  
 2 **MS RICHARDS:** He also spent a lot of his childhood in  
 3 hospital?  
 4 **JOHN:** Uh-huh.  
 5 **MS RICHARDS:** And he also received Factor VIII products?  
 6 **JOHN:** Yes.  
 7 **TINA:** He did.  
 8 **MS RICHARDS:** And had a similar experience after his  
 9 diagnosis with hepatitis C on Interferon as Shea did?  
 10 **PATRICIA:** Yes.  
 11 **MS RICHARDS:** Now you've accompanied Eddie to some recent  
 12 consultations. There was a scan he was due to have in  
 13 May of last year --  
 14 **TINA:** Yes.  
 15 **MS RICHARDS:** -- that didn't happen. Can you recall what  
 16 happened?  
 17 **TINA:** I had asked -- obviously when Seamus was diagnosed  
 18 quite shockingly, what seemingly to us -- well, it was  
 19 totally out of the blue for us, but anyway after that  
 20 I expected, knowing that Eddie had hepatitis C, that  
 21 certainly the doctors would be knocking down the door  
 22 to get to Eddie and give him a check over, you know,  
 23 after Michael and then Seamus. So we expected that.  
 24 So on a few occasions when I would have been, you  
 25 know, in contact with the doctor, I would have said,

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1 **TINA:** She has, yes.  
 2 **MS RICHARDS:** -- to voice that Michael himself died in his  
 3 late 50s, I think?  
 4 **TINA:** He was ten days off his 60th birthday, because he  
 5 -- again, I don't know if it's a haemophilia thing --  
 6 he had it all planned for a party and he was having  
 7 this, you know -- and just a gentleman, just a lovely,  
 8 lovely guy.  
 9 **MS RICHARDS:** He had haemophilia?  
 10 **TINA:** Severe haemophilia.  
 11 **MS RICHARDS:** He was infected with hepatitis C --  
 12 **TINA:** He was.  
 13 **MS RICHARDS:** -- through infected blood products.  
 14 **TINA:** Yes.  
 15 **MS RICHARDS:** And he too died of liver cancer in March  
 16 2018?  
 17 **TINA:** He did, and Seamus was aware of his death.  
 18 **JOHN:** Yes.  
 19 **MS RICHARDS:** I'm just going to ask you, last of all, just  
 20 a little bit about your eldest brother, Eddie. I'm  
 21 not going to ask you so much, as you know, because  
 22 we've got Eddie's written statement.  
 23 **JOHN:** Yes.  
 24 **MS RICHARDS:** Eddie also has haemophilia?  
 25 **TINA:** He has, yes.

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1 you know, "Could you make sure that Eddie's getting  
 2 referred for a scan?", thinking that that would happen  
 3 very easily. That wasn't the case.  
 4 By the time we got to May, when he eventually  
 5 did get an appointment -- and I had asked on two  
 6 occasions at that stage, but he did get the scan  
 7 appointment out, 22nd May. Hence Seamus was extremely  
 8 ill at that stage, but there's enough of us that I was  
 9 going to take Eddie. Eddie trusts -- you know, he  
 10 relies very heavily on ourselves. So he had asked me  
 11 to take him and I says, "Of course I'll take you up".  
 12 Seamus was very, very ill at that time.  
 13 Two days before the scan was due he got a phone  
 14 call from Hepatology in Belfast to say that the  
 15 scanner was broke and they would send him out a new  
 16 appointment. My initial thought, "Well, that was --  
 17 well, that was nice" -- you know, because I think --  
 18 they were very aware -- everybody was very aware of  
 19 Seamus' imminent death. I thought, "Well, that was  
 20 nice of them, because, you know, we can take Eddie up  
 21 maybe in a few weeks". I don't think a few weeks  
 22 would have mattered. That wasn't the case quite  
 23 frankly. I do believe that they used Seamus' death as  
 24 a timing tool, and that's the only way I can say it,  
 25 to avoid giving Eddie the scan, and the reason I say

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1 that is as the year simmered on, we got to September,  
2 and again I had asked, you know -- because the scan  
3 didn't follow on, and I assumed it would, and I had  
4 asked Dr Benson, "Would you refer Eddie for the scan,  
5 because they haven't sent out a new one? The scanner  
6 was broke". He did look a bit confused, to be fair.  
7 He did think, "Was the scanner broke?", you know,  
8 or -- I gave him this information and he seemed  
9 surprised. So whether he thought Eddie had had the  
10 scan I don't know. So we went.

11 At that stage, I thought, "Well, we'll give it  
12 two weeks". The two weeks had passed. Still no scan.  
13 Eddie at this stage was anxious, as you would be  
14 yourself, putting very high reliance on the scan  
15 being, you know -- keeping him safe. He says to me,  
16 "I haven't had any word about that scan", and I says,  
17 "Well, look, I'll send an e-mail", and I sent an  
18 e-mail. I sent the e-mail to pretty much I would say  
19 maybe ten people: Hepatology; I sent it to  
20 Haematology; I sent it to social workers; I sent it to  
21 the head of the Trust. "Could you give my brother  
22 a scan?", because at this stage I was kind of thinking  
23 this isn't an accidental forgetting about him. I felt  
24 it was a deliberate avoidance to bring him in.

25 Now we had just such a horrible year, you know,

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1 "Yes. 22nd May", and I says, "Absolutely not", and  
2 the reason being is Eddie writes everything down. He  
3 documents everything, and as soon as that call came to  
4 him he rung me. I sat at the doorstep of my house,  
5 because we had just left Seamus, and he says, "The  
6 scanner's broke. I don't have to go for the  
7 appointment" and I says, "Okay". Obviously we thought  
8 the appointment was coming out. I says, "So I know  
9 that appointment was cancelled".

10 What I didn't realise when Eddie was reading it  
11 out, he was reading it off his handwriting. She asked  
12 me on the phone did I have a letter to the effect.  
13 I says, "I'm sure he has, because he's just read -- he  
14 read it to me", but he didn't. It was my mistake. He  
15 had read it off his notes.

16 However, I went back into my O2 account and  
17 I found the timing of my phone call from Eddie, from  
18 Eddie's phone. Then we went into Eddie's O2 account  
19 and we found the call that came from Belfast. So the  
20 call did come in. She wasn't aware of it. I'm not  
21 saying she was trying to say that it didn't happen,  
22 but she was saying it didn't happen, but she wasn't  
23 aware of it. So I says, "Well, look, you know, going  
24 forward what are we doing? We need to get him  
25 scanned", because my concern was that we weren't going

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1 I was thinking maybe our grief is turning into anger,  
2 but it certainly was for me. So the e-mail -- from  
3 the e-mail I got one phone call back and it was  
4 a lovely nurse by all accounts. She just says, you  
5 know, "Your brother was taken off the list or struck  
6 off", whatever it was. I says, "Why would you do  
7 that? He's got hepatitis. What would be the reason  
8 for that?" She says, "Well, our policy is if you  
9 don't turn up for a scan" -- I think it was two  
10 consecutive scans. I am not aware of any other  
11 appointment ever sent to Eddie, but apparently they  
12 said that there was one the previous year around  
13 Seamus' diagnosis. Eddie is not aware of it. My  
14 aunt, who at that time would have been Eddie's carer  
15 as well, wasn't aware of it. So anyway we've left it  
16 that this invisible scan appointment nobody knows  
17 about.

18 So this nurse went on to say that, "He was taken  
19 off the list because he didn't turn up for his scans",  
20 and I went, "Right. Okay. Could you give me the  
21 dates for them, because, like, I'm finding that  
22 shocking, because he's desperate for this scan". She  
23 said the date of the year before and I says, "Well,  
24 look, I'm not aware, so I can't comment on that.  
25 I don't know. Have you any other dates?" She says,

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1 to lose another brother to the horrific death that  
2 we'd just lost Seamus. So the scan did happen.

3 **MS RICHARDS:** That was the end of November, 20th November.

4 **TINA:** That was round about the end of November, yes.  
5 28th November actually I think it was.

6 **MS RICHARDS:** You went along with Eddie?

7 **TINA:** I did. I drove him up, yes.

8 **MS RICHARDS:** What you've said in your statement is that  
9 you recall being told two different things about  
10 Eddie's liver by two different doctors.

11 **TINA:** I did.

12 **MS RICHARDS:** What was that? What was the first thing  
13 that you were told?

14 **TINA:** So in the morning -- he had two different  
15 appointments is the way it was presented. He had  
16 an appointment for an ultrasound scan in the morning  
17 and then he was going to have a consultation that  
18 would have explained what went on.

19 So we went in the morning to the ultrasound and  
20 then we came downstairs into the Hepatology clinic for  
21 the consultation. Now the scan, Eddie went in and he  
22 came out. He's quite jovial as well. He says,  
23 "I have gallstones". I said, "I never knew that",  
24 just, you know -- I says, "Well, there you are there.  
25 That's grand if they're not doing you any harm".

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1 So we went downstairs. We walked into the  
 2 Hepatology clinic and we met a doctor called Dr Cash.  
 3 He just says, "It's nice to meet you, Eddie. I've  
 4 never met you before", which I found incredible quite  
 5 frankly, because I thought -- I wouldn't have been  
 6 aware -- I knew Seamus had never been, you know,  
 7 involved with the liver side of things for all those  
 8 years, but I did think maybe Eddie might have been.  
 9 I wasn't aware, but he hadn't met Eddie and Eddie had  
 10 -- he just says, "You've had a scan there. Have you  
 11 ever had a scan before?" It was just a conversation.  
 12 He says, "No, I've never had a scan", and then they  
 13 talked about other things, you know, that ...  
 14 **MS RICHARDS:** What you've said in your statement, and  
 15 obviously, as I said at the outset, we don't yet know  
 16 what the doctors or the Trust might say, but what you  
 17 recall the consultant, Dr Cash, saying was that all  
 18 was looking good with Eddie's liver. You accepted  
 19 that and you were pleased with that?  
 20 **TINA:** We were very happy with that, yes, because -- yes.  
 21 **MS RICHARDS:** But then you then saw another doctor,  
 22 Dr McDougall?  
 23 **TINA:** Uh-huh.  
 24 **MS RICHARDS:** And what did Dr McDougall say to you as far  
 25 as you recall?

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1 what we're being told?" So he went, "But it's okay,  
 2 because we have a great treatment", and I know there  
 3 is a great treatment, and that's the sad thing about  
 4 it, for hepatitis, and I says, "But, you know,  
 5 cirrhosis of the liver, as far as my knowledge is, is  
 6 not curable" and he says, "No, you're right, but this  
 7 treatment will slow down any effect of the hepatitis  
 8 attacking the liver".  
 9 There was a couple of mentions of alcohol as  
 10 well, which I immediately -- Eddie had not touched  
 11 alcohol in over ten years. So, you know, it had to be  
 12 the hepatitis that was attacking the liver, which was  
 13 very concerning to us.  
 14 As we were sitting, because Dr Cash had  
 15 previously mentioned this brilliant treatment which we  
 16 were -- you know, and I had asked him why Seamus  
 17 wouldn't have got this treatment. He didn't clarify  
 18 that for me, but Dr McDougall did clarify. So they  
 19 must have had a conversation in between. His words to  
 20 me were, "With your brother's", referring to Seamus,  
 21 "larger tumours this treatment wouldn't have been  
 22 appropriate or it wouldn't have been any good to him",  
 23 and he immediately turned from me to Eddie and he  
 24 says, "But, Eddie, with the smaller tumours it would".  
 25 I thought I was going to explode. I couldn't

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1 **TINA:** Well, as we were leaving Dr Cash, I had asked for  
 2 a copy of the scan just because we had already applied  
 3 for Eddie's notes, you know, as a process for the  
 4 Inquiry and stuff, and we didn't want to leave  
 5 anything outstanding. So we had asked for a copy of  
 6 the scan, which he gave us, and as we were walking  
 7 out, he just says, "Well, Eddie's going down for some  
 8 bloods. Eddie, I'll probably do another wee scan when  
 9 you're down there", which -- fine. We went  
 10 downstairs. Eddie went in, and about ten minutes  
 11 later the nurse came out and she says, "Mrs  
 12 McLaughlin, could you come in? Dr McDougall is in  
 13 explaining stuff to your brother". I just -- I'm not  
 14 sure what I'm allowed --  
 15 **MS RICHARDS:** No. You --  
 16 **TINA:** Is it okay to say exactly what happened?  
 17 **MS RICHARDS:** Yes.  
 18 **TINA:** Okay. So I went in, and as I went to sit down on  
 19 the chair, Dr McDougall just announced that he was  
 20 explaining to Eddie that there was advanced cirrhosis  
 21 of the liver, which nearly knocked me off my feet,  
 22 I'll be honest with you, because I had -- and  
 23 I actually says to him, "What do you mean? Sure we  
 24 were just literally upstairs told that the liver was  
 25 fine. How could -- you know, how could this be now

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1 believe it. I couldn't even -- I couldn't react,  
 2 because I was very aware of Eddie. I didn't want to  
 3 alert him, but my understanding that cirrhosis of the  
 4 liver is not tumours. Tumours are to me another more  
 5 serious stage of liver issues.  
 6 The conversation just went on. Eddie had spoke  
 7 to Dr McDougall about what was going to happen next.  
 8 He was going to have some bloods and then we were  
 9 going home, but when we left the clinic, I picked up  
 10 my daughter. She is at Queen's. So we made a day out  
 11 of it. Eddie was up with us. It was around  
 12 Christmas. So we thought, "We'll go for our tea". So  
 13 when my daughter got into the car, Eddie says, "I was  
 14 at the clinic", and Carly says, "Aye, and how did you  
 15 get on? Did you get on okay?" He says, "Aye. I was  
 16 just told there was a wee bit of cancer there".  
 17 I almost crashed the car.  
 18 Well, I didn't -- to be fair, I kind of thought  
 19 he had misinterpreted cirrhosis, you know, and maybe  
 20 picked up tumours. I says, "No, mucker, it's not  
 21 cancer. Cirrhosis is bad, but, you know, it will be  
 22 monitored and looked after. It can turn to cancer,  
 23 but, you know, it's not cancer" and he went -- "No,  
 24 no", he says. "Before you came into the room" -- no.  
 25 He says -- "No, no", he says. "I've a wee bit of

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1 cancerous cells, but not to worry about it", and  
 2 I says, "But who told you that?" and he says -- he  
 3 couldn't remember his name. I says, "Dr McDougall?"  
 4 and he says "Yes", and I says, "But ..." -- he says,  
 5 "No, but that's where I sent out for you. I heard  
 6 cancer and I nearly fell off the chair".  
 7 **MS RICHARDS:** What you've said in your statement is there  
 8 was going to be a further scan. Eddie was told he was  
 9 going to be scanned in May, which would be this month.  
 10 **TINA:** Yes, which was really -- well, I actually was  
 11 a wee bit cross with Dr McDougall, I'll be honest with  
 12 you, because he said he would send Eddie for a scan in  
 13 six months. I mean, we were very aware by -- I mean,  
 14 my understanding is what Simon said yesterday, how he  
 15 is treated. Now it is still a very difficult  
 16 condition to monitor and look after, as we heard from  
 17 Simon, but Simon's scans every six months to me seems  
 18 like a normal way to deal with this, maybe even three  
 19 monthly scans, because I know some people in England  
 20 would at certain stages get three monthly scans. So  
 21 whenever he said he would give Eddie a scan, you know,  
 22 in six months' time "... and we'll do it at  
 23 Altnagelvin for his convenience". I says, "That's not  
 24 necessary", you know, because Eddie enjoyed -- he  
 25 enjoyed the day out and we would have made a day of

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1 incompetent, because I believe they are very excellent  
 2 doctors. I just feel that maybe they are not using  
 3 their excellence in a way that is positive certainly  
 4 for our family and our experience, and I would please  
 5 urge them that if there is anybody out there that they  
 6 believe could be of any risk at all, please bring them  
 7 in, scan them, blood test them, anything that has to  
 8 be done, because this was a frightful experience.  
 9 Actually I did speak to you about what has gone  
 10 on with myself recently, which has left me a bit  
 11 fearful.  
 12 **MS RICHARDS:** You have your own investigations. You have  
 13 family members who have ongoing treatment  
 14 requirements.  
 15 **TINA:** Yes.  
 16 **MS RICHARDS:** You are left, you were explaining and you  
 17 say it in your statement, with a mistrust of the  
 18 medical profession?  
 19 **TINA:** Total mistrust. After Seamus died I felt -- I am  
 20 not normally a stressful person. In fact, everybody  
 21 would say I would be a bit hyper, but after Seamus  
 22 died I took very severe chronic fatigue, just  
 23 exhaustion, and I couldn't explain it. I had other  
 24 symptoms. I went to the GP, which is not something  
 25 I have to go too often. As it panned out, I was sent

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1 it. I says, "I'll bring Eddie to Belfast. That's not  
 2 a problem", but he was adamant that it will be the end  
 3 of May and not before, and I couldn't understand that.  
 4 **MS RICHARDS:** What you have said in your statement and  
 5 what Eddie has echoed in his is:  
 6 "We are now left in limbo waiting to hear about  
 7 Eddie and worrying whether he awaits the same fate as  
 8 Shea."  
 9 **TINA:** Yes. Well, I think Eddie is in no doubt that he  
 10 -- I mean, you know, he feels that he is -- this is  
 11 something that's very much in front of him, hopefully  
 12 years down the line, but it definitely needs  
 13 monitored.  
 14 **MS RICHARDS:** I have no further questions for you, but do  
 15 you have anything that any of you would like to add?  
 16 **JOHN:** No.  
 17 **TINA:** My head has gone blank.  
 18 **PATRICIA:** No.  
 19 **JOHN:** No.  
 20 **TINA:** If I could just say this is a platform -- and  
 21 thank you so much for bringing it here -- this is  
 22 a platform that really should go on being maybe used  
 23 in a very positive way. I know there has been talk  
 24 about maybe myself and others criticising doctors.  
 25 I am not saying that any of those doctors are

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1 to ENT for investigations, thinking that I had  
 2 vertigo, which was horrendous, throwing up. It was  
 3 just a horrendous experience. Because of that I ended  
 4 up in the ENT clinic.  
 5 The doctor there what I didn't realise was very  
 6 concerned that the symptoms I was showing was a brain  
 7 tumour. He had red flagged me to an MRI scan. Now  
 8 hence the difficulty of getting Eddie from 2017 to  
 9 getting the scan pretty much a year later. The fear  
 10 that went through my body that the scan was going to  
 11 be quick, and it was quick. It was about three days  
 12 later. Thankfully it is not a brain tumour, but  
 13 unfortunately the symptoms also are very in line with  
 14 hepatitis C, and the only way that I could have  
 15 contracted hepatitis C -- because I am not a sex  
 16 worker; I have never had Factor VIII blood; I have  
 17 been married for 25 years; I have never taken drugs --  
 18 so the only way I could have contracted, if it is, and  
 19 I am going now next week for more investigations, and  
 20 I have sent off a secret test, which is shocking that  
 21 I even have to do this, but this is the only way I can  
 22 feel confident that maybe I am getting a proper result  
 23 is I had to send for a kit online. I will go through  
 24 the GP as well, but I have had to send a kit  
 25 offline on an alias and anonymous address just in the

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1 hope that if it is, that it is identified.  
 2 I have, as I've spoke to you, dealt with my  
 3 brother, which I would do a thousand times over, but  
 4 not only did they not warn Seamus of symptoms and  
 5 things to look out for. Even when Seamus took cancer,  
 6 they didn't say to the family members "Be careful".  
 7 Like I am mopping up bodily fluids and I don't know  
 8 what I have touched. I don't know how I should have  
 9 been protecting myself. I didn't wear gloves. I had  
 10 Dettol and I had wipes. So that's where it's left me.  
 11 So I don't -- I have -- maybe bordering on a paranoia.  
 12 I have no trust left and I would love that restored.  
 13 **MS RICHARDS:** I am just going to ask Mr Snowden, who, as  
 14 you know, represents you and the family, if there is  
 15 anything further. There isn't.  
 16 **TINA:** Thank you very much.  
 17 **SIR BRIAN LANGSTAFF:** Can I thank each of you, Tina, John  
 18 and Patricia, for telling us about your brothers and  
 19 your cousin.  
 20 **TINA:** Thank you.  
 21 **SIR BRIAN LANGSTAFF:** Thank you very much.  
 22 **PATRICIA:** Thank you so much.  
 23 **SIR BRIAN LANGSTAFF:** Well, that's where we finish today  
 24 I think. Tomorrow, Ms Richards?  
 25 **MS RICHARDS:** Tomorrow we have three witnesses: Sharon

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1 Lowry, Mark Donnelly and Caroline Carberry.  
 2 **SIR BRIAN LANGSTAFF:** And we start at 10.30?  
 3 **MS RICHARDS:** I'm not sure, sir. 10.00.  
 4 **SIR BRIAN LANGSTAFF:** We start at 10.00. 10 o'clock then  
 5 tomorrow.  
 6 **MS RICHARDS:** We've been told it is 10.30.  
 7 **SIR BRIAN LANGSTAFF:** Let us say 10.30, if that is what  
 8 has been published.  
 9 **(Adjourned until 10.30 am the following day)**

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(51) fluid... - GP



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(52) GP... - holding



<b>H</b>	<b>hospitals [6]</b> 57/10 81/12 83/1 112/14 120/21 140/12 <b>hotel [1]</b> 16/8 <b>hour [6]</b> 39/9 99/10 106/17 106/19 107/24 134/8 <b>hours [4]</b> 25/1 26/21 75/11 145/1 <b>house [12]</b> 28/20 38/17 76/6 116/9 117/10 127/3 130/17 130/19 132/25 133/5 146/4 155/4 <b>housing [1]</b> 116/21 <b>how [52]</b> 29/9 37/4 41/19 46/10 46/24 47/5 59/7 65/9 65/23 67/3 67/6 67/7 68/22 69/22 70/1 72/13 81/18 81/21 82/12 82/13 83/13 83/18 85/15 86/16 91/16 93/14 94/20 95/11 97/3 97/25 99/20 104/18 104/23 105/21 113/2 118/11 119/9 119/18 119/23 125/20 130/1 130/2 135/8 137/23 143/15 144/11 145/6 158/25 158/25 160/14 161/14 165/8 <b>However [5]</b> 72/22 124/8 130/5 148/22 155/16 <b>hug [1]</b> 86/7 <b>hugging [1]</b> 85/23 <b>huh [8]</b> 25/13 27/23 91/9 93/13 130/10 149/22 151/4 157/23 <b>hullabaloo [1]</b> 90/9 <b>human [5]</b> 82/19 93/1 106/2 106/3 106/6 <b>humiliated [1]</b> 27/10 <b>humiliation [1]</b> 137/12 <b>humour [2]</b> 128/18 128/18 <b>husband [7]</b> 83/25 86/17 87/13 97/4 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115/11 117/11 118/10	121/4 125/17 129/10	20/5 80/25 121/14	<b>whatsoever [3]</b> 72/25	143/3 143/4 153/9	<b>why [35]</b> 6/12 9/23
118/10 118/15 118/23	135/23 139/15 141/13	134/18 155/25	75/23 116/17	162/7	11/1 12/18 18/9 27/11
122/5 124/8 124/20	145/8 146/22 147/9	<b>what [166]</b> 7/11 9/9	<b>wheelchair [6]</b> 138/22	<b>which [84]</b> 2/2 2/14	35/16 43/24 45/1
126/5 135/15 137/11	152/21 152/21 153/12	10/4 10/5 11/7 13/6	138/23 138/24 140/25	4/15 5/6 6/15 7/17	52/17 52/18 56/16
138/3 140/3 141/4	153/12	15/25 17/9 17/11	144/10 144/14	7/17 7/23 13/10 15/20	56/17 59/4 59/9 68/16
141/25 142/11 144/23	<b>weight [1]</b> 120/4	17/14 18/6 19/20	<b>wheeled [3]</b> 71/1	16/10 17/12 19/24	71/7 74/22 75/5 75/7
147/9 147/11 148/15	<b>welcomed [1]</b> 108/11	20/10 21/10 22/7	139/12 140/20	21/18 22/4 22/8 22/21	75/19 83/3 86/4 86/9
148/16 152/3 152/22	<b>well [74]</b> 3/2 4/13 6/11	25/14 27/16 27/17	<b>wheels [1]</b> 139/4	22/24 25/10 27/25	87/25 94/14 98/25
154/15 155/20 155/22	7/23 18/21 20/12	27/18 30/4 30/8 30/22	<b>when [103]</b> 2/6 2/24	30/19 31/20 38/11	105/21 109/1 118/6
157/9	26/16 26/24 28/9 47/2	31/5 31/11 36/16	4/23 8/25 9/20 13/21	39/10 41/20 43/7 46/2	128/22 140/9 140/11
<b>watch [5]</b> 27/8 133/22	47/9 47/19 48/24	36/22 40/20 40/21	14/13 15/5 15/9 16/19	49/10 49/11 49/13	154/6 159/16
137/16 143/16 144/6	61/15 63/10 68/3 68/3	42/3 45/5 45/8 46/8	18/3 18/5 18/6 20/17	49/16 49/25 50/2 50/4	<b>wide [1]</b> 108/7
<b>watched [1]</b> 131/9	68/11 69/23 73/16	48/10 49/20 49/22	20/19 20/20 21/4 21/7	50/5 52/24 54/7 63/15	<b>wider [5]</b> 2/14 9/11
<b>Watford [2]</b> 13/16	74/14 77/15 79/11	49/24 50/8 52/5 52/6	22/22 23/21 32/16	63/25 64/22 65/22	11/20 68/2 133/21
13/16	80/8 80/15 83/20	52/15 52/16 52/18	32/20 33/14 35/14	73/16 78/1 83/2 83/2	<b>wife [6]</b> 14/12 18/21
<b>wavered [1]</b> 46/18	86/17 88/1 90/7 90/18	53/2 53/9 54/13 54/16	37/22 38/9 42/17 44/1	83/15 87/2 92/7 92/14	18/22 25/21 28/21
<b>waves [1]</b> 62/9	91/10 91/15 91/23	54/22 55/8 55/9 55/11	49/14 51/6 51/20	94/11 98/21 104/3	29/4
<b>way [40]</b> 5/11 10/3	94/15 99/2 102/14	56/12 57/8 59/24	52/23 54/7 54/10	107/16 108/24 110/19	<b>will [77]</b> 7/2 16/10
14/24 19/3 22/19 26/6	105/1 106/1 106/5	60/18 61/9 61/14	55/10 56/16 56/17	119/5 119/8 119/21	25/11 38/10 38/14
27/14 31/3 40/16	106/21 110/19 113/4	62/10 65/3 65/15	66/1 66/4 66/6 70/8	121/18 127/21 128/1	41/19 41/21 41/24
49/16 86/19 86/24	115/17 117/7 119/24	66/10 67/10 68/8	71/1 71/8 77/16 79/12	128/1 135/16 142/7	43/19 43/22 45/5 45/9
92/9 96/19 96/25	120/3 123/18 125/11	68/18 70/6 72/3 76/3	79/19 81/18 82/10	142/23 144/23 146/8	45/9 45/21 48/16
113/16 117/15 117/17	125/21 127/2 141/25	76/8 77/4 78/25 79/9	82/12 82/16 83/6	148/21 149/8 149/12	48/16 48/24 49/18
125/21 125/22 126/6	144/3 147/24 148/5	79/25 80/18 80/20	85/23 86/11 88/22	157/4 158/6 158/9	49/19 49/19 49/21
128/6 129/5 130/18	151/18 152/16 152/17	81/13 81/14 82/25	89/12 89/25 90/22	158/21 159/10 159/12	58/14 60/17 60/18
133/16 136/1 137/3	152/19 153/11 153/17	83/1 83/12 87/20 89/1	91/7 93/15 95/22	159/15 161/9 161/10	60/18 60/19 65/18
140/15 143/7 146/7	154/8 154/15 154/23	90/11 91/14 92/23	96/14 97/8 99/5 101/9	163/10 163/24 164/2	66/7 74/20 76/7 76/14
147/18 148/9 152/24	155/23 156/22 156/24	93/6 93/7 93/17 94/14	102/7 104/9 104/13	164/20 165/3	77/15 77/17 77/25
156/15 161/18 162/23	158/1 158/7 159/10	94/15 95/9 97/9 100/2	105/3 113/11 114/19	<b>Whichever [1]</b> 131/18	78/1 78/4 84/10 84/11
163/3 164/14 164/18	160/18 161/10 162/9	100/19 102/1 102/5	114/21 116/21 117/8	<b>while [14]</b> 20/1 24/3	91/4 100/9 104/2
164/21	164/24 165/23	102/14 103/5 103/7	118/14 118/19 120/23	25/21 34/10 34/19	106/8 109/5 111/7
<b>we [246]</b>	<b>well-being [1]</b> 6/11	105/18 107/12 107/18	121/12 121/21 122/1	34/25 35/18 41/19	111/8 111/23 112/4
<b>we had [1]</b> 155/5	<b>well-informed [1]</b>	109/3 110/8 111/24	122/7 122/21 125/5	43/13 43/21 71/5	115/23 123/22 126/2
<b>we'd [1]</b> 156/2	47/9	114/15 114/16 115/4	126/1 126/24 132/6	94/19 102/25 113/11	129/7 132/23 132/24
<b>we'll [9]</b> 91/24 129/5	<b>went [84]</b> 4/1 7/7 7/23	116/1 117/2 117/25	132/7 134/17 136/15	<b>white [4]</b> 24/20 138/5	134/23 135/3 135/4
135/12 135/13 147/5	13/8 15/9 16/19 17/6	118/4 118/22 121/10	138/1 138/1 138/2	138/13 140/4	135/10 135/11 135/12
147/24 153/11 160/12	17/7 20/9 21/3 22/5	122/10 122/14 122/19	142/15 142/25 144/20	<b>who [58]</b> 1/4 4/18 8/10	135/13 138/16 138/20
161/22	24/8 30/23 32/1 32/2	123/5 123/6 123/15	149/5 151/17 151/24	8/15 9/12 9/18 12/8	138/21 138/21 139/3
	32/22 34/6 36/15	125/2 125/23 126/5	152/4 155/10 158/8	12/15 13/18 15/5	139/10 140/17 140/17



<p><b>W</b></p> <p><b>will...</b> [9] 140/19 140/21 142/16 144/14 146/24 159/7 160/21 162/2 164/23</p> <p><b>Williams</b> [2] 44/6 44/22</p> <p><b>willing</b> [3] 39/3 42/21 74/19</p> <p><b>window</b> [1] 86/18</p> <p><b>wine</b> [1] 28/13</p> <p><b>wiped</b> [2] 140/24 141/4</p> <p><b>wipes</b> [2] 116/15 165/10</p> <p><b>wish</b> [3] 45/8 109/22 121/15</p> <p><b>wishes</b> [4] 1/4 49/20 50/1 121/20</p> <p><b>with</b> [252]</p> <p><b>withdrew</b> [1] 45/14</p> <p><b>within</b> [9] 12/6 24/23 32/23 41/14 41/16 51/10 72/14 73/18 107/14</p> <p><b>without</b> [7] 11/10 13/4 25/7 59/15 85/9 105/2 142/2</p> <p><b>witness</b> [22] 1/4 6/22 8/20 11/24 26/6 29/9 40/2 44/9 45/6 45/14 45/20 45/23 49/5 50/11 50/16 77/22 78/7 78/12 110/11 110/14 118/9 122/6</p> <p><b>witness'</b> [2] 50/12 78/8</p> <p><b>witnesses</b> [6] 41/23 49/17 110/10 111/6 111/7 165/25</p> <p><b>wits</b> [1] 15/13</p> <p><b>woke</b> [1] 70/19</p> <p><b>woman</b> [1] 37/13</p> <p><b>won't</b> [3] 74/6 117/1 141/15</p> <p><b>wonder</b> [4] 44/25 67/23 74/14 100/22</p> <p><b>wondered</b> [2] 17/14 65/3</p> <p><b>wonderful</b> [1] 126/7</p> <p><b>word</b> [3] 82/15 100/5 153/16</p> <p><b>words</b> [4] 47/6 116/22 149/17 159/19</p> <p><b>work</b> [31] 2/25 12/19 13/7 15/6 15/10 32/4 32/23 33/9 33/25 35/21 35/22 36/15 40/12 61/18 68/6 75/8 75/8 75/10 75/16 75/17 76/8 76/24</p>	<p>79/18 83/4 84/24 88/16 96/22 96/23 97/2 99/6 137/19</p> <p><b>worked</b> [7] 34/15 88/12 88/18 89/3 99/12 99/18 130/23</p> <p><b>worker</b> [1] 164/16</p> <p><b>workers</b> [1] 153/20</p> <p><b>working</b> [14] 14/3 14/13 15/2 20/1 24/13 29/18 29/21 31/13 56/9 75/11 88/21 88/23 104/13 108/14</p> <p><b>world</b> [4] 49/11 83/24 84/15 85/8</p> <p><b>worried</b> [4] 57/20 85/14 107/20 115/23</p> <p><b>worries</b> [1] 124/9</p> <p><b>worry</b> [7] 67/4 68/1 68/17 84/11 102/15 117/18 161/1</p> <p><b>worrying</b> [1] 162/7</p> <p><b>worse</b> [5] 33/21 67/25 70/3 95/17 100/2</p> <p><b>worst</b> [1] 132/22</p> <p><b>worth</b> [2] 33/24 34/16</p> <p><b>worthy</b> [1] 43/5</p> <p><b>would</b> [221]</p> <p><b>wouldn't</b> [24] 5/16 6/17 26/21 69/5 79/2 87/2 92/10 92/10 98/7 103/10 119/3 120/2 120/6 120/19 130/5 142/9 142/18 147/15 147/20 148/17 157/5 159/17 159/21 159/22</p> <p><b>wound</b> [1] 64/14</p> <p><b>writes</b> [1] 155/2</p> <p><b>writing</b> [4] 12/1 48/11 76/7 110/21</p> <p><b>written</b> [4] 21/14 40/24 107/7 150/22</p> <p><b>wrong</b> [10] 46/20 62/16 72/5 84/2 84/8 97/9 128/22 130/16 143/17 143/21</p> <p><b>wrote</b> [2] 64/23 107/10</p> <p><b>Y</b></p> <p><b>year</b> [17] 43/23 77/2 85/16 95/4 118/19 119/25 125/6 128/15 142/4 143/18 145/3 151/13 153/1 153/25 154/12 154/23 164/9</p> <p><b>years</b> [45] 4/9 4/25 9/17 9/17 12/3 13/6 31/21 33/19 40/13 42/14 46/18 54/11 56/3 59/12 66/10 69/9 69/18 79/4 79/12</p>	<p>82/24 92/22 98/1 98/4 99/2 99/24 100/6 100/12 100/20 100/24 114/21 115/7 116/4 123/17 124/4 124/6 124/21 129/8 129/11 131/17 146/5 147/1 157/8 159/11 162/12 164/17</p> <p><b>yellow</b> [1] 116/14</p> <p><b>yes</b> [204]</p> <p><b>yesterday</b> [2] 1/10 161/14</p> <p><b>yet</b> [8] 44/5 49/9 110/24 111/1 112/24 146/25 148/5 157/15</p> <p><b>Yorkshire</b> [1] 13/11</p> <p><b>you</b> [852]</p> <p><b>you'd</b> [2] 76/17 86/1</p> <p><b>You'll</b> [1] 147/8</p> <p><b>you're</b> [11] 72/19 74/11 128/20 144/9 144/10 144/13 146/25 147/10 148/5 158/9 159/6</p> <p><b>you've</b> [9] 46/19 72/7 97/22 147/1 151/11 156/8 157/10 157/14 161/7</p> <p><b>young</b> [16] 2/17 6/4 9/2 13/17 14/3 14/10 15/7 51/4 52/10 61/12 67/12 86/3 86/8 94/1 97/4 115/16</p> <p><b>younger</b> [1] 67/21</p> <p><b>your</b> [196]</p> <p><b>yourself</b> [7] 74/14 76/9 87/16 87/16 92/15 118/2 153/14</p> <p><b>yourselves</b> [1] 133/21</p> <p><b>Z</b></p> <p><b>zone</b> [1] 95/2</p>			
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