

Tuesday, 29 October 2019

(10.00 am)

**SIR BRIAN LANGSTAFF:** Well, our first witness this morning is giving evidence anonymously. He will be known as Mr AR.

I order that the name and address of witness W2362 -- that's Mr AR to you and me -- and any other identifying information, such as the witness's image, or a description of their appearance, cannot be disclosed or published in any form unless express permission is given by me or by the solicitor to the inquiry acting on my behalf.

Witness W2362 must be referred to only as Mr AR.

The order remains in force for the duration of the inquiry and at all times thereafter, unless otherwise ordered. I may vary or revoke the order by making a further order during the course of the inquiry.

In making this order, I note, Ms Richards, that there has been, in the typed script, an error in the witness number in paragraph 2. Can it please be reissued so that the press have it in its proper form.

The witness number is W2362.

**MS RICHARDS:** Yes, that's already in hand.

**SIR BRIAN LANGSTAFF:** Thank you.

1

a surgeon in Wales in relation to transfusion. What can you tell us about that?

**A.** What I can tell you is that he was worried about the practice that the surgeon had, in that he used to give women who had recently had a child one unit of blood, and he brought this to the attention of the Wales transfusion service, and a meeting was held between the director and him initially, and they collected all the figures relating to the surgeon's use of these one-unit transfusions, and found that he was responsible for the majority of one-unit transfusions in adults in Wales.

**Q.** Your father's concern, as I understand it, was twofold. The first was that there was no real clinical value to a one-unit transfusion in these circumstances.

**A.** Correct, that was his opinion, that one unit of blood given to an adult had no clinical use at all.

**Q.** But also your father voiced a concern about blood and the transmission of hepatitis.

**A.** He did indeed, yes.

**Q.** So that is something that you were aware of through that route, and your father, as a pathologist, was aware of by the early to mid-1970s.

**A.** Yes.

3

Mr AR, please.

**MR AR (sworn)**

**Questioned by MS RICHARDS**

**MS RICHARDS:** Mr AR, you are a retired doctor, having qualified in 1974 in medicine.

**A.** That's correct.

**Q.** You are also a mild haemophiliac. You have haemophilia A.

**A.** That's correct.

**Q.** Diagnosed when you were a child.

**A.** Yes, in Oxford.

**Q.** You were infected with hepatitis C through the use of Factor VIII products.

**A.** Correct.

**Q.** I'm going to be asking you both about your personal story, but also aspects of your medical career.

**A.** Correct.

**Q.** Now, your father was a pathologist, and you became interested in medicine at a relatively early age.

**A.** Yes, it was what was discussed at teatime.

**Q.** And he used to discuss his work with you from your teens onwards.

**A.** Correct.

**Q.** You have a recollection of one of the things your father discussing with you was the practice of

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**Q.** Now, you qualified as a doctor in 1974, and you've said in your statements it was known at the time you were qualifying that people could go yellow after transfusion.

**A.** Yes, correct.

**Q.** And you were also aware through your studies of the concept of non-A, non-B, hepatitis. Even if it wasn't fully understood, you were aware of there being something called non-A non-B hepatitis.

**A.** Yes, there were instances where you could not find the cause of the patient going yellow, yes.

**Q.** In August of 1975, you moved to Queen Elizabeth Hospital in Birmingham --

**A.** Correct, yes.

**Q.** -- as a senior house officer in the haematology department.

**A.** Yes. It was in clinical haematology. That's the important part, yes.

**Q.** That was a post you held for just over a year.

**A.** Correct.

**Q.** You worked for a few weeks under -- was it Dr Menel?

**A.** Menel, yes.

**Q.** And then under Professor John Stuart, and there was a change in treatment of haemophiliacs with those two doctors. Can you tell us about that?

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1 A. Yes, under Dr Menel the only product that we were  
2 allowed to use was cryoprecipitate, and this was kept  
3 close to casualty in the Old Queen Elizabeth Hospital,  
4 and we used to draw up the cryoprecipitate for the  
5 blood group of the patient, so people group A had  
6 group A cryoprecipitate. There was some evidence to  
7 suggest that if you didn't do that there could be  
8 trouble later on, so they were given group-specific  
9 cryoprecipitate, yes.

10 Q. Then after a few weeks of -- during your time there,  
11 Professor Stuart took over, and what change did he  
12 introduce?

13 A. The change that he started was over about the first  
14 ten days or so, the cryo supply was turned off, and  
15 I was asked to establish a treatment room in the Old  
16 Queen Elizabeth on the fourth floor. At that time the  
17 stock fridge for blood products was stocked with  
18 British products -- British blood products, laboratory  
19 products, known as Lister Factor VIII. So initially,  
20 after the changeover from cryo to the freeze-dried  
21 product, we used specifically Lister.

22 But over the next -- I think it must have been  
23 three or four, maybe five weeks, Lister supply  
24 diminished and to replace it we had American  
25 Factor VIII, correct.

5

1 I actually could do it to myself, to give them  
2 confidence to be able to do -- put in a Venflon for  
3 themselves, yes.

4 Q. Do you know whether the doctors senior to you --  
5 Professor Stuart and his colleagues -- in deciding  
6 that patients should receive these Factor products,  
7 were the senior doctors telling patients anything  
8 about the risk of hepatitis?

9 A. No, well -- in the treatment room on the fourth floor  
10 in the Queen Elizabeth, I was the only person that  
11 used to go to that room, and I saw the majority of  
12 haemophiliacs when I was on call and during my working  
13 day in that room. There were no warnings given then,  
14 no.

15 Q. Now, you --

16 A. I wasn't instructed to give any warnings either.

17 Q. Your role, as I understand it, was not even in  
18 deciding on what treatment individual patients would  
19 have, that was the job of the more senior doctors;  
20 yours was to show them how to use it and where to find  
21 it.

22 A. Yes.

23 Q. You became aware during your work at the Queen  
24 Elizabeth Hospital of patients who had received  
25 products turning yellow a few weeks afterwards.

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1 Q. As I understand it, from that point onwards the Lister  
2 product was almost entirely reserved for the use of  
3 children.

4 A. Correct.

5 Q. And adults --

6 A. Yes.

7 Q. -- were given the American Factor VIII products.

8 A. Well, it's not quite correct. We did get small  
9 amounts of Lister Factor VIII, and we -- what happened  
10 was that the children's hospital in Birmingham took  
11 the bulk of the Lister Factor VIII, and we were given  
12 whatever was over or that they could not store, yes.

13 Q. Now, you were a very junior doctor. You had no role  
14 in these decisions about what products to keep and  
15 stock.

16 A. No, I wasn't asked. I was told what products to use,  
17 and they were in the fridge, there (**indicated**).

18 Q. One of the tasks that you were given was teaching  
19 patients how to inject themselves with Factor VIII for  
20 home treatment purposes.

21 A. Correct, I -- for each patient I drew up a sort of  
22 a teaching guide. I would initially show them how  
23 to -- how to put a Venflon in my own arm, and then  
24 I would show them how to do it to themselves.

25 It seemed to give them a bit of confidence that

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1 A. Yes, so what happened was that Queen Elizabeth then  
2 was a large surgical -- it was a large surgical unit  
3 and thousands of patients were operated on every year,  
4 and during the time when I started working for  
5 Professor Stuart to the February, there were two  
6 occasions that I can remember that we were asked to  
7 see a patient on a ward, on a surgical ward, that  
8 following having blood they had turned yellow, yes.

9 Q. Now, in February 1976, you yourself were treated at  
10 the hospital for your haemophilia because you'd had  
11 a bleed.

12 A. Correct.

13 Q. You received American Factor VIII.

14 A. I did indeed.

15 Q. Do you know which product you received?

16 A. I think it was cryobulin.

17 Q. And you became jaundiced very soon afterwards in March  
18 of 1976.

19 A. Yes, the date rings a bell because it was St David's  
20 day, March 1, yes.

21 Q. What symptoms can you recall experiencing?

22 A. I turned bright yellow, my urine was very dark and my  
23 stools were very pale.

24 Q. You were, I think, signed off work for about three  
25 weeks until the jaundice had cleared.

8

1 A. Yes. I was -- Professor said to me, "You've got to  
2 stay off double the length of your jaundice". So  
3 I was jaundiced for about, I think, possibly just over  
4 a week, so I stayed off another two weeks. So it's  
5 about three weeks, yes.  
6 Q. Your liver enzymes were raised.  
7 A. Correct.  
8 Q. And were you tested for hepatitis A or B?  
9 A. I was tested for hepatitis A and B and -- in my blood,  
10 and the virologist also asked for a stool sample as  
11 well, so they looked for viral particles in my stool.  
12 Q. What can you recall being told by Professor Stuart  
13 about your condition?  
14 A. He said that they weren't sure about the particles in  
15 my stool, but my hepatitis A test was negative and my  
16 hepatitis B test was negative, and on completing  
17 a sentence he said, "Then you've got non-A, non-B".  
18 Q. Did he tell you anything else about non-A, non-B or  
19 prognosis?  
20 A. Yes. I asked him, "What is the consequence of that?"  
21 and he said, "You are likely to have an increased risk  
22 of having cirrhosis, and a slightly smaller risk of  
23 having cancer of the liver".  
24 Q. So Professor Stuart, at least, at that time in 1976  
25 understood that non-A, non-B, could have serious

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1 the end take another sample from them."  
2 I explained to the -- my patients that I had  
3 become yellow, and I would want to find out if anybody  
4 else is going to go yellow. The investigation --  
5 I also told them that the risks after going yellow  
6 were that you had an increased risk of having  
7 cirrhosis and a slightly lower risk of having cancer  
8 of the liver, yes.  
9 **SIR BRIAN LANGSTAFF:** By slightly lower, you mean slightly  
10 lower increased risk?  
11 A. Beg your pardon?  
12 **SIR BRIAN LANGSTAFF:** By slightly lower risk, you mean not  
13 lower than normal but lower than the risk of  
14 cirrhosis?  
15 A. Lower than the risk of having cirrhosis.  
16 **SIR BRIAN LANGSTAFF:** But itself an increased risk?  
17 A. Yes, indeed, yes.  
18 **MS RICHARDS:** So in relation to the samples which you  
19 took, the blood samples which you took for testing,  
20 you did obtain the consent of the patients?  
21 A. Yes.  
22 Q. And you explained to the patients --  
23 A. I did.  
24 Q. -- verbally --  
25 A. Yes.

11

1 consequences?  
2 A. Correct, and he told me that sort of with the result  
3 form in his hand, and sort of a microsecond later  
4 said, "You've got non-A, non-B", and then told me the  
5 consequences, yes.  
6 Q. Now, as part of your work at the Queen Elizabeth  
7 Hospital, you assisted two virologists who were  
8 conducting a study about hepatitis.  
9 A. Yes. Coming from a pathological family, I wanted to  
10 know what this non-A, non-B was. So I phoned up the  
11 two virologists that were dealing with the hepatitis  
12 side of things, and I said I would give them any  
13 samples, blood or stool, for them to investigate me to  
14 find out what was going on, yes.  
15 Q. As part of that, you became involved in collecting  
16 blood samples from patients before and after  
17 Professor Stuart gave treatment.  
18 A. No, I gave the treatment. I took blood -- well, what  
19 happened is when I went back to work, the first  
20 patient I saw, I said, "I've turned yellow after  
21 having this product. I've devised sort of  
22 an investigation into what's going on and the  
23 virologists have advised me that the best samples to  
24 take would be a sample before I gave the infusion of  
25 the American Factor VIII or the Lister, and then at

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1 Q. -- although not in writing.  
2 A. Not in writing, no. The consent for giving treatment  
3 then was not ever in writing. People came to the  
4 treatment room, they would undress, and because  
5 haemophiliacs have a favourite vein, they say, "I want  
6 it there, doc", or, "Can I put it in there?" and you  
7 would say yes, yes.  
8 Q. So when you were taking the samples from the patients  
9 you were treating for this purpose, you told them why,  
10 you told them about the study --  
11 A. Yes.  
12 Q. -- you told them about your own experience --  
13 A. Yes.  
14 Q. -- and you told them of the risk of hepatitis?  
15 A. I did indeed, yes.  
16 I kept their name in a Kardex file, and I put  
17 the number that I had chosen -- if it was Mr Smith,  
18 Mr John Smith, I put "JS", and then the number, and  
19 I would enter that on the Kardex in a file that I kept  
20 on my desk.  
21 Q. The study resulted in the publication of a paper --  
22 A. It did.  
23 Q. -- in 1980, and we'll just look at that. It will come  
24 up on the screen in front of you in a moment. It's  
25 2362006, please, Henry.

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We can see from the introduction it says this:  
 "Tests for hepatitis A have recently become available so that both hepatitis A and B infections can be easily diagnosed. We have used these tests to carry out a retrospective epidemiological survey for evidence of previous infection with these two viruses in a group of patients, all of whom have a congenital bleeding disorder. This group was chosen because they regularly receive blood products which have been shown to be implicated in cases of hepatitis, and also because one of the authors had noted that there was a significant number of hepatitis infections in this particular group. During the period of study, January to September 1976, 15 patients had symptoms of hepatitis and these were investigated."

If we go over the page, please, Henry, top of the next page, we can see we're told:

"The test group comprised 115 patients, all with a congenital bleeding disorder. The blood products given to these patients came from four different sources: cryoprecipitate, West Midlands Regional Blood Transfusion Centre; Factor VIII, BPL, Elstree; cryobulin, Immuno Limited, Sevenoaks; and Factor IX, Plasma Fractionation Laboratory, Churchill Hospital, Oxford."

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seem to be non A, non B hepatitis."

Then the study refers to a suggestion that the problems increased since 1974, when foreign produced factors came into widespread use in the country, but refers to your own results, where it says:

"The non-A, non-B hepatitis occurred in patients receiving only British products and also those receiving cryoprecipitate."

Then it says:

"As yet, there is no diagnostic test for non-A, non-B hepatitis. We feel that one is much needed if this infection is to be eliminated from blood products. Although cryoprecipitate has been largely replaced by other products, there are many other areas of medicine where blood products are used. From our results it is evident that non-A, non-B hepatitis is present in British blood donations and that these are a potential source of infection."

That was published in 1980.

A. It was.

Q. Now, in the meantime, in late 1976, you'd moved to work in a different hospital in Birmingham and then to Manchester.

A. Correct.

Q. And then in 1978 you moved to work at the University

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A. Correct.

Q. We won't go through the method and the result, but if we turn over to the page headed "Discussion", Henry, I think it's the fourth page, and if we go halfway down the page, we see this in the discussion:

"The majority of our patients with symptoms of hepatitis had neither hepatitis A nor B. Since both these infections can now be diagnosed, it has become obvious that there is a third type of hepatitis, so-called non-A, non-B hepatitis. This would seem to be the most likely cause of illness in our group of patients, although because this was a retrospective study it was difficult to establish whether these episodes were primary infections or recrudescences of previous infections. The epidemiology of non-A, non-B hepatitis is well known and it has been shown to be a major cause of hepatitis associated with blood transfusion in North America. There is also evidence that non-A, non-B hepatitis can progress to chronic active hepatitis."

Then it says:

"In the UK it has been reported that patients regularly receiving blood products suffer from repeated episodes of jaundice and also from chronic hepatitis, and the most likely cause of this would

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Hospital Wales in Cardiff.

A. I did.

Q. For part of that time you worked in the haematology department that was headed by Professor Bloom.

A. The head of department was Professor Jacobs, but the head of clotting was Professor Bloom, yes.

Q. But you didn't in fact have very much to do with patients during your time there.

A. No, there was only one period that I actively treated patients, and that was to cover holiday cover for one of my colleagues, and I used to give treatment, factor treatment, cryoprecipitate treatment to the patients on the ward.

Q. So in that --

A. That was my only contact.

Q. So during that holiday cover, your recollection is what you gave was cryoprecipitate, not Factor VIII?

A. Correct.

Q. In contrast to your experiences at the Queen Elizabeth Hospital, cryoprecipitate was still in regular use at Cardiff.

A. It was for all the ward patients, yes.

Q. And I think you yourself received cryoprecipitate there on one occasion after a bleed.

A. Yes, I did indeed.

16



1 Q. You were otherwise involved in various research  
2 matters which don't really relate to the subject  
3 matter of the Inquiry's investigations.  
4 I think there was one task you had, which was  
5 taking samples, blood samples.  
6 A. Yes. Professor Bloom asked me to go to the blood bank  
7 to collect normal clotting-wise samples from people  
8 who were going to receive blood, yes.  
9 Q. Can you recall what the purpose of taking those  
10 samples was?  
11 A. The purpose was to send it to reference laboratories  
12 all over the country to test for various antibodies,  
13 yes.  
14 Q. Was hepatitis any part of those tests?  
15 A. I didn't know. The only part that I was concerned  
16 with was when the results came back about -- I think  
17 three or four months later -- there were a number of  
18 patients who the reference laboratory had found had  
19 antibodies to the islets of Langerhans in the --  
20 oh ... in the ... The islets of Langerhans in the  
21 pancreas.  
22 There were six such patients, and the prof asked  
23 me to break the code of the blood bank and write to  
24 the general practitioners of those six patients and  
25 explain to the general practitioner that these people

17

1 A. Yes, I did.  
2 Q. You remained a GP for the next decade or so.  
3 A. Yes.  
4 Q. Now, your jaundice in 1976 had cleared, as you've told  
5 us, but how was your health in the years that  
6 followed?  
7 A. What happened was that I normally -- I don't know if  
8 people know that in hospital, when you're on call, you  
9 do on call on Friday, Saturday, Sunday and you work  
10 the Monday and you go home at 5 o'clock. I found  
11 doing that was more difficult. I became tired and  
12 lethargic.  
13 Q. In 1983 you had a bleed and you specifically asked for  
14 a Lister product to be given to you.  
15 A. Yes, I did. I did, yes.  
16 Q. Why was that?  
17 A. Because I knew the risk. The pool size for Lister  
18 freeze-dried Factor VIII was less. It was I think  
19 1,500 instead of the 40,000 to 60,000 of the American.  
20 So the risks -- the population was a different  
21 population too, it was a volunteer population and not  
22 a paid population, yes.  
23 Q. And you became aware of the connection or suspected  
24 connection between blood and blood products and HIV.  
25 A. Yes, correct.

19

1 had a positive test for antibodies against their  
2 islets of Langerhans in the pancreas, and we know that  
3 people who have antibodies to the islets of Langerhans  
4 in the pancreas have an increased risk of developing  
5 diabetes in later life.  
6 Q. Was there any particular reason why, whilst you were  
7 working there, you only did a couple of weeks' holiday  
8 cover in terms of direct patient interaction?  
9 A. It was my -- nothing was ever said to me, but I feel  
10 probably John Stuart had contacted -- this is  
11 supposition now, but I think he probably contacted  
12 Prof Bloom to tell him that I informed people of the  
13 risks of various -- but I don't know. I have no  
14 evidence that that conversation took place. But I was  
15 kept away from haemophilia patients because  
16 I worked -- my contract was for three years and you're  
17 meant to go round the various sections in haematology,  
18 but I only had a two-week period looking after  
19 haemophilia patients. My main port of call was the  
20 day units, where I gave chemotherapy for the leukaemia  
21 patients and also operated the cell centrifuge.  
22 Q. Now, you ceased working there in the early 1980s and  
23 decided to train in general practice.  
24 A. Correct.  
25 Q. You became a partner in a GP practice in 1984.

18

1 Q. You and your wife started to use condoms because of  
2 that risk.  
3 A. Yes.  
4 Q. And you were tested for HIV in 1988 and 1989.  
5 A. Yes. At that time you had to have two tests several  
6 months apart to be designated negative, yes.  
7 Q. And those tests were negative.  
8 A. Yes, they were.  
9 Q. But you continued to have abnormal liver function test  
10 results.  
11 A. Yes, I did.  
12 Q. And high enzyme levels.  
13 A. Yes.  
14 Q. You were suffering, as well as from lethargy,  
15 increasingly I think from joint pains.  
16 A. Yes. The reason that I went to see my haematologist  
17 in my local centre was that I had pain -- arthralgia  
18 pain in all of my joints in my body, and I thought  
19 I was having bleeds into my joints, yes.  
20 Q. It was August of 1992 when your diagnosis of hepatitis  
21 C was made formally.  
22 A. Yes. And the reason that I had pains in my joints is  
23 that I had a very high viral load, yes.  
24 Q. You say in your statement that in one respect you were  
25 pleased that this virus you'd suffered from since 1976

20

1 now had a formal name and label and formal diagnosis  
 2 because you thought you might be able to get some  
 3 treatment for it.  
 4 **A.** Yes, yes, but I was rather concerned that there were  
 5 decisions taken -- I knew that the generation -- first  
 6 generation tests were available, and -- but was  
 7 available only to research establishments in the UK,  
 8 and not to any hospital, and so we had to wait until  
 9 1992 for the second generation test, yes.  
 10 **Q.** In the year before that, 1991, you had been diagnosed  
 11 with a condition called Yersinia.  
 12 **A.** Correct.  
 13 **Q.** What is that?  
 14 **A.** Yersinia is a sort of -- is the cousin of bubonic  
 15 plague, and people who get Yersinia have a reduced  
 16 immunity.  
 17 I think I caught it from seagull faeces. I can  
 18 remember at the local garage cleaning my car and the  
 19 car was wet and a splash, but I don't know. But, yes,  
 20 I had Yersinia. Luckily there is a cure for Yersinia,  
 21 and that's a three-week course of at the tetracycline.  
 22 **Q.** Having been diagnosed with hepatitis C, you were  
 23 referred to St Mary's, London to participate in  
 24 a clinical treatment trial. How did that come about?  
 25 **A.** Yes, I was lucky that one of the local physicians was

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1 going to sleep in the chair and sliding onto the floor  
 2 and two people helping me back up on to my -- yes.  
 3 And I also was still having baths then, and I can  
 4 remember falling under the water and waking up  
 5 spluttering, yes.  
 6 It was quite a difficult part, yes.  
 7 **Q.** You've described, as well as the excessive tiredness  
 8 and falling asleep, you experienced sweats and  
 9 generally felt very ill.  
 10 **A.** Yes, I did. I slept most of the time. I think I was  
 11 only awake to eat or inject myself with alpha  
 12 interferon. The rest of the time I was either  
 13 changing the covers or asleep.  
 14 Looking back on that time now, it distresses me  
 15 that I have no memory during that time of actually  
 16 seeing my sons. I remember my wife, but I can't  
 17 remember, and that's very distressing.  
 18 **Q.** That's effectively for a two-year period of treatment  
 19 where you have very little memory.  
 20 **A.** Yes, it was for a two-year period, but it took me  
 21 18 months before I was actually walking around  
 22 normally after, so it took me 18 months to become sort  
 23 of normal after that, yes.  
 24 **Q.** Relatively early on in the course of the treatment you  
 25 had to stop working.

23

1 in medical school with the man who started the trial.  
 2 He was aware that his friend had done a pilot study on  
 3 a new treatment then, which was a combination of  
 4 Ribavirin and alpha interferon, and I was one of the  
 5 first patients to -- first study group to be given  
 6 Ribavirin and alpha interferon.  
 7 **Q.** You started on that in late 1992.  
 8 **A.** Well, I was given it, I was told that I was going to  
 9 have it, but they decided to let me have -- they  
 10 obviously knew that there were a lot of side-effects  
 11 from that, so they said, "You'd better enjoy this  
 12 Christmas". So I started doing the first week  
 13 in January, and I remained on it for 102 weeks, that  
 14 is six months with the combination at the beginning,  
 15 and then just alpha interferon, and the last six  
 16 months was again the combination of Ribavirin and  
 17 alpha interferon.  
 18 I did go through bits of -- I was receiving,  
 19 apparently, too much of Ribavirin and my white cell  
 20 count became very low, so I was lethargic -- more  
 21 lethargic. My platelet count went down to 2,000. It  
 22 should be at least 60,000. My haemoglobin came down  
 23 to about 8 grams. It should be at least 14 for a man.  
 24 So I was pretty -- feeling pretty weak, and  
 25 I can remember around that time going for a test and

22

1 **A.** Yes. I was told in the centre that gave the -- up in  
 2 London that gave me the treatment that I would just  
 3 have mild flu-like symptoms. I would be able to work  
 4 and just to take the occasional paracetamol if I had a  
 5 few aches and pains. But I found it basically totally  
 6 anaesthetised me. I was asleep. I just can't --  
 7 I have no memory of most of that time at all.  
 8 **Q.** In the middle of 1994, your statement says you had to  
 9 retire as a GP at the age of 45 on ill-health grounds.  
 10 **A.** Yes. General practitioners are nominally  
 11 self-employed, although you only have one master,  
 12 which is the government, really, you contract your  
 13 services to the government, and you have to pay for  
 14 your own locum. Now, if I had stayed longer  
 15 than August, I would have to be declared bankrupt  
 16 because I would have to pay for all my locums.  
 17 **Q.** You said in your statement that should've been the  
 18 prime of your working life.  
 19 **A.** It should've been, yes, yes.  
 20 **Q.** In June of 1996 you were told you were PCR negative;  
 21 you'd cleared the infection.  
 22 **A.** Yes. Just after the beginning of my second lot of  
 23 Ribavirin and alpha interferon, that's the last lot,  
 24 they did a PCR, but they said, "Don't get excited,  
 25 don't get excited, we've got to do this in another six

24

1 weeks". But it turned out to be right, and I've had  
 2 PCRs every year since then.  
 3 It was a condition of my employment and my --  
 4 the General Medical Council somehow got to know about  
 5 my state of health, I didn't inform them, but  
 6 I received a letter, and in it I had to sign  
 7 a document that was witnessed that I would agree to  
 8 have a test every year and inform my colleagues about  
 9 the result, yes.  
 10 Q. Now, as you've said, it took you a significant period  
 11 of time to get over the physical effects of the  
 12 treatment.  
 13 Throughout this time, you'd kept your diagnosis  
 14 private.  
 15 A. Yes.  
 16 Q. But you've mentioned in your statement that there were  
 17 rumours within your local community that you'd had  
 18 liver problems and you'd be asked if you were now off  
 19 the bottle.  
 20 A. Yes. The first time -- the first walks that I made  
 21 roughly a year after I'd -- or more after I'd stopped  
 22 treatment, I was asked if I was off the bottle. So  
 23 obviously it had got out somehow in my local community  
 24 that I -- my answer to that was, "Yes, I've been off  
 25 the bottle since I was 18 months old!"

25

1 Following the conclusion of your treatment, you  
 2 were advised that it was safe for you to resume  
 3 practising medicine.  
 4 A. Correct. I wrote specifically to the centre in London  
 5 and they gave me a letter to show to my prospective  
 6 employers, because I initially thought that I would  
 7 start doing locums, but I'd lost all my medical  
 8 language.  
 9 So I asked locally, was there anywhere that  
 10 I could relearn it without actually doing a job? And  
 11 they said no. I asked the registrars training scheme  
 12 would they help me with my language. Couldn't do  
 13 that. I wrote to the BMA and asked them could they do  
 14 that. I wrote to the GMC to ask whether they would --  
 15 they had any schemes going, and they said no.  
 16 So I devised my own scheme, and my uncle used to  
 17 work for the tribunal service, so I thought that's  
 18 possibly a way to get in, and I applied for a medical  
 19 post as -- to sit on a tribunal.  
 20 Q. You describe in your statement one experience where  
 21 you were attempting to do locum GP work of a practice  
 22 manager having been informed by you of your previous  
 23 diagnosis saying that they didn't want you to work  
 24 there.  
 25 A. No, I was interviewed by a partner, and I was phoned

27

1 Q. Your statement describes your concern that you might  
 2 have infected your wife or your children.  
 3 A. Yes.  
 4 Q. Which was a cause of great worry to you.  
 5 A. That's right.  
 6 Q. And your inability to play an active part in family  
 7 life during this period.  
 8 A. I was tiring after being up maybe an hour, and I would  
 9 have to -- initially, anyway, I would have to go  
 10 down -- up to bed and lie down, because the aches and  
 11 the pains were so -- well, I suppose agonising,  
 12 really, yes.  
 13 Q. You describe yourself in your statement as lucky to  
 14 have survived.  
 15 A. Yes.  
 16 Q. But you still suffer permanent side-effects from the  
 17 treatment: numbness in your hands and feet.  
 18 A. That's correct.  
 19 Q. Hyperthyroidism?  
 20 A. Yes.  
 21 Q. Feelings of cold and lethargy.  
 22 A. Correct.  
 23 Q. Now, following the --  
 24 A. And deafness as well.  
 25 Q. And deafness, sorry.

26

1 up I think two or three days later, and it was rather  
 2 embarrassing because the practice manager there was  
 3 somebody who I went to school with, and they informed  
 4 me that my services were no longer used because I'd  
 5 had hepatitis. I don't think the doctor understood,  
 6 because at the time there was a lot of -- in the  
 7 papers, in the redheads as they call them, redhead  
 8 papers, about hepatitis and people dying and patients  
 9 dying from catching hepatitis B, in fact, from  
 10 a surgeon that had been employed in the area. Yes.  
 11 Q. Now, you describe in your statement feeling very low  
 12 in the aftermath of the treatment, and it was only  
 13 subsequently that you realised you were clinically  
 14 depressed.  
 15 A. Yes, that's correct. The study actually showed  
 16 apparently that in the years after I was treated they  
 17 gave prophylactic antidepressants to the people who  
 18 had the treatments that I had, yes.  
 19 Q. You decided that you needed to do something different,  
 20 and you went to Germany with the Royal Army Medical  
 21 Corp for a period of time.  
 22 A. Yes, initially for a year, yes.  
 23 Q. You then in 2000 worked as a salaried GP in England.  
 24 A. Yes, I did.  
 25 Q. At some stage, I think September 2004, you received

28

1 a letter about potential exposure to vCJD.  
 2 A. Yes.  
 3 Q. What can you recall about that?  
 4 A. A letter -- I had heard that these were about and  
 5 I duly received one. It did concern me, you know,  
 6 another load to carry, yes.  
 7 Q. You did respond to the questionnaire saying that you  
 8 wanted to know if you had received one of the  
 9 implicated batches and you were told that you had not,  
 10 but you were considered at risk for public health  
 11 reasons.  
 12 A. Yes, people who -- they considered then that people  
 13 who had received a blood products were an increased  
 14 risk, yes.  
 15 Q. Now, you and your wife had divorced by this time and  
 16 you went back to Germany to work for the Royal Army  
 17 Medical Corps again.  
 18 A. Yes.  
 19 Q. You stayed there until I think you retired at the age  
 20 of 59 --  
 21 A. Correct.  
 22 Q. -- and returned to Wales.  
 23 A. I did, indeed yes.  
 24 Q. You and your wife reconciled and remarried in 2010.  
 25 A. We did indeed, yes.

29

1 take care of it, you go away, don't worry".  
 2 Q. So one final question from me.  
 3 Whilst you were working as a GP, do you recall  
 4 encountering patients who had received blood  
 5 transfusions or blood products and who might have  
 6 hepatitis?  
 7 A. No, never.  
 8 Q. Those are the questions I have for you, but I'm just  
 9 going to ask Mr Williams if there's anything further  
 10 he wants me to ask.  
 11 (Pause)  
 12 There are just two points that Mr Williams has  
 13 asked me to raise with you and they relate to the time  
 14 you were working under Professor Bloom in Cardiff.  
 15 The first is this: is it right that at the time  
 16 that you were there, the centre in Cardiff was  
 17 regarded as a training ground for future consultants  
 18 across the country?  
 19 A. Yes, if you look at the appointments in the ten years  
 20 after I was left there, many of the senior registrars  
 21 that worked in the department became heads of  
 22 department in London, in Manchester, Leeds and  
 23 Edinburgh, yes, so it was known as a training ground  
 24 for consultant haematologists, yes.  
 25 Q. Secondly, I understand from Mr Williams you have

31

1 Q. You describe in your statement that your financial  
 2 position is much worse than if you'd been able to  
 3 continue your career as a GP.  
 4 A. It was indeed, yes.  
 5 Q. In terms of financial assistance, you've received  
 6 a one-off Skipton payment in 2004.  
 7 A. Yes, that's correct.  
 8 Q. And you've received some additional payments  
 9 since November 2016?  
 10 A. That's right.  
 11 Q. You received them from EIBSS.  
 12 A. Yes. The reason for that is I was infected in  
 13 England, although I was living in Wales. It just  
 14 illustrates the -- yes.  
 15 Q. The last thing I wanted to ask you about is just  
 16 an observation that you make in your witness statement  
 17 about the idea of -- in the time when you were  
 18 practising as a doctor, the idea that the doctors knew  
 19 best.  
 20 A. Yes.  
 21 Q. A paternalistic attitude is essentially what you  
 22 describe in your statement. Can you tell us a bit  
 23 more about that?  
 24 A. Yes, I had a principal of the firm always believed --  
 25 he used to say, "Doctor knows best, there there, I'll

30

1 a recollection about two Scottish technicians who had  
 2 applied for jobs in Cardiff.  
 3 A. Yes.  
 4 Q. And made an observation.  
 5 A. Yes, they were people who helped me with my MRC part 1  
 6 exam, they showed me how to crossmatch blood, and  
 7 during the chit-chat they mentioned that in the  
 8 department that they worked in in Scotland, the  
 9 department was throwing away Factor VIII --  
 10 freeze-dried Factor VIII that they in Scotland had  
 11 made themselves, and they asked me why don't we use  
 12 that in England and Wales? And I had no answer. No  
 13 answer at all.  
 14 Q. Thank you.  
 15 Those are the questions I have for you. Is  
 16 there anything further you would like to add?  
 17 A. Yes, I would like to add thanks to my wife and family  
 18 for support, both -- in all senses of the word. And  
 19 my two sons, in particular. I rely on them a great  
 20 deal for that support.  
 21 I would also like to thank Sir Brian and you and  
 22 your team for their help as well, because I've waited  
 23 43 years for an explanation of something that happened  
 24 to me, and I really want to know why. Coming from  
 25 a pathological family, you know, I want to know why.

32



1 My last thought about it is that I hope there is  
2 the political will to tell the truth about what has  
3 happened, and that there's a political will to  
4 implement what recommendations Sir Brian comes up with  
5 and yourself.

6 **MS RICHARDS:** Thank you.

7 Sir Brian.

8 **SIR BRIAN LANGSTAFF:** Well, so do I.

9 But can I just ask you one question. You had  
10 experience across England and Wales of general  
11 practice over a number of years.

12 **A.** Correct.

13 **SIR BRIAN LANGSTAFF:** How aware do you think those with  
14 whom you worked as general practitioners were of  
15 hepatitis C?

16 **A.** They weren't aware of it at all, not at all.

17 **SIR BRIAN LANGSTAFF:** And what do you think it would have  
18 taken to make them aware?

19 **A.** I think something like -- all blood transfusion  
20 services have records, and I think a look-back --  
21 because every general practitioner has a patient who  
22 has been operated on and who has had blood. That  
23 would involve the whole of general practice. So if  
24 they did a proper look-back to see what -- who got the  
25 bad blood, that would involve all the GPs, and then

33

1 **Q.** And, Malcolm, you have haemophilia A, classified as  
2 mild to moderate.

3 **A.** Correct.

4 **Q.** And that was diagnosed when you were a baby.

5 **A.** Yes, yes.

6 **Q.** How did it affect you when you were growing up?

7 **A.** Well, I wasn't allowed to join in PE at school or any  
8 physical games, cricket, football, rugby. I was  
9 allowed to go swimming when other people were having  
10 time on a very cold rugby field, but I had to take  
11 care not to hit the end of the pool.

12 **Q.** You describe in your statement that you missed quite  
13 a lot of school growing up.

14 **A.** Yes, yes, I did.

15 **Q.** The treatment that you received at that time in your  
16 childhood and young adulthood would be bed rest,  
17 sometimes blood transfusions --

18 **A.** Yes.

19 **Q.** -- and fresh frozen plasma.

20 **A.** And later cryo.

21 **Q.** And later on cryoprecipitate.

22 **A.** Yes.

23 **Q.** You spent a fair amount of time in hospital.

24 **A.** Yes, indeed. King's College Hospital, usually.

25 **Q.** We'll come on to the particular circumstances in which

35

1 they would have to, because, I don't know, in a year,  
2 maybe 30 or 40 patients in a practice would have  
3 an operation that required blood. That involves the  
4 whole country.

5 **SIR BRIAN LANGSTAFF:** Thank you very much, and thank you  
6 for giving us such a fascinating insight into what  
7 life was like as a doctor, albeit infected, throughout  
8 the mid-1970s and 1980s, and thank you for coming here  
9 and telling us what you have after the 43 years that  
10 you have spoken of.

11 **A.** Thank you.

12 **SIR BRIAN LANGSTAFF:** We'll take a break until 11.30.  
13 11.30.

14 (11.00 am)

(A short break)

16 (11.30 am)

17 **SIR BRIAN LANGSTAFF:** How would our next two witnesses  
18 wish to be known?

19 **MS RICHARDS:** Malcolm and Violet.

20 **SIR BRIAN LANGSTAFF:** Malcolm and Violet, please.

21 **MALCOLM SLATER and VIOLET SLATER (sworn)**

22 **Questioned by MS RICHARDS**

23 **MS RICHARDS:** Violet and Malcolm, you met in 1978, and  
24 married in 1980.

25 **MR SLATER:** Yes.

34

1 you received Factor VIII in the 1980s in a moment, but  
2 in your statement you describe Factor VIII as seeming  
3 to be a massive improvement because you didn't have to  
4 stay in bed for prolonged periods of time or in  
5 hospital.

6 **A.** Yes, and it meant I was able to get back to classes  
7 and not fall behind, yes.

8 **Q.** Now, despite missing school, you managed to do your  
9 A levels. You went to university to study law --

10 **A.** Yes.

11 **Q.** -- and you qualified as a solicitor.

12 **A.** Yes.

13 **Q.** You tried to lead in adulthood an active and normal  
14 life.

15 **A.** I took up horse riding, which was my first sport,  
16 other than swimming alone in a pool! But the doctors  
17 weren't very pleased when I took up horse riding.  
18 I was a complete novice, but I -- yes, I took up  
19 jumping the horses and countryside.

20 **Q.** And you tried to ensure that your haemophilia didn't  
21 affect your work. You'd take days off if you had to  
22 as holiday rather than sick leave.

23 **A.** Yes. Mostly, yes. Yes, sometimes it had to be sick  
24 leave.

25 **MS RICHARDS:** And, Violet, you describe Malcolm as being

36

1 at this stage really healthy.

2 **MS SLATER:** Absolutely. I met Malcolm and he told me

3 about haemophilia and I thought, "Oh, this is a bit

4 worrying". But over the first few years of our lives

5 together I thought, I don't see what the problem is,

6 you know, he's off riding horses on Frensham Common

7 for most of the day, you know. The fact is, you know,

8 sometimes he wasn't walking very well afterwards, but

9 he seemed to enjoy life. We had our dog, which we

10 walked constantly. She always had to be walked on

11 a lead, which meant that, you know, she's quite a big

12 dog, we had to go for fairly long walks. We explored

13 the Cotswolds where we lived and life was really good.

14 **MS RICHARDS:** You were working at this stage, Malcolm, for

15 a large life insurance and pensions company as

16 an in-house legal adviser in Swindon.

17 **MR SLATER:** In-house solicitor for the company, yes.

18 **Q.** Now in your witness statement, Malcolm, you mention

19 receiving Factor VIII on many occasions from the 1970s

20 onwards.

21 **A.** There was a gap, I think it was probably

22 six/eight years, when I didn't take it, largely

23 because I was concerned about it.

24 **Q.** Well, we'll have a look at a letter first of all and

25 then I'll ask you about that. It's a letter that

37

1 paragraph it refers to your factor level and being

2 a moderately severely affected haemophiliac, and it

3 says this:

4 "With this level of Factor VIII he will require

5 fairly close watching and frequent monitoring of the

6 Factor VIII in his blood post-operatively. Our usual

7 routine in such cases is as follows. Immediately

8 before operation we give a dose of Factor VIII

9 sufficient to raise the blood level of Factor VIII to

10 80 to 100 per cent of normal. Four to six hours we

11 take a sample of blood to check the level of

12 Factor VIII and give further doses that day depending

13 on the results of our assays. Thereafter we shall

14 probably give him twice daily doses of Factor VIII,

15 aiming to maintain his Factor VIII level above

16 50 per cent of normal for the next seven to ten days.

17 I see no problem of doing all of this at the Acland."

18 This refers to surgery you were going to have

19 and did have in November 1981.

20 **A.** Varicose vein surgery, yes.

21 **Q.** It was undertaken at the Acland Hospital, which was

22 a private Nuffield Trust facility, but your

23 haemophilia care was based at the Churchill Hospital

24 in Oxford under Dr Rizza.

25 **A.** Yes.

39

1 Violet has recently found in your medical records.

2 Henry, it's 00599007, please.

3 We can see it's a letter dated 27 October 1981.

4 It's from Dr Rizza to your GP. It says this in the

5 second paragraph. It says you were:

6 "... diagnosed as a haemophiliac in early

7 childhood because of excessive bruising and bleeding

8 into his knee joints. Throughout his early days he

9 bled into knees, ankles, elbows and hips, and

10 following dental extraction he has bled for as long as

11 eight weeks."

12 **A.** Yes, also should mention hands. Sometimes elbows.

13 **Q.** Then it refers to several episodes of haematuria,

14 bleeding from the gastrointestinal tract, then it says

15 this:

16 "Apart from his haemophilia, his past health has

17 been good and he has had no Factor VIII replacement

18 therapy since 1974."

19 That's the gap. From 1974 to 1981, you didn't

20 have Factor VIII.

21 **A.** Yes.

22 **Q.** You've said just now you had concerns about it.

23 **A.** Yes. The stories, rumours, were going around a bit.

24 And, yes, I was very reluctant.

25 **Q.** If we go on in this letter, we can see in the bottom

38

1 **Q.** As we can see from this, arrangements were made for

2 Factor VIII to be administered to you pre- and

3 post-operatively?

4 **A.** Yes.

5 **Q.** Were you given, by Dr Rizza or any of the other

6 doctors involved, any information, advice or warning

7 about risks of infection from the factor product?

8 **A.** I don't remember any.

9 **Q.** Indeed, your statement says that you had been assured

10 by Dr Rizza at some stage at least that Factor VIII

11 was safe.

12 **A.** Yes, he was very positive about improvements and how

13 treatments were developing rapidly, yes.

14 **Q.** You also say very firmly in your statement that had

15 you been told that there was a risk of infection, you

16 simply wouldn't have gone ahead with the operation,

17 because it wasn't an essential one.

18 **A.** It wasn't urgent, essential, no.

19 **MS RICHARDS:** Violet, you describe the operation as going

20 well. Malcolm came home and was back at work as soon

21 as he could. But then he became sick quite quickly

22 after the operation. What can you recall about his

23 symptoms?

24 **MS SLATER:** I think Malcolm always had a healthy appetite,

25 and he wasn't enjoying Christmas, he didn't enjoy food

40

1 at Christmas. My recollection really is that he  
 2 started feeling nauseous, then he started to be sick  
 3 and he had constant diarrhoea. He was losing weight.  
 4 He was confused. And sometime afterwards he started  
 5 getting joint pains.  
 6 **MR SLATER:** More. I already had joint pains, but more so.  
 7 **MS SLATER:** We were always able to do walks and -- but not  
 8 very long after that, that started to reduce.  
 9 **MS RICHARDS:** You have recollected in your statement  
 10 Malcolm being told words to the effect that he had  
 11 hepatitis or jaundice.  
 12 There are a couple of letters in your medical  
 13 records that we're going to look at.  
 14 Henry, can we have up on screen, please,  
 15 0599003.  
 16 This is a letter of 27 January 1982, so this is  
 17 not long after the operation, which was  
 18 in November 1981, when you had Factor VIII products  
 19 administered. It's from Dr Trowell to your GP,  
 20 Dr Winter, and it says this:  
 21 "I was asked to see this young man as he has  
 22 developed abnormal liver function tests since the end  
 23 of last year. As you know, he had an episode of  
 24 diarrhoea while in Tunisia last October, but this  
 25 settled and he was admitted to the Acland in November

41

1 between three and six months. I have advised him to  
 2 plan his professional activities accordingly."  
 3 Then it says this:  
 4 "I have also advised him to avoid alcohol and I  
 5 know that he has already cut down considerably on his  
 6 alcohol consumption."  
 7 Now, if we just look at the very bottom of the  
 8 page, I believe this is your handwriting, where you  
 9 write:  
 10 "Dr Trowell is in fantasyland."  
 11 **A.** Yes, that's my writing.  
 12 **Q.** "My alcohol consumption was very little except on one  
 13 occasion in 1970[sic] or 1980."  
 14 You saw this letter relatively recently, I think  
 15 in the last year or so when preparing statements for  
 16 the inquiry.  
 17 **A.** Yes.  
 18 **Q.** What was your reaction on seeing this reference to  
 19 alcohol consumption.  
 20 **A.** I was livid, I was -- and I remain pretty angry about  
 21 it. My -- I have had alcohol to excess, yes. Once.  
 22 And it probably wasn't that much because I didn't  
 23 actually -- I hadn't had much. If I was out or with  
 24 friends, it might be a half, just a half, half a pint.  
 25 **SIR BRIAN LANGSTAFF:** Just if I may interpose, just so

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1 for operation on his varicose veins. This is very  
 2 satisfactory, but it is possible that he has developed  
 3 a non-A, non-B hepatitis as a result of the  
 4 Factor VIII cover he received at that time. His liver  
 5 function tests became abnormal during December and are  
 6 now very strikingly so, with an AST on his last visit  
 7 of greater than 630. He had a bilirubin which had  
 8 risen from levels below 9 to 20.  
 9 "He himself has developed symptoms with anorexia  
 10 and nausea, vomiting after fatty food and also had  
 11 noticed that his eyes were yellow last week, although  
 12 he claimed that this had now cleared. When I examined  
 13 him he was not noticed to be jaundiced. I elicited no  
 14 abnormal physical signs."  
 15 Just pausing there for a moment, that is I think  
 16 a reasonably accurate description of the symptoms that  
 17 you were experiencing at the time.  
 18 **MR SLATER:** Yes.  
 19 **Q.** The letter then goes on to say this:  
 20 "I have told Mr Slater that I think he has  
 21 hepatitis. It is impossible to say whether this is  
 22 the result of his Factor VIII cover or of his trip to  
 23 North Africa, but it could well be the former. He  
 24 must expect that, in view of the abnormal liver  
 25 function tests, his health will be impaired for

42

1 that the transcript gets it right, I think Ms Richards  
 2 put to you 1970 or 1980; it's actually 1979 or 1980.  
 3 **MS RICHARDS:** Yes.  
 4 **SIR BRIAN LANGSTAFF:** One episode on either that date or  
 5 the other date.  
 6 **A.** Yes.  
 7 **MS RICHARDS:** That was on a trip to Ireland?  
 8 **MS SLATER:** No -- sorry, I'm interrupting here. It's when  
 9 my cousins came to visit and they were a very bad  
 10 influence!  
 11 **MR SLATER:** Yes.  
 12 **MS RICHARDS:** But you've described yourself in the  
 13 statement, Violet, of the two of you, you're the  
 14 person who will enjoy a drink from time to time.  
 15 **MS SLATER:** Absolutely.  
 16 **MS RICHARDS:** Malcolm never has been.  
 17 **MR SLATER:** No.  
 18 **MS RICHARDS:** To the extent that when you were given some  
 19 champagne for your 30th birthday, it was decades later  
 20 when it was finally opened for your son's engagement,  
 21 and Malcolm only had a sip?  
 22 **MS SLATER:** Yes, that's correct. I managed the rest!  
 23 **MS RICHARDS:** So this suggestion or the inference in the  
 24 letter from Dr Trowell that you need to cut down  
 25 considerably on your alcohol consumption is just plain

44



1 wrong.

2 **MR SLATER:** Absolutely. I was very angry about it. So

3 angry elsewhere in the paperwork I've described

4 Dr Trowell as a woman, I think.

5 **MS RICHARDS:** As a man, in fact. She's a woman.

6 **MR SLATER:** Yes, it was the other way round, yes.

7 **MS RICHARDS:** Violet, you've confirmed in your statement

8 that what Malcolm says is absolutely correct. He was

9 a very occasional drinker who became a non-drinker.

10 **MS SLATER:** He became a non-drinker until about four weeks

11 ago, when we were on holiday in Croatia and I lost my

12 handbag, including our passports.

13 **MS RICHARDS:** And that was the first drink --

14 **MS SLATER:** Which drove him to having half a pint!

15 **MS RICHARDS:** Now, there's a second letter from Dr Trowell

16 a year later.

17 Henry, it is 0599004, please.

18 31 January 1983. We'll come back to your

19 annotations in a moment. We'll just read the letter

20 first of all. Again, it's Dr Trowell to Dr Winter.

21 It says:

22 "I was asked to see Mr Slater again because his

23 liver function test has been intermittently abnormal

24 since his episode of hepatitis. The results from

25 December and from last week show that he has an ALT of

45

1 my benefit. I hadn't thought of it ever becoming

2 public, as it were.

3 **Q.** Well, they show your response on seeing these letters.

4 **A.** Correct.

5 **Q.** You also have noted at the top of the page:

6 "In fact I had lost a lot of weight. My clothes

7 were then too big."

8 **A.** Yes, yes, much too big, yes.

9 **Q.** So, again, the reference to alcohol consumption here

10 is simply incorrect.

11 **A.** It's fiction.

12 **Q.** And in terms of the reference to diet, you had in fact

13 been consuming a very healthy diet for a period of

14 time by that stage.

15 **A.** Yes. In fact, by this stage I wasn't eating much.

16 **MS SLATER:** I think Malcolm is looking at me now. I had

17 worked in the NHS and I'd worked with a dietitian

18 devising menus for people who were ill, and I had

19 decided he was so ill that we better really adapt our

20 diet. I think his diet was mainly fish and

21 vegetables. He had been toying -- well, he had been

22 trying very hard, actually, to get me to -- as the

23 family cook, to cook only vegetarian meals for him,

24 and I had agreed I would do that at weekends. But

25 because he was ill, I considered that probably it

47

1 greater than 200, although he is not jaundiced. His

2 symptoms obviously fluctuate. I think that he was

3 unwell with nausea and vomiting intermittently during

4 the month before I saw him.

5 "There was also no doubt that he is still

6 sensitive to increased quantities of fat in his diet,

7 and I think finds it difficult to remain within a

8 strict dietary regime or in fact to give up alcohol

9 for any significant period of time. Both of these may

10 to some extent influence his symptoms, and I think

11 that the amount of alcohol he consumes could explain

12 to some extent his slow recovery.

13 "However, we found that patients with this

14 non-A, non-B hepatitis sometimes run symptoms over

15 many months before they subside, and I hope that he is

16 coming towards the end of this period."

17 Now, by this time, as I understand it, you were

18 actually finding it difficult to consume any liquid

19 apart from bottled water.

20 **MR SLATER:** Yes.

21 **Q.** Let alone alcohol.

22 **A.** Certainly not alcohol.

23 **Q.** And we see your annotation in the left-hand column:

24 "Rubbish!"

25 **A.** I'm sorry, I wrote those annotations, if you like, for

46

1 would be a really good idea for him to cut out cheese

2 and meat, and eat what he would like to eat anyway,

3 which was fish and vegetables, mainly, and to cut out

4 fat, which I knew from my work experience was only

5 going to make the situation worse.

6 **MS RICHARDS:** So any suggestion in this letter that you

7 were struggling to remain within a strict dietary

8 regime again is incorrect?

9 **MR SLATER:** Correct.

10 **SIR BRIAN LANGSTAFF:** The words used there start with the

11 words "I think". So plainly this is nothing you said

12 to the doctor. It's not reporting what you were

13 saying.

14 **MR SLATER:** Oh absolutely, I don't know where she got this

15 from.

16 **SIR BRIAN LANGSTAFF:** But it's her supposition?

17 **MR SLATER:** Correct. I must assume so.

18 **MS RICHARDS:** You've said in your second statement,

19 Malcolm, commenting on these letters:

20 "My immediate reaction [when you saw these

21 letters more recently] was that they were passing the

22 buck or trying to cover this up."

23 **A.** Yes.

24 **Q.** It's right I should say we have a statement from

25 Dr Trowell. It will be published on the Inquiry's

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website. She has no independent recollection of the letters or appointments, but I will just read out what she says. It's also right to note that she apologises for causing distress to you and your wife in the letters.

She says:

"My normal practice when seeing any patient with abnormal liver function was to take a full medical and personal history, and as alcohol can cause liver disease, I would routinely ask a patient what alcohol they drank."

She said she'd record this in her notes and in her letter to the general practitioner. She says:

"I would not have had any reason to record any other alcohol consumption and would never have considered fabricating this. In my enquiries and in recording what alcohol a patient drank, I was documenting something which might be contributing to their liver dysfunction and ill-health. I would advise reducing or abstaining from alcohol to improve their health and survival. This improvement could occur even in haemophiliac patients such as Mr Slater for whom the main cause of his illness, as my letter records, is the hepatitis virus."

Then she says this:

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A. Yes.

**MS RICHARDS:** Malcolm, you've estimated this was some time in 1982. Violet, you've put it as early as 1983 because you think it was when you were pregnant?

**MS SLATER:** That's correct. I mean, it's a long time ago and it's difficult to pin it down, but -- yes, I think it was early 1983.

**MS RICHARDS:** Whichever year it was, Malcolm, first of all, what can you tell us about these visits?

**MR SLATER:** They were home visits because I was quite unwell. I was on sick leave and the hospital was about an hour away. But I don't know if a GP was involved, I simply can't remember so far back. But, yes, initially there were two people who came to the house. I think we were expecting them, so they made an appointment, I guess. And it was -- they wouldn't say why, other than they were taking blood.

**MS SLATER:** They did say they were doing some important research.

**MR SLATER:** Research, yes, but nothing about the research. It was all a bit of a mystery.

**MS RICHARDS:** They would take samples of your blood?

**MR SLATER:** Yes.

**Q.** They would take samples of Violet's blood, which puzzled both of you because Violet does not have

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"I would routinely advise patients with haemophilia who had abnormal liver function to reduce their alcohol intake."

She says that even if their consumption of alcohol was very moderate. So I read that out as a matter of completeness of the record.

**SIR BRIAN LANGSTAFF:** From that, it would seem that she would normally record the amount of alcohol that the patient said they were taking, which doesn't sit very well with the words "I think".

**MS RICHARDS:** No, and I think it's right, Malcolm -- correct me if I'm wrong -- but we don't have, or you don't have, the records from the Churchill -- or very many records from the Churchill Hospital.

**A.** Very, very little, although I used to see them quite a lot, see the doctors, Dr Rizza and Dr Trowell, primarily, and Matthews.

**Q.** You've tried to get those records, but you've been sent what they say they have and it's far from complete.

**A.** They just sent some test results, many of which were illegible. Pretty meaningless to me.

**Q.** Now, in either 1982 or 1983 something rather unusual started happening. You started receiving home visits from staff from the Oxford Haemophilia Centre.

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haemophilia and did not receive blood products.

**A.** Mm.

**Q.** They would ask you questions about your health. What were they wearing?

**A.** I recall sometimes they were wearing, I think, blue protective suits. They changed on arrival. And I think one had sort of plastic -- clear plastic protection for the eyes, I think.

**MS SLATER:** Yes, I recall them coming into the house wearing normal dress and putting a bag on the floor, and it was in our living room, which had floor-to-ceiling windows and a neighbour just behind, and then they proceeded to open the bag, take out these what I call scene of crime outfits and put them on. I remember thinking: this is crazy, you know. They've come to talk to us about research which would help haemophiliacs. What's going on here?

I was also shocked when they asked for my blood, and I wasn't that willing to give it to them because, you know, my veins are like spider's legs, you know, and people struggle to get my blood. The reason I think I was pregnant at the time was, you know, I had my blood taken probably once a month at antenatal, you know. They've got my blood, why do you need it? But we never got a satisfactory answer apart

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1 from sort of a pat on the back and, "This would be  
2 really helpful for haemophiliacs in the future".  
3 That's my memory. What do you recall?  
4 **MR SLATER:** Yes. I was relaxed in a sense because if it  
5 was going to lead to better treatment for  
6 haemophiliacs, yeah, fine, they could have as much as  
7 they liked from me.  
8 **MS RICHARDS:** You describe in your statement, Malcolm,  
9 your recollection that to start with these were fairly  
10 frequent visits, perhaps once a week or once  
11 a fortnight.  
12 **MR SLATER:** I think so.  
13 **Q.** Then they became less frequent, perhaps monthly.  
14 **A.** Yes.  
15 **Q.** After you returned to work, the visits continued but  
16 to you and your workplace.  
17 **A.** Yes.  
18 **Q.** And you continued to have blood samples taken for  
19 unknown research purposes.  
20 **A.** Yes, but they didn't wear the protective clothing  
21 then. That would have incited interest at my office.  
22 **Q.** To this day, neither of you know why that was being  
23 done.  
24 **A.** Correct.  
25 **MS RICHARDS:** Eventually there came a point at which you,

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1 a copy of a newspaper. You've said in your statement  
2 you thought it was The Sunday Times because that was  
3 the paper you normally went to buy, but actually it  
4 might not have been. We've looked this morning at  
5 a newspaper article -- you and I, Violet -- from  
6 1 May 1983 in the Mail on Sunday.  
7 **MS SLATER:** On that day, I -- yes, I was pregnant, and  
8 I had been sick for quite some time, and I think I was  
9 feeling better and I thought, "Do you know what, I'm  
10 having sausages today, I really fancy that", so off  
11 I went to Waitrose. I walked in the door and I would  
12 have gone with the intention to buy The Sunday Times,  
13 because that was the paper we bought every Sunday.  
14 But I recall walking in the door and stopping and  
15 looking at the newspapers, and a headline just jumped  
16 out at me that blood products were infected with  
17 a virus, words to that effect.  
18 I know I picked up numerous papers because  
19 I thought if this is in one paper -- if it was the  
20 Daily Mail, I might have thought I might get better  
21 reporting in another paper, so I picked up and bought  
22 The Sunday Times that I intended to buy in the first  
23 instance.  
24 I recall my legs shaking. I recall feeling  
25 physically sick and weak at reading that, and my

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1 Violet, said no to any more blood being taken from  
2 you.  
3 **MS SLATER:** I think they only took my blood two or three  
4 times, and they were coming in the evening after work,  
5 and I think that may be because the company I was  
6 working for would certainly not have given me time off  
7 to go to Oxford. I'm trying to think why they came at  
8 night as opposed to during the day. And then when  
9 I said, "Well, I'm not giving you mine anymore, I'm  
10 not a haemophiliac", you know, maybe that's when they  
11 decided to go to Malcolm's office instead. Although  
12 I think Malcolm had already had blood taken at the  
13 office for testing his liver levels when he was first  
14 ill in 1982. So we think that maybe twice people  
15 came. Two different groups of people maybe came to  
16 his office.  
17 **MR SLATER:** Yes. They came -- several visits. Certainly  
18 several, three/four visits at least to me at work,  
19 yes.  
20 **MS RICHARDS:** Eventually you've said in your statement the  
21 visits petered out.  
22 **MR SLATER:** Yes.  
23 **MS RICHARDS:** Now, you both recall a Sunday morning when  
24 your wife came back from going out to buy some  
25 sausages -- for you, rather than for Malcolm -- with

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1 immediate thought was: that's what the guys are  
2 testing us for, the people in the protective clothing  
3 are testing us to see if we've got whatever this is.  
4 I walked home literally through the street in  
5 Cirencester trying to find articles in the papers, and  
6 I got to a little bridge over a small river, and  
7 I remember leaning against it and laying the papers  
8 out on the bridge -- it was a nice day -- and  
9 searching through the papers before I got home and  
10 then presented them to Malcolm.  
11 **MS RICHARDS:** And whichever newspaper it was in, it was  
12 news about a deadly virus --  
13 **MS SLATER:** Yes.  
14 **MS RICHARDS:** -- and haemophiliacs.  
15 **MS SLATER:** Yes.  
16 **MS RICHARDS:** And this was the first time, as I understand  
17 it from your statement, Malcolm, that you began to  
18 associate your illness and the symptoms you'd had with  
19 the Factor VIII products. The suspicion was there as  
20 a result of reading this article.  
21 **MR SLATER:** Yes.  
22 **MS RICHARDS:** You describe it, Violet, as a terrible day.  
23 You thought, "We've got it, they must think we have  
24 it".  
25 **MS SLATER:** Mm, and I thought -- we talked about it and we

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1 thought: I wonder if we've all got it? I wonder if  
 2 the baby's got it? Would it just be one of us? Would  
 3 Malcolm die and I'd be left or could he have passed it  
 4 on? Would we all get it? Who would be left?

5 **MS RICHARDS:** Now, you then had a meeting at the  
 6 Haemophilia Centre with Dr Rizza and Dr Matthews,  
 7 possibly Dr Trowell. You've got slightly different  
 8 recollections about the emphasis of that meeting, so  
 9 I'm going to ask you each in turn about it.

10 Malcolm, what's your recollection of that  
 11 meeting, and what you were told by Dr Rizza?

12 **MR SLATER:** I felt I wasn't getting the correct story.  
 13 I felt a possible cover-up. I was alarmed, so much so  
 14 it put me off getting factor for a long time. And my  
 15 trust had dissipated. But I think I even considered  
 16 going to another hospital. But we didn't do that, we  
 17 stayed with the Churchill.

18 **Q.** You've described in your statement being given some  
 19 information at this meeting about a concern about  
 20 a batch of Factor VIII imported from the US that had  
 21 made some people ill, and this was the issue that was  
 22 being covered in the papers, and you had received some  
 23 of that batch.

24 **A.** Yes.

25 **Q.** You've also recorded in your statement a recollection

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1 **Q.** -- in which you asked Dr Rizza why it wasn't called  
 2 hepatitis C.

3 **A.** Yes.

4 **Q.** And he responded that that will probably happen  
 5 sometime in the future.

6 **A.** Yes, it might well happen, yes.

7 **MS RICHARDS:** Violet, your recollection of the focus of  
 8 the meeting was that it was about the risk of what's  
 9 now known as HIV.

10 **MS SLATER:** Yes.

11 **MS RICHARDS:** Would then have been referred to as HTLV III  
 12 or AIDS.

13 **MS SLATER:** I think what we picked up from the paper on  
 14 the Sunday, from my recollection, was that it was more  
 15 about HIV, and that is what I had decided we had got,  
 16 and I think I went into that room expecting to be told  
 17 that we might have HIV, or this virus, you know.

18 I think I heard -- I recall hearing the  
 19 conversation about the infections, and in my mind the  
 20 chat was all about HIV. Malcolm believes the emphasis  
 21 was possibly more on hepatitis C, but I think it was  
 22 me hearing -- focusing purely on what I expected to  
 23 hear. But whichever they talked about, we knew -- we  
 24 came away knowing that it was not good news.

25 **MR SLATER:** I think I may have sort of mentally switched

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1 of a discussion that you had with Dr Rizza about why  
 2 Factor VIII products were being imported from America  
 3 in the first place.

4 **A.** Yes.

5 **Q.** And a discussion about the different donation  
 6 practices in the States and in the United Kingdom.

7 **A.** Only they're not donations in the States. Mainly the  
 8 people supplying the blood receive money, unlike a cup  
 9 of tea and a biscuit in the UK.

10 **Q.** You have said in your statement you recall Dr Rizza  
 11 saying the situation was potentially extremely  
 12 serious.

13 **A.** Mm.

14 **Q.** And that this could turn out to be a life-limiting  
 15 issue for some patients.

16 **A.** Yes.

17 **Q.** You and your wife were deeply shocked at what you were  
 18 hearing.

19 **A.** Profoundly, yes.

20 **Q.** Your recollection in your statement, Malcolm, is that  
 21 there was some discussion of non-A, non-B hepatitis.

22 **A.** Yes. I'm not sure if that -- that the non-A, non-B  
 23 was mentioned at that meeting or the next meeting.

24 **Q.** So there was a meeting at some stage --

25 **A.** Oh, yes, at the Churchill.

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1 off after the initial comments made by Dr Rizza.

2 **MS SLATER:** But --

3 **MR SLATER:** I was shocked.

4 **MS SLATER:** Yes. They were giving us pretty bad news.

5 **MS RICHARDS:** And whether it was at that meeting or at  
 6 a later meeting, Malcolm, you have a recollection --  
 7 as indeed do you, Violet -- of being told that Malcolm  
 8 had received blood that could be infected with HIV.  
 9 Others who had received it were testing positive.  
 10 Malcolm did not test positive, but the tests were in  
 11 their early days and you'd have to keep repeating it.

12 Dr Rizza was curious to find out why Malcolm was  
 13 not showing signs of developing HIV, not coming back  
 14 with a positive result, when others were; is that  
 15 right?

16 **MR SLATER:** Yes.

17

18 **MS SLATER:** I recall being shocked to find out that they  
 19 couldn't give us a definitive answer, and that we  
 20 would have to be retested for, at that time -- I don't  
 21 know, I don't recall how many times they said they  
 22 would have to test us. But they told us that we would  
 23 have to keep being tested because -- I can't remember  
 24 the specific words they said, but I think it was maybe  
 25 that the virus was mutating, and that they -- the

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1 blood tests were not -- were just being developed, and  
 2 that really, although we were clear today, there was  
 3 no guarantee next month that we would be.  
 4 **MS RICHARDS:** You have expressed in your statement,  
 5 Violet, a particular concern because you'd actually  
 6 had a meeting with Dr Rizza early in 1983 after you  
 7 found out that you were pregnant?  
 8 **MS SLATER:** Yes.  
 9 **Q.** To discuss the genetic implications in terms of  
 10 haemophilia.  
 11 **A.** Yes.  
 12 **Q.** You've said Dr Rizza was very nice and you were  
 13 reassured that there was nothing to worry about.  
 14 **A.** Yes. In fact, at that meeting I recall coming away  
 15 really happy. It's possibly the first time I've sat  
 16 down at a meeting with Dr Rizza, and I felt a sense of  
 17 guilt, in a way, that I was pregnant and I was going  
 18 to have a child which would not be a haemophiliac,  
 19 because that's what I believed, that haemophiliacs  
 20 would not have children with a bleeding disorder, it  
 21 would skip a generation. I was feeling a bit guilty  
 22 that, okay, fine for me, but the child that I'm having  
 23 could then have the responsibility of making decisions  
 24 about having children in the future. I knew that had  
 25 happened to some of Malcolm's family, who had had to

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1 virus mutating and showing up later, the two of you  
 2 continued to fear that Malcolm might have been  
 3 infected with HIV, or indeed that you might have been  
 4 or that the baby might have been.  
 5 You've said, Malcolm, in your statement that it  
 6 felt like a death threat at that stage.  
 7 **MR SLATER:** Yes, yes.  
 8 **MS RICHARDS:** You were reading in the papers, picking up  
 9 from the media, about people with AIDS being  
 10 stigmatised, and the two of you decided, after you'd  
 11 had your child in 1983, at that stage not to have any  
 12 more children, because you were concerned about one of  
 13 you dying.  
 14 **MR SLATER:** Yes.  
 15 **MS SLATER:** I actually got pregnant -- not planned -- not  
 16 very long after I had Mark, and I miscarried. And  
 17 I think at the time, although I was sad, I thought,  
 18 "I think it's for the best". We would've just been  
 19 going through another nine months of trauma and  
 20 goodness knows what the future holds for us, so no,  
 21 that's it, no more children.  
 22 **MS RICHARDS:** It wasn't until 1988, by which time you were  
 23 more confident that the repeated test results coming  
 24 back negative were accurate, that the two of you  
 25 decided that you would try again and complete your

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1 make a decision not to have children because they  
 2 didn't want to have a child with haemophilia.  
 3 We went across and Dr Rizza explained  
 4 everything, and he said, "Don't worry about it, you  
 5 know, there is already the potential" -- this how I am  
 6 remembering it -- "There is already the potential for  
 7 implanting a gene in pigs that -- and, you know, it is  
 8 developing quite quickly, and once that happens, then  
 9 haemophilia really will not be a problem for anyone  
 10 anymore."  
 11 So I came away from that meeting feeling  
 12 absolutely ecstatic, and all was well.  
 13 **Q.** The question you pose in your statement is:  
 14 "How could Dr Rizza give me such assurances when  
 15 only months later HIV was all over the newspapers?"  
 16 **A.** Absolutely. I was totally shocked that -- I felt  
 17 I had been misled and, you know, I don't know what the  
 18 outcome would've been for me if he had told me that  
 19 there were risks. That's something I don't want to  
 20 think about. But I had been reassured, and by the  
 21 time HIV was all over the papers, I was having a baby  
 22 quite soon.  
 23 **MS RICHARDS:** Now, although your test results were coming  
 24 back negative, because of what you had been told of  
 25 the uncertainty of testing or the possibility of the

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1 family.  
 2 **MS SLATER:** Yes, I think we went to -- we were living in  
 3 Yorkshire and we actually went back down to speak to  
 4 the Churchill.  
 5 **MR SLATER:** We saw Dr Rizza I think at that time.  
 6 **MS SLATER:** And spoke to them about what the risks were  
 7 for us, and I think we were -- we came away feeling  
 8 a bit more confident, and that resulted in us having  
 9 our daughter.  
 10 **MS RICHARDS:** Now, as you say, you'd moved to Yorkshire.  
 11 You, Malcolm, had a new job which involved commuting  
 12 between York and London.  
 13 **MR SLATER:** It developed into that, yes.  
 14 **MS RICHARDS:** And then you came home late one evening.  
 15 You've placed it, Violet, as late 1984.  
 16 **MS SLATER:** Mm.  
 17 **MS RICHARDS:** You told Violet that you were feeling very  
 18 unwell.  
 19 **MR SLATER:** Apparently.  
 20 **MS RICHARDS:** And I think you don't have much memory of  
 21 what happened.  
 22 **MR SLATER:** Not a lot.  
 23 **MS RICHARDS:** So I'm going to ask Violet to describe what  
 24 happened.  
 25 **MS SLATER:** It had been snowing all day, and we weren't

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1 actually living in York, we were living I think it was  
2 22 miles north of York, right up close to the edge of  
3 the North York Moors, and Malcolm was driving home and  
4 I was a bit worried about how he would get home from  
5 the station to our village. He appeared and I think  
6 he went upstairs to change immediately, and he came  
7 back down, and he said, "I don't feel well".

8 I thought, "Oh, you look really awful,  
9 you're" -- you know, he was grey, he had beads of  
10 perspiration. And Malcolm is not one for allowing  
11 a doctor to come visiting; in fact, I can't remember,  
12 it's very rare -- very, very rarely that a doctor has  
13 come to our house to see him. And I thought: well,  
14 I'm not asking him because he'll just say "No, leave  
15 it until tomorrow and see how I am", and I thought:  
16 well, if I leave it until tomorrow, he's not going to  
17 be here.

18 So I phoned our doctor, our GP, who lived in  
19 Boroughbridge, which was about 3 miles away, and he  
20 said, "I don't think I can get to you because of the  
21 snow, but I'll phone an ambulance from York or  
22 Harrogate and see if they can get through".

23 The doctor did appear. I think he got a farmer  
24 maybe to help him out. I don't know how he got there,  
25 but he appeared. And by this stage Malcolm was

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1 we used to watch it on television in Yorkshire, and  
2 that was the major heart hospital in the area. And  
3 I think it was explained to me that maybe he would  
4 need surgery and I thought, "Ah, major heart surgery  
5 on a haemophiliac? I'm not liking the sound of this."  
6 Obviously it was a very, very worrying time.

7 **Q.** But then the consultant came to you and said that they  
8 didn't think it was Malcolm's heart.

9 **A.** Yes.

10 **Q.** It was hepatitis.

11 **A.** Yes.

12 **Q.** He had gone yellow.

13 **A.** Yes. He was a very nice haematologist, and one  
14 that -- for the time that we lived in York, we trusted  
15 him because he was always -- he was called Dr Cedric  
16 Wiley, and he was much more upfront about the risks to  
17 Malcolm if Malcolm went along to him with a bleed and  
18 Malcolm would invariably say, "No, not touching that  
19 stuff", and he would sort of say, "Well, okay, we'll  
20 wait and see, because, you know, it mightn't be too  
21 bad, we'll just have to monitor it". So he knew  
22 Malcolm's fear of taking Factor VIII, and he had only  
23 I think given it to him once.

24 Dr Wiley was a complete gentleman. He used to  
25 pop down and see me every day. He knew what time

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1 collapsed on the floor in our living room, and he was  
2 deteriorating before my eyes. I recall the doctor  
3 saying, "I think it's his heart", and, you know, he  
4 was -- I think he was in his 30s then. And he  
5 injected him with adrenaline, and the ambulance  
6 appeared.

7 We'd lived in that village for a short time, and  
8 I didn't really know people. I couldn't call anyone  
9 to look after our baby. Well, he was about a year  
10 old, I think. And Malcolm went off in the ambulance,  
11 and at that point I actually thought he's going to die  
12 before he gets to a major hospital.

13 **Q.** He was taken to York and put into the coronary care  
14 unit. When you got there you were told effectively  
15 that he was displaying all the symptoms of having had  
16 a heart attack, but he hadn't had a heart attack.

17 **A.** Yes. He was -- they were doing enzyme tests, I think  
18 I recall, and they were sky high, and they said these  
19 tests were symptomatic of, you know, an imminent heart  
20 attack, and by now he should have, you know, had  
21 a major coronary, but it hadn't happened.

22 **Q.** There was talk about transferring him to Leeds for  
23 potential surgery.

24 **A.** Yes. Famous hospital then, it used -- there used to  
25 be a television programme, if I recall, Jimmy's, and

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1 I came at to visit Malcolm. On this occasion he had  
2 said to the nurse to call him, put me in an office and  
3 call him when I arrived, and he came in and said,  
4 "It's not his heart, we're pretty sure now it's not  
5 his heart". I said, "Brilliant", you know. He said,  
6 "He's turned yellow, he's got hepatitis".

7 I was over the moon, you know. I got that badly  
8 wrong, actually, but at that time I thought, well, he  
9 had that before, and I know he hasn't really got  
10 better, but he hasn't died, so, you know, that's good  
11 news.

12 Dr Wiley said to me, "It isn't, you know. I'm  
13 afraid I have a lot of concerns for his health, and  
14 the -- he is still a very, very sick man, and you  
15 shouldn't be so optimistic about the future for him."

16 **MS RICHARDS:** You were discharged home, Malcolm, but over  
17 the years that followed, you continued to experience  
18 the physical effects of hepatitis C: tiredness,  
19 fatigue, nausea, pain and confusion.

20 **MR SLATER:** The nausea over time didn't cease to be  
21 a problem. You can see I've put my weight back on.  
22 But yes, other than the nausea, fatigue, very much so.

23 **Q.** In 1990 you moved to Scotland. You'd got a job  
24 working for General Accident in Perth.

25 **A.** Now part of Aviva, yes.

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1 Q. And you say in your statement your health still wasn't  
2 good, but you'd got used to it, to some extent, by  
3 then.

4 A. Yes.

5 Q. But you describe then becoming increasingly exhausted,  
6 having difficulty concentrating, and feeling  
7 confusion, which was very problematic given the nature  
8 of the job that you were doing.

9 A. Very much so.

10 MS RICHARDS: Violet, you've described Malcolm at this  
11 time as having to work all weekend to try and catch up  
12 because he couldn't get his work done during the week.

13 MS SLATER: Mm. Saturday he would be fast asleep until  
14 about 11 o'clock, and he was working late every  
15 evening. He just got up, had some food, went upstairs  
16 to his study and carried on working, and he worked  
17 throughout every weekend.

18 I used to go up rather frustrated sometimes on  
19 a Sunday afternoon and say to him, "I'm going to  
20 such-and-such a place with the kids, are you going to  
21 come with us?" He'd say, "I have to work, I have to  
22 work, I can't. I have to catch up. I'm not sort of  
23 working at capacity and I have to keep working to keep  
24 my job". He was frightened that if he lost his job by  
25 not performing well, that he would not get another job

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1 found that he had piled furniture against the door so  
2 as not to come out in case he would injure us, because  
3 he wasn't sure what was going to happen next, what was  
4 going on in his mind.

5 And Malcolm can maybe tell you more about that,  
6 what he recalls.

7 MS RICHARDS: Malcolm, what do you recall?

8 MR SLATER: I don't -- I confirm all that Vi has said, but  
9 I don't -- I think I have erased a lot of it from my  
10 mind, my memory. It wasn't a good time. It was  
11 pretty awful.

12 I think at that time I was commuting to London,  
13 wasn't I?

14 MS SLATER: No, that was when you were in Yorkshire. You  
15 were still commuting down to London, but more on  
16 a maybe once-a-week basis as opposed to on a daily  
17 basis. You were working in Cheapside. You had  
18 an office there.

19 MR SLATER: Beckett House in Cheapside, yes.

20 I was very, very busy at work. I was the  
21 director of a lot of the company's subsidiaries, UK  
22 subsidiaries. I had done a lot of company takeovers.  
23 And, yes, I was doing far, far too much.

24 MS RICHARDS: And when you had the breakdown that Violet's  
25 described, you could no longer face going into work.

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1 because of his health record.

2 MS RICHARDS: And you describe him as getting more and  
3 more stressed. You gave up on asking him to join in  
4 with doing things.

5 Then in about 1995, Malcolm effectively had  
6 a breakdown and was diagnosed with clinical  
7 depression.

8 MR SLATER: Mm.

9 MS RICHARDS: Violet, you've called that a terrible time  
10 in your statement.

11 MS SLATER: Mm.

12 MS RICHARDS: Can you tell us a little about how Malcolm  
13 was?

14 MS SLATER: Malcolm sat in a chair. I used to say he was  
15 in his cave. He sat there, and he couldn't bear  
16 light, and he used to sit like this all day long,  
17 didn't talk, didn't communicate (**Demonstrated**).

18 He didn't -- he had weekly appointments at the  
19 doctors, which was a very short distance away, to be  
20 honest, but he wouldn't go out and meet anyone, he did  
21 not want to speak to anyone. I took him there in the  
22 car. He was quite grudgingly going there on  
23 occasions.

24 Malcolm himself recalls, he will tell you,  
25 feeling a risk to us because of hallucinations, and I

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1 MR SLATER: Oh, it was hell, going in. It was -- they  
2 were just wanting the directors -- I was director of  
3 so many companies in the group, but the main board  
4 directors were throwing work at me all the time,  
5 piling it on, and I wanted other lawyers to be  
6 required. A lot of work was being done in-house, me.  
7 Eventually they agreed to work -- some work being sent  
8 out to outside firms.

9 MS RICHARDS: There came a point when you were called into  
10 work to discuss your future there because of your  
11 ill-health.

12 MR SLATER: Yes.

13 MS SLATER: I think it was actually because there was  
14 a company takeover, Aviva -- the companies were  
15 merging, and they already had in-house lawyers, and  
16 they were having to compete for the same job in both  
17 companies.

18 MR SLATER: Yes.

19 MS RICHARDS: You've described, Violet, that Malcolm  
20 couldn't face going in for this and you went in his  
21 place.

22 MS SLATER: Well, we went to the doctor and he said  
23 Malcolm can't go to Manchester, he can't travel to  
24 Manchester. He can't travel to Manchester, never mind  
25 have three days of interviews, which was what was

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1 required. There was psychometric testing and, you  
2 know, a day of interviews with this company and with  
3 that company, and he said he can't do it. So they  
4 said, "Well, if you don't show up, the other guy gets  
5 the job, simple as that". They said, "You better come  
6 and talk to us then", and Malcolm said, "I can't go so  
7 you'll have to go in place of me".

8 I went there, and there was a table full of  
9 people from HR. Company directors, lawyers, they were  
10 all there. And they presented me with two scenarios  
11 for Malcolm: he could retire on the grounds of  
12 ill-health, and at this stage I think he was 49, and  
13 if he retired with an ill-health pension, which was  
14 going to be a good pension, it was two-thirds of his  
15 salary, and -- which would take him up to then his  
16 retirement age, and I think his pension contributions  
17 would also be paid during that time, but he would have  
18 to have a medical every I think it was six months, and  
19 if at any stage he was considered capable of doing  
20 a job, even -- the words they used were, "Even being  
21 a lollipop man", that pension would cease.

22 The other alternative was that he take his  
23 pension contributions, which were eight years at that  
24 point, and they would top it up with another five to  
25 bring him up to having made contributions to the age

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1 employment after that.

2 **MR SLATER:** Not doing that sort of job, no, no. It would  
3 have been absurd.

4 **Q.** And in terms of the depression which you were  
5 diagnosed with, your GP, I understand, told you that  
6 people with multiple illnesses, illnesses such as the  
7 hepatitis C and the physical and mental consequences  
8 of that, would often tend to develop depression.

9 **A.** Yes, mm.

10 **Q.** You have never in fact received treatment for  
11 hepatitis C.

12 **A.** No.

13 **Q.** You were seen at the Edinburgh Royal Infirmary --

14 **A.** Mm.

15 **Q.** -- sometime in the 1990s with a view to you embarking  
16 upon a course of interferon.

17 **A.** Yes.

18 **Q.** But in the course of the investigations and prior to  
19 the treatment commencing, you were told that the  
20 hepatitis C had cleared.

21 **A.** Yes. I'm not sure they were saying it had totally  
22 cleared, but the readings, whatever, the measurements,  
23 were far more favourable. Yes.

24 **MS RICHARDS:** So you didn't have interferon, and, Violet,  
25 you have said in your statement you now know how lucky

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1 of 55, and he could take that.

2 I did say to them, "I'm sure I know what his  
3 decision will be on that, but can I go home and  
4 present it to him before I make the final decision?"  
5 And I think they gave me until the next morning, and  
6 Malcolm will tell you what he chose.

7 **MR SLATER:** Retirement.

8 **MS RICHARDS:** You took the second option that wouldn't  
9 require the constant medicals.

10 **MR SLATER:** I was in no condition to carry such a burden,  
11 wholly unrealistic burden, of work. Working all hours  
12 as well. It would have been crazy.

13 **MS SLATER:** I think you said to me, "When I get better,  
14 I'll get a little job with one of the local solicitors  
15 and do a bit of conveyancing or something, you know,  
16 sometime in the future. We'll take that one."

17 **MS RICHARDS:** That didn't happen. I think, Violet, you  
18 describe Malcolm did a few months volunteering in  
19 a Citizens Advice Bureau.

20 **MS SLATER:** I think I'm wrong about that. I think it was  
21 longer.

22 **MR SLATER:** Yes, some years as a volunteer. I used to get  
23 all the legal work, so I was -- I eventually stopped  
24 the COB because I was at retirement age by then.

25 **MS RICHARDS:** But you weren't able to go back to paid

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1 Malcolm was not to go on a course of interferon --

2 **MS SLATER:** Absolutely.

3 **MS RICHARDS:** -- from everything that you've read and  
4 heard about it subsequently.

5 Do you continue to have any monitoring of the  
6 condition of your liver?

7 **MR SLATER:** No. No. It has been suggested, but I was  
8 a bit reluctant, and it's not been -- I've not been  
9 asked again, no.

10 **Q.** You've continued to experience a number of the  
11 symptoms that you had previously endured: pain,  
12 fatigue, confusion.

13 **A.** A lot -- well, a lot -- memory is not so good. A lot  
14 of pain, joint pain. But not because of bleeds.  
15 I haven't had many internal bleeds. I've had liver  
16 cancer -- not liver cancer --

17 **MS SLATER:** Colon.

18 **MR SLATER:** Colon cancer and surgery, but ...

19 **MS RICHARDS:** You've alluded to this already, but one of  
20 the consequences of what happened in terms of you  
21 being given Factor VIII and becoming infected is that  
22 you then began to refuse to take Factor VIII at all,  
23 and that's really been your view ever since.

24 **MR SLATER:** I've -- well, I have had factor, I've had  
25 operations on both ankles and my left ankle is

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1 artificial. The one on the right has got bits of  
2 metal holding it together. And the colon cancer  
3 operation was fairly major and I had factor for that.  
4 But I am reluctant. I think that's clear on my  
5 medical records.  
6 **Q.** And I think there's one occasion where you fell down  
7 stairs and put your head through a wall.  
8 **A.** Well --  
9 **Q.** And you were insistent that you wouldn't take  
10 Factor VIII.  
11 **A.** Yes.  
12 **Q.** You --  
13 **A.** I think I was insistent. I'm told I was. I have  
14 little recollection --  
15 **MS SLATER:** I pulled him out from the wall! Fortunately  
16 it wasn't a stone house like we'd lived in previously.  
17 It was a modern house with a timber frame and he had  
18 gone between the uprights. And I hauled him out, and  
19 I said, "Right, Factor VIII for you", and he said,  
20 "I'd rather die from a head injury than from HIV, I'm  
21 going to bed and you can check my eyes every so often  
22 and make sure they're looking normal". I thought,  
23 well, you know, I don't have lot of medical knowledge  
24 really.  
25 I went down the village. I was in a rage,

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1 needed to order fresh instruments, and there was going  
2 to be a period of delay in having this cancer-related  
3 surgery.  
4 **A.** Yes. The delay was such that first of all he had  
5 missed the slot with his surgeon, who was then going  
6 to teach in Europe for a while, he had a commitment;  
7 and, secondly, they simply couldn't get the  
8 instruments. They hadn't been manufactured. They had  
9 quite a long lead time and had to be ordered well in  
10 advance. Malcolm's haematologist had actually sent  
11 a letter to the surgical team saying, "You need a  
12 separate set of instruments for Malcolm because his  
13 instruments cannot be used on anyone else", and  
14 somehow nothing had happened until about two days  
15 before he was due to have his surgery. And the delay  
16 would have meant waiting for his cancer operation one  
17 year from the date of diagnosis.  
18 **Q.** You offered to use your savings to buy the  
19 instruments, or you contemplated that at least.  
20 **A.** Yes, Malcolm suggested we should do that.  
21 **Q.** In the end your daughter, who was working at a London  
22 hospital in cancer care, helped write a letter, with  
23 the assistance of one of the consultants there, and  
24 you were offered surgery at an earlier date than might  
25 otherwise have been the case with a different surgeon.

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1 actually. I was very angry with him, because I knew  
2 this time it was pretty serious, and I went down the  
3 village for a walk, I think to deep breathe a bit and  
4 calm down before I returned and tackled him again.  
5 I met the district nurse in the village and she said,  
6 "He has to go to York".  
7 So I came home and threatened him and said,  
8 "Right, taking you to York, and if you aren't going to  
9 go, I'm going to phone up and ask to speak to  
10 a haematologist and let them try and convince you".  
11 After that, he kind of decided he would go, but he  
12 wouldn't have Factor VIII. I don't know what he  
13 expected from them, but ...  
14 **MS RICHARDS:** Violet, you've explained in your statement  
15 that about five years ago, when Malcolm was due to  
16 have an operation because of the cancer that he had,  
17 that surgery was cancelled at the last minute because  
18 of the hepatitis C diagnosis.  
19 **MS SLATER:** And possibly because of the risk of --  
20 **Q.** vCJD.  
21 **A.** Yes.  
22 **Q.** So it was cancelled because they didn't have the  
23 necessary instruments, is what you were told.  
24 **A.** Mm.  
25 **Q.** Malcolm was told he would have to wait, that they

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1 **MR SLATER:** Yes.  
2 **MS RICHARDS:** But, Violet, you observed that the hepatitis  
3 C infection still causes problems three decades later.  
4 **MS SLATER:** Mm.  
5 **Q.** Violet, can I just ask you about the impact on you of  
6 Malcolm's illnesses.  
7 You, for a period of time, were effectively  
8 raising the children on your own.  
9 **A.** Yes. When the children were small, I mean, Malcolm  
10 got his first bout of hepatitis, which was still  
11 affecting him when I had the baby. Although he did  
12 his best, I can recall phoning him and saying, "You  
13 have to come home and help with this child because  
14 I can't cope anymore". He was a particularly  
15 difficult baby, and Malcolm did manage quite well  
16 then.  
17 Later on, when we had our daughter, he had had  
18 a second bout of hepatitis, and by then he had a great  
19 deal more pain. He would come home and stuff himself  
20 with Tramadol or whatever, and he really wasn't  
21 physically fit to contribute a lot, you know, to  
22 the -- to the children. I mean, if they were  
23 demanding, that's the last thing Malcolm needed, so  
24 I used to take them out a lot and keep them out of the  
25 way when he wasn't well.

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1 Q. It's suggested I think in Malcolm's statement that  
2 when he had to retire early, as we've heard, you had  
3 to work full-time, and you had to carry on working  
4 beyond retirement age.

5 A. Yes. I mean, probably by the time the children had  
6 gone off to university I would've gone back to work  
7 full-time anyway, you know. But that just happened  
8 earlier, out of necessity, because our financial  
9 situation had changed.

10 MS RICHARDS: Those are the questions I have for you both.  
11 Is there anything further that either of you would  
12 like to add?

13 MR SLATER: I think you've covered everything.

14 MS RICHARDS: Violet?

15 MS SLATER: I would just like to say thank you to all the  
16 people who have fought to bring about this inquiry,  
17 and thank you to Sir Brian and to all of the team here  
18 who have been very supportive.

19 We hope, for the sake of all these people who  
20 really -- who aren't around anymore, and all the  
21 children who didn't get to live their lives, that some  
22 answers will come out of this that will give some  
23 comfort to those families who are left behind.

24 MS RICHARDS: Thank you.  
25 Sir Brian.

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1 a description of their appearance, cannot be disclosed  
2 or published in any form, unless express permission is  
3 given by me or by the solicitor to the inquiry acting  
4 on my behalf.

5 Witness W2033 must be referred to only as  
6 Mrs AS. That's alpha sugar, AS.

7 This order remains in force for the duration of  
8 the inquiry and at all times thereafter, unless  
9 otherwise ordered, and I may vary or revoke the order  
10 by making a further order during the course of the  
11 Inquiry.

12 That's the order. May we please have Mrs AS.

13 MRS AS (sworn)

14 Questioned by MS FRASER BUTLIN

15 MS FRASER BUTLIN: Mrs AS, you're going to use your  
16 husband's name during your evidence, and you may also  
17 use your children's names, but those names are covered  
18 by the restriction order and mustn't be repeated  
19 outside of this room.

20 You're here to tell us about your late husband,  
21 who died after contracting hepatitis C, and you've  
22 provided us with a photograph of him. It will go on  
23 the screens at some point during your evidence. We've  
24 had a slight technical glitch with it where you were  
25 anonymised in it, which didn't help us in this room,

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1 SIR BRIAN LANGSTAFF: Well, thank you both, and having you  
2 together I think has given us a vivid picture, a set  
3 of vivid pictures, of significant incidents in what  
4 happened, because you've each contributed in your own  
5 way and with slightly different recollections, but  
6 overall you've painted compelling pictures.

7 You, Malcolm, you've given us a fascinating  
8 insight into what you really think about some of the  
9 correspondence you've had!

10 MR SLATER: Oh I can add to that!

11 SIR BRIAN LANGSTAFF: So thank you both.

12 MR SLATER: Thank you.

13 SIR BRIAN LANGSTAFF: We'll take a break until 1.45.  
14 (12.40 pm)

15 (Luncheon adjournment)

16 (1.45 pm)

17 SIR BRIAN LANGSTAFF: Our next witness is the second  
18 anonymous witness of the day. In her case there will  
19 be no live streaming, either video or orally.

20 She's witness 2033, and in her case I make the  
21 following order.

22 The name and address of witness W2033, the name  
23 of her late husband and the name of any other member  
24 of the witness's family and any other identifying  
25 information, such as the witness's image or

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1 but it will be shown on the screens when it reaches  
2 our technical team. But, again, that photograph is  
3 also covered by the restriction order.

4 Your husband and you ran a very successful  
5 industrial roofing business.

6 A. That's correct.

7 Q. And you've described him as an intelligent, highly  
8 skilled man.

9 A. Yes.

10 Q. You got together with him in 1986.

11 A. Correct.

12 Q. And then he had a road accident in 1987.

13 A. Yes, he did, yes.

14 Q. Can you tell us what happened?

15 A. We was -- he was coming home from work and we collided  
16 with another vehicle. The Fire Brigade had to  
17 retrieve [redacted] and I out of the vehicle. He had  
18 a fractured pelvis and he had leg injuries as well.  
19 And --

20 Q. He was given six units of blood --

21 A. Yes.

22 Q. -- on one day.

23 A. He was, yes.

24 Q. Then a further two units two days later.

25 A. That's correct, yes.

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1 Q. You've obtained his records.  
 2 A. Yes.  
 3 Q. In the records there are specific details of the units  
 4 that were given to [redacted] with the numbers of  
 5 those products.  
 6 A. Yes, there is, yes.  
 7 Q. So it was known precisely which blood units your  
 8 husband had received.  
 9 A. Yes.  
 10 Q. Was your husband contacted during the 1995 look-back  
 11 exercise --  
 12 A. No.  
 13 Q. -- as someone who had received blood in the relevant  
 14 time frame?  
 15 A. No, not at all.  
 16 Q. Before we move on from that, I want to look at  
 17 a document from 2006, after your husband died. You  
 18 were involved in an article in your local paper about  
 19 his death.  
 20 A. Yes.  
 21 Q. And raised the issue of the look-back.  
 22 A. Yes.  
 23 Q. The journalist told you that the hospital had produced  
 24 a media statement in response, specifically about the  
 25 look-back.

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1 not a matter for the trust and there is no evidence  
 2 whatsoever to suggest that the trust failed to comply  
 3 with the chief medical officer's guidance."  
 4 Then there is a note to editors at the bottom  
 5 that says:  
 6 "The CMO [the chief medical officer] anticipated  
 7 and fully understood (see annex B) that there was one  
 8 major limitation to the look-back exercise, namely  
 9 that not all of those transfused with potentially  
 10 infectious blood prior to commencement of testing  
 11 will, however, be identified by the look-back  
 12 procedure, as this relates to donors who have given  
 13 blood since HCV testing was introduced  
 14 in September 1991."  
 15 You consider that this shows a fundamental flaw  
 16 in the look-back exercise.  
 17 A. Yes, I do. We were never contacted. There was never  
 18 any information about it, and it just seems a failure.  
 19 A failure.  
 20 Q. Your husband went to the GP regularly during 1997,  
 21 with renal colic.  
 22 A. He did, yes.  
 23 Q. Looking at his records, you found a number of blood  
 24 tests showing raised liver function tests.  
 25 A. Yes.

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1 A. Yes.  
 2 Q. This is what they wrote. It's document 2033003.  
 3 The document -- the trust spokesman said:  
 4 "Blood made available to hospitals for use in  
 5 transfusions is the sole responsibility of the NHS  
 6 Blood and Transplant Authority, formerly the National  
 7 Blood Authority. The chief medical officer's  
 8 look-back exercise in 1995 was co-ordinated in this  
 9 region by the National Blood Authority's Regional  
 10 Transfusion Centre, the RTC.  
 11 "When proper testing for hepatitis C became  
 12 available in 1991, the RTC started checking donors.  
 13 If a donor was found to be HCV positive the RTC then  
 14 traced the final destination of all earlier donated  
 15 blood products from that donor. The relevant  
 16 hospitals were then contacted to check their records  
 17 to see if any patients had received blood products  
 18 from that donor. At this point it would then become  
 19 the hospital's responsibility to counsel and check the  
 20 HCV status of these patients.  
 21 "This trust never received any instruction from  
 22 the RTC to check its records against blood products  
 23 that would have been relevant to the deceased. The  
 24 reasons for this need to be taken up with the National  
 25 Blood Authority's Regional Transfusion Centre. It is

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1 Q. Was there any follow-up in relation to those blood  
 2 tests at that time?  
 3 A. None whatsoever. We had no knowledge of them, that  
 4 they were actually done, the liver tests. No  
 5 knowledge at all.  
 6 Q. You then think there was another missed opportunity to  
 7 diagnose your husband in July 1998.  
 8 A. That's correct, yes.  
 9 Q. Can you tell us about that?  
 10 A. [Redacted] lost his driving licence, silly man. I was  
 11 very angry. And to obtain his driving licence back he  
 12 obviously had to have a liver function test, which  
 13 would determine whether he was fit to drive.  
 14 We went -- contacted the doctor, we made  
 15 arrangements to have the liver function test done, and  
 16 the results came back clearly that there was a problem  
 17 with his liver.  
 18 But when we went to see the doctor, I -- the way  
 19 he was speaking to us, it was as though he thought he  
 20 had a drinking problem. But prior to having the test,  
 21 [redacted] had abstained from alcohol, there was no  
 22 alcohol in his blood when he was actually tested. But  
 23 I think that was the road the GP was going down. He  
 24 didn't say as such, but I think that was the route he  
 25 was going down.

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1 Q. And you're clear that your husband didn't drink  
2 heavily --  
3 A. No.  
4 Q. -- because of the nature of his work.  
5 A. It would've been quite difficult. If you're working  
6 on a building that's very high up, you don't go around  
7 drinking or having a lot of alcohol, do you? Plus,  
8 periodically, if you're on a major building site, you  
9 can be tested for drugs or alcohol, due to safety  
10 issues, you know. If you're abseiling down  
11 a building, you want reliable people doing that, don't  
12 you?  
13 Q. We've provided your statement to the GP, Dr Webb, and  
14 he's provided a statement in response.  
15 He says that he did not assume your husband was  
16 an alcoholic and he sent blood tests for hepatic viral  
17 serology, that the local laboratory did not test for  
18 hepatitis C and was unable to do so. He simply  
19 received the results of the hepatitis A and B tests  
20 that they had completed, and understood that hepatitis  
21 had therefore been checked.  
22 We can see that from a document from your  
23 husband's records.  
24 A. Yes.  
25 Q. 2033004.

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1 The conversation may have been wider, but I remember  
2 those words significantly, "in hindsight". That's  
3 made me quite angry.  
4 Q. Your recollection in your statement is that he  
5 admitted in hindsight he would've carried out  
6 a hepatitis C test on your husband.  
7 A. Yes.  
8 Q. In his response, Dr Webb has said he has no  
9 recollection or record of the telephone conversation.  
10 Going on to 2001. Looking back, you've  
11 questioned whether some other symptoms that your  
12 husband had in 2001 were perhaps linked to  
13 hepatitis C.  
14 A. Yes.  
15 Q. And represent another missed opportunity for the  
16 diagnosis to be made. Can you tell us about those?  
17 A. Well, I noticed he used to -- he didn't like being in  
18 the sun. He kept scratching. He said he used to  
19 itch, and I couldn't see the reason why. He did have  
20 a loss of appetite, and towards the end he did become  
21 impotent. These things now I see could be related to  
22 the hepatitis C virus.  
23 I actually think he did very well to last as  
24 long as he did without any real symptoms until the  
25 end. You know, that -- I think some of those symptoms

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1 Towards the bottom -- it's not a very clear  
2 copy, but what we can see is the date on the top left  
3 corner, 10 July 1998, and at the bottom other  
4 hepatitis -- hepatitis B: negative, other hepatitis,  
5 hepatitis A: negative, and there's nothing indicating  
6 that hepatitis C was tested for.  
7 A. No.  
8 Q. Coming on to 2001.  
9 A. Yes.  
10 Q. Sorry, before we go there.  
11 You also phoned Dr Webb, the GP, after  
12 [redacted] died.  
13 A. I did, yes.  
14 Q. What was that conversation about?  
15 A. The conversation -- I think I was angry. I hadn't  
16 seen Dr Webb since the day he came to put -- to  
17 authorise the patches and things so [redacted] could  
18 slowly slip away. And I phoned him really to see if  
19 I should be tested for hepatitis C. And that was my  
20 first question, you know, "Should I be tested?" And  
21 he said there wasn't really any reason to be tested  
22 because it was highly unlikely that it would be passed  
23 sexually, which is fair enough. And I don't know,  
24 I must have said, "Well, [redacted] died of  
25 hepatitis C", and he said, "Well, yes, in hindsight".

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1 probably I notice now.  
2 Q. He also had an arthroscopy in his knee.  
3 A. He did, yes.  
4 Q. He had difficulties with it and they had to wash it  
5 out.  
6 A. They did, yes.  
7 Q. Again, you question whether any tests were ever done  
8 at that point or should've been done --  
9 A. That's right.  
10 Q. -- given he was in hospital, whether something  
11 should've been picked up.  
12 A. Well, obviously he had hepatitis C and it's a viral  
13 infection, and when he came home his leg just blew up  
14 and then he had to go back, and that's when they found  
15 a huge blood clot and it was -- it couldn't stop  
16 bleeding. I think then -- would they have picked it  
17 up though? Probably not.  
18 Q. On 14 October 2004, your husband phoned you and asked  
19 you to book a GP appointment.  
20 A. He did, yes.  
21 Q. What was wrong?  
22 A. He phoned up and said that that morning he had coughed  
23 up blood, so of course I was rather worried. My  
24 immediate thought was he probably had an ulcer or  
25 something like that. So he got his workmen to bring

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1 him home. He was actually in [redacted]. He was  
 2 building [redacted] at the time.  
 3 We came back. I tried to make a GP appointment  
 4 but I couldn't get in, so we went to our local  
 5 hospital. That was the [redacted]. There they took  
 6 a urine sample and just gave him a quick check over  
 7 and then he advised us to go and see our GP the next  
 8 day.  
 9 We got to the GP the next day, and he was  
 10 obviously concerned. We didn't really have any idea,  
 11 but he did write a letter to the hospital saying that  
 12 could he please see this gentleman, and to put in  
 13 force the two-week rule. So then I think we became  
 14 a little bit suspicious that it was something sinister  
 15 as to what we didn't know.  
 16 Q. The following day he was admitted into Kings Lynn  
 17 Hospital.  
 18 A. Yes.  
 19 Q. And he had endoscopy procedures and a CT scan.  
 20 A. Yes.  
 21 Q. And what were you then told at Kings Lynn?  
 22 A. We were told -- well, after -- I think it was about --  
 23 around about 27 November that he had hepatitis C. And  
 24 we had no idea. It was just like a big bombshell. We  
 25 didn't know what it did, but we knew it wasn't good,

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1 went shooting, hunts and shoots, and -- but he never  
 2 talked about it.  
 3 And I was quite anxious, because there was me  
 4 sort of counting three months. It could be two. It  
 5 wasn't, it was [redacted], and I'm thinking: well,  
 6 what am I going to do? I have a business, I have  
 7 a home, lots of responsibilities, commitments that  
 8 [redacted] and I had made that I couldn't stop, and it  
 9 was quite -- but I still had to keep up that  
 10 appearance of just being with the one I loved. Simple  
 11 as that.  
 12 Q. You didn't feel able to talk to friends about it.  
 13 A. No, no.  
 14 Q. Why was that?  
 15 A. Because most people didn't understand hepatitis C.  
 16 I think most of them, again, thought it was due to  
 17 alcohol or drugs, and I didn't want people assuming  
 18 things about [redacted] that were known not to be  
 19 true. You know, his real close friends knew, but  
 20 I didn't talk about it much.  
 21 But if I did talk about it, I felt I had to  
 22 explain [redacted] had a blood transfusion, he's not  
 23 an alcoholic.  
 24 Q. We have the photograph that you wanted up on the  
 25 screen.

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1 and the prognosis wasn't that good really. So then  
 2 they decided to send him to Addenbrooke's.  
 3 Q. He had a liver biopsy at Addenbrooke's on 11 December.  
 4 A. Yes.  
 5 Q. You went to collect him from the hospital and met with  
 6 Dr Alexander, the consultant hepatologist.  
 7 A. Yes.  
 8 Q. What were you told?  
 9 A. I was told that [redacted]'s liver was 25 per cent  
 10 cirrhosis and 75 per cent cancer. His portal vein had  
 11 been compromised and that there was nothing they could  
 12 do for him.  
 13 Q. You were told that he had only two or three months to  
 14 live.  
 15 A. [Redacted] asked, he said, "Well, how long have  
 16 I got?" and he said two to three months. And I just  
 17 wanted to get out of the hospital, I wanted to --  
 18 I don't know, it was like a blanket went over me.  
 19 I couldn't think clearly or straight. I just wanted  
 20 to get home, out of the hospital.  
 21 Q. What was the effect of that diagnosis on your husband?  
 22 A. He was very calm. He didn't want to talk about dying.  
 23 He carried on really quite normal. He -- of course it  
 24 was October/November, and one of his great passions  
 25 was shooting, and he couldn't give up that. He still

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1 A. Yes. So happy. And that's just -- that was in 2000,  
 2 so that's just five years before he died.  
 3 Q. And then you wanted us to show a photograph of your  
 4 husband at Christmastime, when he deteriorated  
 5 physically very considerably.  
 6 A. He did, yes.  
 7 Q. We have that photograph. It's 2033006.  
 8 A. We had to sit there that Christmas knowing that it was  
 9 the last one, and that was -- but he still kept up  
 10 a brave face. He didn't -- he didn't show any signs  
 11 of anger or -- he just seemed to go with the flow.  
 12 Funny. He did.  
 13 Q. He took you out for dinner.  
 14 A. Unfortunately, yes, because my birthday sadly is  
 15 20 December, and he desperately wanted to take me out  
 16 for a meal. That was hard. That was very hard. But  
 17 we did and we got through it.  
 18 Q. He even went shooting just four days before he died.  
 19 A. He did, yes, he did.  
 20 Q. He was determined to keep going.  
 21 A. He was determined. He was not going to let it -- to  
 22 let it beat him. He didn't -- he didn't want to do  
 23 that.  
 24 Q. But he died in the [redacted].  
 25 A. [redacted], yes.

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1 Q. As you say, just [redacted] days --  
 2 A. Yes.  
 3 Q. -- after he had phoned you vomiting blood.  
 4 You said in your statement that his death has  
 5 hit you extremely hard.  
 6 A. It did.  
 7 Q. Can you tell us a little of that?  
 8 A. When [redacted] died, I was in my mid-fifties, you  
 9 know, I'd got a home that I couldn't afford to run.  
 10 I lost everything. My -- the insurance companies  
 11 didn't pay out. And it was devastating. I lost my  
 12 home. I was homeless and I ended up in a hostel. And  
 13 then I eventually got back on my feet and I got a job  
 14 in Asda, and that was in 2011 -- no 2010, 2009 or  
 15 2010, I can't really remember the exact date. And  
 16 then two years later I retired. I would be more  
 17 financially better off if I retired than keep working,  
 18 because my pension was better than what I could  
 19 actually earn.  
 20 Q. You'd received stage 1 and 2 payments from Skipton.  
 21 A. I did, yes.  
 22 Q. But they had all gone into trying to save the house.  
 23 A. Yes.  
 24 Q. Which you then lost.  
 25 A. Yes.

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1 slightly better off financially, but things are still  
 2 very tight.  
 3 A. Yes. You have to watch your pennies all the time.  
 4 I don't do extravagant things, I don't go out, I don't  
 5 run a car. To be fair, I think I've become a little  
 6 bit of a recluse, which I quite like, but it's not  
 7 really the way it should be, really.  
 8 Q. Could we put up the other photograph again, please.  
 9 You just mentioned that you cannot afford to run  
 10 a car.  
 11 A. No.  
 12 Q. Why is that particularly difficult, in terms of being  
 13 able to go to the grave?  
 14 A. Well, it's -- I haven't -- well, I can't go to the  
 15 grave unless I catch a bus, which isn't always  
 16 convenient. I know my son and my daughter-in-law  
 17 would take me any time, but if I go to the grave, it's  
 18 for me and [redacted]. It's personal, you know?  
 19 It's -- it may seem strange, but I'd probably talk to  
 20 him or something like that.  
 21 But then again I don't have to be at his grave;  
 22 he's with me all the time. But I suppose -- another  
 23 thing, I'd probably have a bit more independence if  
 24 I had a car. I just rely on my bus pass to go  
 25 anywhere. So -- yeah, it's been difficult.

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1 Q. As you say, you were homeless and you remember  
 2 spending your last £25 on a bed and breakfast.  
 3 A. I do, yes. And I thought: what am I going to do now?  
 4 So then I went to a hostel.  
 5 Q. And you lived there for two months.  
 6 A. Yes.  
 7 Q. In 2009.  
 8 A. Mm.  
 9 Q. There was no accommodation that the council could  
 10 offer you.  
 11 A. No, none.  
 12 Q. You'd also lived a little while with your mother.  
 13 A. Yes.  
 14 Q. You'd also sold property in Spain to try and recoup  
 15 some of the money to keep a roof over your head.  
 16 A. I did.  
 17 Q. You're now renting a home from your son --  
 18 A. And daughter-in-law, yes.  
 19 Q. -- and daughter-in-law.  
 20 A. Yes.  
 21 Q. That gives you much more stability.  
 22 A. Oh, it does. It's such a relief to know that at my  
 23 age I've got a place until I go, more or less, and  
 24 that's quite a good security. It is.  
 25 Q. You describe in your statement that now you're

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1 Q. You have some observations about the provision of  
 2 financial assistance, although with EIBSS you found  
 3 that you're more stable.  
 4 A. Yes.  
 5 Q. It's not ideal, but it's a bit better.  
 6 A. Yes.  
 7 Q. You've said in your statement that you object to the  
 8 fact that you've been drip-fed the money.  
 9 A. I agree, you know, like if you want something, you  
 10 have to beg for it. It's -- you can't just go and  
 11 say, "Well, look, I need this for some reason" -- yes,  
 12 we have been drip-fed, sorry, I'm -- I'm sorry. Yeah,  
 13 I agree with that.  
 14 Q. You say a bit more in your statement. You say that  
 15 you feel you never really have control of your money.  
 16 A. No, you don't. I rely on my income from my pension to  
 17 determine how much I -- help I get from EIBSS. So I'm  
 18 still not in control, you know. They determine how  
 19 much I will get to top up my pension.  
 20 Q. You mentioned a moment ago that you've become  
 21 something of a recluse socially.  
 22 Can you tell us a little bit more about that and  
 23 the emotional impact?  
 24 A. I don't tend to go out much. I don't mix much.  
 25 I think -- you lose your friends -- well, I lost my

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1 best friend, you know, and when you actually work  
2 together, live together, have a social life together,  
3 and then all of a sudden that's gone -- you lose your  
4 friends that you had at school. It's difficult to  
5 make new friends. And so I think that is what made me  
6 become a bit more reclusive, don't go out much, and  
7 I think that was the main thing. I lost my best  
8 friend.

9 Q. Throughout your husband's illness, did either of you  
10 receive any counselling or psychological support?

11 A. No, none whatsoever.

12 Q. Have you received any since then?

13 A. No, none whatsoever.

14 Q. Do you think it would've been helpful to you?

15 A. I think if we'd have had more explanations about the  
16 effects of hepatitis C, that would've helped me, but  
17 we didn't have any knowledge, we was -- it was never  
18 discussed in the hospital, probably because  
19 [redacted]'s was too advanced, so there was no way of  
20 treatments, no liver transplant, so probably that's  
21 the way they thought it.

22 But when you've had something that's destroyed  
23 your life, if you know a bit about it, it's probably  
24 easier to come to terms with it. But we didn't, so  
25 I was very angry.

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1 Just one point they've asked me to raise.  
2 You mentioned just a moment ago that you raised  
3 the look-back issue with your MP.

4 A. I did, yes.

5 Q. And there was a letter back from Caroline Flint --

6 A. Yes.

7 Q. -- in which she said that unfortunately the look-back  
8 was unable to identify all patients who may have been  
9 infected. She said in her letter that the Department  
10 of Health was running an HCV awareness campaign.

11 You have some views about that as well.

12 A. I don't -- I haven't seen many campaigns. I've been  
13 to the GP and I haven't seen one. I haven't seen it  
14 on the media. Beggars the question, why? Why not?

15 Q. In your statement, you say that compares very starkly  
16 to other conditions.

17 A. It does, yes.

18 Q. Such as the AIDS campaign.

19 A. Yes, I think we all remember that, but never anything  
20 about hepatitis C. So, yes, yeah.

21 Q. Is there anything else you would like to say?

22 A. Yes, just a short statement.

23 Every witness statement is a tragic reminder of  
24 the thousands of people who have suffered the effects  
25 of these deadly viruses. Families broken, loved ones

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1 Q. Can you tell us anything of the impact of his death on  
2 your son particularly?

3 A. I think it hit [redacted] very hard. He's very quiet.  
4 But I think he was a bit -- very shocked about that.  
5 And because he worked with my husband, again he's had  
6 to start his own little business up. But the whole  
7 family, my daughter as well, it affected her  
8 profoundly. Everybody had -- it was a knock-on  
9 effect, because how it affected me affected my son, my  
10 daughter, my daughter-in-law, my grandchildren,  
11 because it was a knock-on effect. My anger probably  
12 was hit out at them sometimes. Wrongly, but you do  
13 always -- sometimes do that.

14 Q. And you've said in your statement that you've been  
15 left with a very significant number of questions about  
16 what happened and why it wasn't identified earlier.

17 A. Yes, I agree, yes, I do. The look-back obviously  
18 failed, but then I don't know, what was -- because  
19 they had to look for donors, it was very difficult.  
20 My MP did try and help, but he thought it was a bit of  
21 a shambles as well, I think by his comments.

22 Q. Mrs AS, those are the questions I have for you. I'm  
23 just going to turn to Mr Lock and Ms Gibbs and see if  
24 there's anything else they'd like me to raise.

(Pause)

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1 lost. I hope the inquiry will bring justice to  
2 everyone who has been infected and affected and  
3 compensated accordingly.

4 I would also like to thank the Contaminated  
5 Blood Campaign for the continued support they have  
6 given to myself and my family.

7 But last but not least, for my beloved  
8 [redacted], I miss you.

9 SIR BRIAN LANGSTAFF: It's obviously -- it's not easy for  
10 anyone with a breathing problem who wants to keep  
11 yourself private -- you've described yourself as a bit  
12 of a recluse --

13 A. Yes.

14 SIR BRIAN LANGSTAFF: -- to come and share what are  
15 obviously painful memories.

16 A. Mm.

17 SIR BRIAN LANGSTAFF: Thank you very much for sharing  
18 those with us and your thoughts on what happened.

19 A. Yes, thank you.

20 SIR BRIAN LANGSTAFF: Well, we'll take a break now until  
21 2.40.

22 MS FRASER BUTLIN: Just to clarify as well, the next  
23 witness is not anonymous. She was put on the list as  
24 anonymous because we weren't entirely sure, but she  
25 won't be anonymous and the live stream will be

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1 restarting.  
 2 **SIR BRIAN LANGSTAFF:** So the next witness is known as  
 3 Kerri, is she?  
 4 **MS FRASER BUTLIN:** She is, yes.  
 5 **SIR BRIAN LANGSTAFF:** Well, we'll hear her at 2.40.  
 6 **MS FRASER BUTLIN:** Thank you.  
 7 **(2.20 pm)**  
 8 **(A short break)**  
 9 **(2.49 pm)**  
 10 **SIR BRIAN LANGSTAFF:** Our next witness wishes to be known  
 11 as Kerri, does she?  
 12 **THE CLERK:** She does.  
 13 **SIR BRIAN LANGSTAFF:** Kerri, please.  
 14 **KERRI HUDSON (sworn)**  
 15 **Questioned by MS FRASER BUTLIN**  
 16 **MS FRASER BUTLIN:** Kerri, you are here to tell us about  
 17 your mum, Maureen.  
 18 **A.** Yes.  
 19 **Q.** We've also had a statement from your father and you  
 20 are going to be referring to information from that as  
 21 we go through your evidence as well.  
 22 **A.** Yes.  
 23 **Q.** Your mum and dad married in 1967.  
 24 **A.** Yes.  
 25 **Q.** When your mum was 31.

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1 walks, kept ducks and chickens in the garden, yes,  
 2 very active.  
 3 **Q.** In 1994 your mum had a hysterectomy.  
 4 **A.** Yes.  
 5 **Q.** During the procedure she was given two units of blood.  
 6 **A.** Yes.  
 7 **Q.** Was your mum asked to consent to that transfusion?  
 8 **A.** Not that I recall, no.  
 9 **Q.** And as far as you're aware, as far as your dad has  
 10 been able to say as well --  
 11 **A.** Yes.  
 12 **Q.** -- was she given any warning as to any possible risks  
 13 involved in having the transfusion?  
 14 **A.** No, none whatsoever.  
 15 **Q.** And what's your understanding of whether your mum  
 16 needed that transfusion?  
 17 **A.** How I understand it, because she only had one or two  
 18 units of blood that it would've taken her a longer  
 19 time to recover, however she could've done without  
 20 those units of blood.  
 21 **Q.** Your dad says that actually they weren't even told at  
 22 the time that she'd had the transfusion.  
 23 **A.** No, it wasn't after the -- yeah, she didn't get told  
 24 after the operation, it was only afterwards that we  
 25 then got her medical records that she realised that

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1 **A.** Mm-hm.  
 2 **Q.** Your brother arrived two years later and you arrived  
 3 two years after that.  
 4 **A.** Yes.  
 5 **Q.** Your dad has described that your mum was his best  
 6 friend and his whole world.  
 7 **A.** Yes.  
 8 **Q.** And you also had a very close relationship with your  
 9 mum.  
 10 **A.** Yes, we all did, we had a great family life, yeah,  
 11 very close.  
 12 **Q.** Your mum had a subtotal thyroidectomy in 1990 but  
 13 didn't require a blood transfusion during that  
 14 operation.  
 15 **A.** Yes.  
 16 **Q.** And apart from that, your mum was in excellent health  
 17 until 1994.  
 18 **A.** That's correct, yes.  
 19 **Q.** She led an active, outdoorsy kind of life.  
 20 **A.** Very much so, yeah, we went on camping holidays and  
 21 stuff when we was kids, every year really, yeah, went  
 22 skiing when we was younger as well so very active,  
 23 yeah.  
 24 **Q.** She loved being out in her garden.  
 25 **A.** Yeah, out in her garden, taking the dog for long

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1 she'd had the units of blood.  
 2 **Q.** And at that stage, looking back, the family were told  
 3 that she could have managed perfectly well without it.  
 4 **A.** That's correct.  
 5 **Q.** It just speeded up her recovery slightly.  
 6 **A.** Yes.  
 7 **Q.** After the hysterectomy, your mum seemed to be doing  
 8 pretty well, recovering pretty well, until  
 9 the September.  
 10 **A.** Yes.  
 11 **Q.** What did you notice in the September?  
 12 **A.** In the September I came back from holiday. My mum and  
 13 dad collected me from the airport. My mum had stayed  
 14 in the car. Once I got in the car, my mum turned  
 15 around and my dad had said that Mum hadn't been very  
 16 well, but didn't really go into great detail. When  
 17 I got in the car, she turned around and looked at me  
 18 and I would never forget -- she was extremely yellow  
 19 and looked horrific.  
 20 **Q.** We have a letter from that time which sets out your  
 21 mum's symptoms.  
 22 **A.** Yes.  
 23 **Q.** 0998002, please, Henry.  
 24 It says this:  
 25 "As far as the surgery is concerned, she has

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1 coped very well. She tells me that since a week she  
2 has been very jaundiced and suffers from nausea and  
3 vomiting. There is no history of foreign travel,  
4 alcohol or contact with jaundice. She had two units  
5 of blood transfused six weeks ago with the operation.  
6 There has been no abdominal pain. She feels well in  
7 herself but she complained of dark urine and light  
8 stools."

9 Further down:

10 "Clinically she obviously has hepatocellular  
11 jaundice with some obstructive element. I have sent  
12 her for some blood tests, hepatitis A, B and C,  
13 clotting factors, U&Es and LFTs, and repeated the  
14 liver function test along with a liver ultrasound  
15 scan."

16 That was in the September.

17 In the following February a letter from  
18 Dr Richardson sets out the results of those tests.

19 Could we have 0998006, please.

20 If we can zoom into the main body of the letter,  
21 thank you, Henry:

22 "There have been one or two serological  
23 developments in your patient who had a hepatitis-like  
24 illness in the autumn. We now find that she has  
25 antibodies to hepatitis C. She has made a complete

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1 A. Yes.

2 Q. The holiday to Malta is a holiday your mum and dad had  
3 gone on together, and the suggestion that there had  
4 been other sexual activity on that holiday outraged  
5 him as well.

6 A. It's absurd.

7 **SIR BRIAN LANGSTAFF:** It does start with the words, "It is  
8 not for me to say".

9 **MS FRASER BUTLIN:** Indeed.

10 **SIR BRIAN LANGSTAFF:** Has Dr Richardson been asked why  
11 then he said it?

12 A. I would like to ask that myself.

13 **MS FRASER BUTLIN:** When we sought to trace Dr Richardson  
14 it became apparent that he had passed away.

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

16 **MS FRASER BUTLIN:** You also object to the comment in the  
17 letter "The excitement now".

18 A. Yes, I don't really see what excitement there is to  
19 find out whether she's got hepatitis C, it's just  
20 a strange letter to me from an educated doctor to  
21 another doctor but -- mm.

22 Q. At this stage, in February 1995, when this letter was  
23 written, your parents didn't see it and in fact they  
24 weren't aware that your mum had hepatitis C.

25 A. Yes.

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1 recovery from her clinical hepatitis, which I thought  
2 was consistent with hepatitis A, but of course she did  
3 have a blood transfusion in August last year. The  
4 excitement now of course is to find out whether the  
5 donor of the blood is suffering from hepatitis C.

6 "It is not for me to say what patients can get  
7 up to on holidays in Malta as hepatitis C can be  
8 acquired sexually or via an infected blood  
9 transfusion. You will recall that she was under  
10 Mrs Wilson's care in September 1994 when she had  
11 a hysterectomy at St Margaret's."

12 At that time, in 1995, your parents weren't  
13 aware of this letter, but you obtained it later.

14 A. Yes.

15 Q. And they saw it.

16 What was their reaction to the letter?

17 A. Absolutely disgusted. And obviously when I saw it  
18 I was myself. My mum and dad have been married  
19 40/50 years to have -- if anyone knows my mum, to have  
20 ever thought she could be having other sexual  
21 activities elsewhere is just absurd. It sickens me  
22 really every time I read the letter as I've been doing  
23 the statement for this. It just really, yeah, sickens  
24 me.

25 Q. Your father in his statement makes similar comments.

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1 Q. She was informed shortly afterwards when she went to  
2 the Royal Free Hospital.

3 A. Yes.

4 Q. And your father's recollection of her referral to the  
5 Royal Free was that at that point that was the first  
6 time she was told she had hepatitis C, in early 1995,  
7 and she was given very full information about the  
8 nature of it and the risks of transmission.

9 A. Yes.

10 Q. Does that accord with what you understood, that  
11 happened at that point?

12 A. As I remember, yes, yes.

13 Q. But at that point she wasn't -- there was no  
14 explanation of how she'd contracted the hepatitis C.

15 A. No.

16 Q. Your mum had been working as an auxiliary nurse at  
17 this point.

18 A. Mm-hm.

19 Q. But she felt unable to continue in that role. Why was  
20 that?

21 A. Well, she'd obviously been -- she had been told that  
22 she'd got hepatitis C. The hospital that actually  
23 gave her the infected blood was where she returned  
24 back to work. As a nursing auxiliary maternity ward,  
25 they knew she had hepatitis C but still allowed her to

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1 carry on working there, but obviously after time  
 2 became very tired and she was doing nights, and it  
 3 just -- she couldn't manage to carry on working there.  
 4 **Q.** So she found an office job instead.  
 5 **A.** Yes, a local -- it just was right near where we lived.  
 6 She just worked there for a couple of mornings,  
 7 a couple of mornings a week, I think it was. Yeah, it  
 8 was just office-based work.  
 9 **Q.** Then in March 1997 your mum had a liver biopsy. What  
 10 did that show?  
 11 **A.** That showed -- as I remember raised ALTs, that she did  
 12 have hepatitis C and cirrhosis, I think it was a small  
 13 element of cirrhosis on her liver.  
 14 **Q.** And in 1998 she was reviewed at the Royal Free, and  
 15 the letter after that appointment -- sorry, 1998 --  
 16 the letter after that appointment summarised her  
 17 situation.  
 18 **A.** Yes.  
 19 **Q.** And you think this was the first time that how she'd  
 20 contracted hepatitis C was explained to her.  
 21 **A.** That's correct.  
 22 **Q.** In 1998.  
 23 **A.** Yes.  
 24 **Q.** So if we have a look at that letter. It's 0998004,  
 25 please, Henry.

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1 **A.** Yes, that's correct, yes.  
 2 **Q.** Your mum did have treatment.  
 3 **A.** Yes.  
 4 **Q.** In 1998.  
 5 **A.** Mm-hm.  
 6 **Q.** But she had to go to the Royal Free rather than your  
 7 local hospital.  
 8 **A.** That's correct.  
 9 **Q.** Why was that?  
 10 **A.** The local hospital said that they didn't have enough  
 11 funding to give her the treatment.  
 12 **Q.** And what was the effect on your mum of having to  
 13 travel to the Royal Free?  
 14 **A.** It was from door to door probably a two-hour journey.  
 15 And obviously when she wasn't at -- at first obviously  
 16 it was -- she sort of could cope with it, but then  
 17 obviously as it was going on we was getting the train,  
 18 taxis, going to the Royal Free Hospital, you go up  
 19 several flights of stairs, she was determined to do  
 20 that, didn't want to be doing the lift because she  
 21 didn't want to give in to it. It was very exhausting  
 22 for her.  
 23 **Q.** You were going with her for most --  
 24 **A.** I went on the majority of the appointments that she  
 25 went, yes, and went through the whole procedure of the

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1 It's the main body of the letter starts at the  
 2 bottom.  
 3 "I reviewed this lady in Professor Dusheiko's  
 4 clinic on 9 July 1998. She is an ex-auxiliary nurse  
 5 who acquired hepatitis C from a screened blood  
 6 transfusion. I gather from Dr Gorman at the blood  
 7 transfusion centre that the unit of blood received was  
 8 negative for -- anti-hepatitis C. However, subsequent  
 9 investigations have revealed that the donor was PCR  
 10 positive for HCV RNA and has subsequently undergone  
 11 seroconversion to anti-HCV positive status. The blood  
 12 transfusion have clearly followed national guidance  
 13 and it is most unfortunate that Mrs Drane acquired  
 14 hepatitis C.  
 15 "I discussed with Mrs Drane the diagnosis of  
 16 hepatitis C and antiviral therapy using interferon,  
 17 and we discussed at length the potential side-effects  
 18 of this drug, the commonest symptoms being flu-like  
 19 symptoms and depression. It is an immunostimulatory  
 20 drug, so it can cause autoimmune problems."  
 21 Then a note about her previous thyroid problems  
 22 and she was keen to start antiviral therapy.  
 23 But until this point in 1998 your mum had not  
 24 had any clarity as to how she'd contracted hepatitis  
 25 and it was really just a mystery to her.

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1 side-effects of all the treatment that she was going  
 2 to have.  
 3 **Q.** What was the effect of the treatment on your mum?  
 4 **A.** They did give a whole massive list of side-effects.  
 5 Maybe looking back at it now, she was extremely tired.  
 6 I think there were occasions of depression, but then  
 7 I'm not sure because she also had anxieties where she  
 8 was then rather -- had a large stomach, so she  
 9 obviously got quite depressed about that because she  
 10 looked eight or nine months pregnant, so she sort of  
 11 struggled with that. I can't think of what other  
 12 side-effects, I think that was probably it really.  
 13 **Q.** Your dad said in his statement that she became really  
 14 very depressed.  
 15 **A.** Yes.  
 16 **Q.** And the main impact was on her mental state.  
 17 **A.** Yes.  
 18 **Q.** Was she offered any counselling or psychological  
 19 support?  
 20 **A.** None whatsoever, no.  
 21 **Q.** A few years later, you set in your statement that your  
 22 mum started suffering from pedal edema and, as you  
 23 said, abdominal swelling.  
 24 **A.** Yes.  
 25 **Q.** She was advised to restrict her fluid intake?

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1 A. Yes, they told her to reduce her salt intake and,  
 2 yeah, just to not drink as much -- like water, fluid,  
 3 yeah.  
 4 Q. And you've described that your mum became too weak to  
 5 do a lot of things.  
 6 A. Yeah, as I previously said she wouldn't be taking the  
 7 dog for a walk, she would be fairly housebound. Yeah,  
 8 doing anything was a real struggle and -- and hard  
 9 work for her, yes.  
 10 Q. And she became much more socially isolated as well.  
 11 A. Yes, with the abdominal swelling, she always needed to  
 12 be near a toilet. So it was difficult for her to go  
 13 anywhere too far for too long.  
 14 Q. In 2011 it was found that your mum had chronic liver  
 15 disease and was cirrhotic.  
 16 A. Yes.  
 17 Q. And in 2012 she underwent a liver transplant.  
 18 A. Yes.  
 19 Q. She was very unwell after that transplant.  
 20 A. Yes.  
 21 Q. What can you tell us about that?  
 22 A. She had -- well she got called in once before for the  
 23 liver transplant, but then the liver wasn't suitable  
 24 for her. She then got called in the second time on  
 25 2 August and had the liver transplant then.

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1 contracted hepatitis C after the September 1991  
 2 cut-off point, and sad as it is that you've missed the  
 3 date, it's gone past it.  
 4 Q. We have a copy of that letter. 0998007, please.  
 5 It's the first two paragraphs:  
 6 "I am writing to inform you with regret of the  
 7 ineligibility of your application for an ex gratia  
 8 payment under the scheme that the Skipton Fund is  
 9 administering on behalf of the Department of Health  
 10 and the equivalent departments. The Skipton Fund was  
 11 set up by the Department of Health to provide ex  
 12 gratia payments to people who were thought to have  
 13 been infected with hepatitis C as a result of  
 14 receiving treatment with NHS blood or blood products  
 15 prior to September 1991. From the information we have  
 16 received regarding your claim, it appears that the  
 17 treatment your doctor thinks may have been the source  
 18 of your infection was during the hysterectomy in 1994,  
 19 which would fall outside the remit of the scheme."  
 20 You were then advised to contact the Hepatitis C  
 21 Trust. What happened with that application?  
 22 A. That also got rejected, but I'm just going to go back  
 23 on to that as you're reading it out, where they're  
 24 saying "From the information we received regarding  
 25 your claim, it appears" and that "Your doctor thinks",

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1 She probably was in hospital -- it was a bit of  
 2 a blur, I think it was probably about six months she  
 3 was in there on and off. Probably -- well, the  
 4 tablets that she was on for -- the antirejection  
 5 tablets and loads of other tablets that she had to  
 6 have was then affecting her kidney. I then had  
 7 a conversation with Dr Patch, the consultant, after  
 8 probably about a month or six weeks after the  
 9 operation and he really said it was not looking good.

10 So they had to take a risk and change the  
 11 tablets and take her off of the water tablets and she  
 12 then started to pick up, but it was a long process.

13 Q. The transplant was complicated by a rejection.

14 A. Yeah.

15 Q. A bile leak.

16 A. Yes.

17 Q. And recurrent ascites.

18 A. Yes.

19 Q. Just before the transplant, you applied to the  
 20 Skipton Fund --

21 A. Yes.

22 Q. -- on your mum's behalf.

23 A. Mm-hm.

24 Q. What happened to that application?

25 A. It got refused because they said that she got --

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1 it's not "appears", it isn't "The doctor thinks", it  
 2 is in a written letter she contracted hepatitis C from  
 3 the blood transfusion, there's no question about that,  
 4 so I do find that frustrating. But --

5 Q. Because your doctors had provided the information  
 6 required on the form.

7 A. Yes, and gave them a copy of that letter.

8 Q. And been very clear that's what it was.

9 A. Yeah, there's no "appears" or "thinks"; it's  
 10 guaranteed, that's how it is. But the Hep C Trust as  
 11 well, as I remember, we got rejected too. The only  
 12 reason I tried to claim anything from either two funds  
 13 was to try and make life a bit easier for my mum of  
 14 just getting around and different things, but --

15 Q. You'd wanted to do some adaptations to your parents  
 16 house to accommodate your mum's difficulties.

17 A. Would've helped, yes.

18 Q. To mean that she wouldn't have to keep working as  
 19 much.

20 A. Yes. I mean, financially they had no support and she  
 21 was getting very tired, and then it was down to my dad  
 22 who he felt he had to just go out and just go to work  
 23 to keep things going, yeah.

24 Q. You wrote to your mum's MP and she pursued the matter  
 25 and received a reply from Anne Milton, the

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1 Parliamentary Undersecretary of State for Public  
2 Health at the time. Again, we've got her reply.  
3 0998008, please, Henry.  
4 It's the second and third paragraph. It's  
5 page 4 of the document, please.  
6 "I was sorry to hear that Mrs Drane has  
7 hepatitis C. However, as you are aware, the  
8 Skipton Fund was established specifically to make  
9 payments to people infected through their treatment  
10 with NHS supplied blood or blood products before the  
11 advent of screening blood donations for hepatitis C,  
12 which was introduced in the UK in September 1991.  
13 "As your constituent has confirmed in her  
14 correspondence that Mrs Drane contracted hepatitis C  
15 in 1994, this would make her ineligible to a payment  
16 from the Skipton Fund. If Ms Hudson wishes to take  
17 this issue further, I would suggest that, in the first  
18 instance, she seeks legal advice in relation to  
19 clinical negligence."  
20 You also applied for disability allowance.  
21 A. Yep.  
22 Q. And that was refused.  
23 A. Yep. I only probably did that in the last six months,  
24 I would imagine, of her life, yeah.  
25 Q. And the only thing you managed to obtain for your mum

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1 A. Yeah, massive effect. Yeah, in different  
2 circumstances I could stand here all day and speak  
3 about my mum. She was a best friend, she was always  
4 there. We probably never had a cross word all our  
5 life, really. Yeah, I can't -- yeah, I miss her  
6 badly.  
7 Q. You've said that she'd become very dependent on you --  
8 A. Yes.  
9 Q. -- your father and your brother, and that you tried to  
10 always stay strong, and for the most part succeeded in  
11 looking as though you were coping well.  
12 A. Mm.  
13 Q. But inside you would be crumbling.  
14 A. Yeah, because I've got -- we've got two children and  
15 she was a great grandmother to them, and -- yeah, it's  
16 been hard.  
17 Q. You're completely lost without her.  
18 A. Yes.  
19 Q. You say you've lost your trust in doctors and  
20 hospitals.  
21 A. Massively. I -- currently at the moment [redacted] is  
22 actually in hospital and has been for the last four  
23 weeks. And even then I'm questioning everything  
24 they're doing and why they're not doing it quick  
25 enough. Yeah, it -- it does make you very -- what's

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1 was a blue parking badge.  
2 A. Yes.  
3 Q. But when did that arrive?  
4 A. That arrived a week after she passed away. And she  
5 had to -- however, even still looking nine months  
6 pregnant, and very difficult to get her into the  
7 upstairs of the library, and then come back down the  
8 stairs to then walk outside to prove that she needed  
9 the badge. Yeah, she then got that only a week after  
10 she passed away.  
11 Q. So throughout her illness --  
12 A. She had nothing.  
13 And she -- I only did that claim because I tried  
14 to stress to her that it would make life a little bit  
15 easier for her, because she was always dead against  
16 making any claim at any time because she felt the NHS  
17 was struggling as they was and she worked for the NHS  
18 at some point.  
19 Q. Your mum had had the transplant in 2012 but  
20 deteriorated over the years.  
21 A. Yes.  
22 Q. She died in September 2018.  
23 A. Yes.  
24 Q. Can you tell us something of the effect of that on  
25 you?

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1 the word? -- just not believing in them at all,  
2 really, which is not really great. Yeah.  
3 Q. Your dad's now also [redacted], and we won't go into  
4 the details of what was wrong with him, but you feel  
5 that that [redacted] because of your mum's death.  
6 A. Yes. Yeah, I do, definitely. He can't -- yeah, cope.  
7 Q. And he struggled to cope at all with his loss.  
8 A. Yeah, he's found it extremely hard. When my mum  
9 wasn't very well, I think he was -- tried to blinker  
10 it into thinking she was quite a strong lady and that  
11 she would carry on and he would never have to face up  
12 to losing her. But, yeah, now he has, he's finding it  
13 very hard.  
14 Q. Those are the questions I have for you. I'm just  
15 going to turn to Mr Collins, who as you know  
16 represents you.  
17 He has nothing further he would like me to  
18 raise. Is there anything else you would like to say?  
19 A. No, I don't think so. No.  
20 MS FRASER BUTLIN: Sir.  
21 SIR BRIAN LANGSTAFF: You've given us a tale of the  
22 frustrations you had dealing with officialdom in its  
23 various forms. At the end of your evidence you said  
24 in answer to a question that you felt as those you  
25 were crumbling inside.

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1 A. Yes.

2 **SIR BRIAN LANGSTAFF:** I think we could see some of that in

3 the way that you gave your evidence and showed how

4 much everything has affected you.

5 A. Yeah.

6 **SIR BRIAN LANGSTAFF:** Which makes it all the more

7 remarkable that you were prepared to come and tell us

8 about it, and thank you very much for that.

9 A. Yeah. I mean, I will just say that obviously when we

10 was called up to do this, my mum was still alive and

11 I did ask my solicitor, what happens if she does pass

12 away, can I still carry on and do this? And she said

13 yes. And my mum actually said to me that she wanted

14 to carry on and fight for this. Just to ... just so

15 no one else has to go through this when this should've

16 all been sorted and it should've been tested blood, it

17 shouldn't have ever been given to her. Yeah. And

18 I would do anything to have her back. Mm.

19 **SIR BRIAN LANGSTAFF:** Well, thank you very much.

20 A. Thank you.

21 **SIR BRIAN LANGSTAFF:** We'll take a break then until

22 tomorrow morning. 10 o'clock. What do we have in

23 store tomorrow?

24 **MS FRASER BUTLIN:** We'll be hearing from Martin McCloud,

25 Carol Carruthers, an anonymous witness, then

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1 Michael O'Driscoll.

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

3 Tomorrow at 10.00 am.

4 (3.15 pm)

5 (Adjourned until 10.00 am on Wednesday, 30 October 2019)

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(37) couldn't... - Dr

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61/18 67/5	66/15 69/6 69/11	14/20 14/25 15/1 15/6	66/18 89/6	<b>holiday in [1]</b> 45/11	121/16 127/8
<b>haemophilic [8]</b>	72/16 73/25 79/2 82/1	15/11 15/16 17/14	<b>highly [2]</b> 84/7 90/22	<b>holidays [2]</b> 106/20	<b>huge [1]</b> 92/15
4/24 7/12 12/5 52/17	88/20 89/7 107/13	20/20 21/22 28/5 28/8	<b>him [49]</b> 3/8 9/20	110/7	<b>hunts [1]</b> 95/1
53/2 53/6 56/14 61/19	110/20 115/12	28/9 31/6 33/15 41/11	18/12 39/14 42/13	<b>home [23]</b> 6/20 19/10	<b>husband [16]</b> 82/23
<b>half [4]</b> 43/24 43/24	<b>HCV [6]</b> 86/13 86/20	42/3 42/21 45/24	43/1 43/4 45/14 46/4	40/20 50/24 51/10	83/20 84/4 85/8 85/10
43/24 45/14	87/13 103/10 114/10	46/14 49/24 58/21	47/23 48/1 65/13	56/4 56/9 64/14 65/3	85/17 87/20 88/7 89/1
<b>halfway [1]</b> 14/4	114/11	59/2 59/21 67/10 68/6	65/14 65/24 66/5	65/4 68/16 74/3 78/7	89/15 91/6 91/12
<b>hallucinations [1]</b>	<b>he [265]</b>	68/18 75/7 75/11	66/22 67/15 67/17	80/13 80/19 84/15	92/18 94/21 96/4
70/25	<b>He'd [1]</b> 69/21	75/20 78/18 80/2	67/23 68/2 68/3 68/15	92/13 93/1 94/20 95/7	102/5
<b>hand [3]</b> 1/24 10/3	<b>he'll [1]</b> 65/14	80/10 80/18 83/21	69/19 70/2 70/3 70/21	97/9 97/12 98/17	<b>husband's [3]</b> 83/16
46/23	<b>he's [12]</b> 37/6 65/16	86/11 89/18 89/19	73/15 73/25 74/4	<b>homeless [2]</b> 97/12	89/23 101/9
<b>handbag [1]</b> 45/12	66/11 68/6 68/6 89/14	89/20 90/4 90/4 90/4	77/15 77/18 78/1 78/4	98/1	<b>Hyperthyroidism [1]</b>
<b>hands [2]</b> 26/17 38/12	95/22 99/22 102/3	90/5 90/6 90/19 90/25	78/7 80/11 80/12	<b>honest [1]</b> 70/20	26/19
<b>handwriting [1]</b> 43/8	102/5 124/8 124/12	91/6 91/13 91/22	83/22 84/7 84/10	<b>hope [4]</b> 33/1 46/15	<b>hysterectomy [4]</b>
<b>happen [4]</b> 59/4 59/6	<b>head [5]</b> 16/5 16/6	92/12 93/23 95/15	90/18 93/1 93/6 94/2	81/19 104/1	107/3 108/7 110/11
71/3 74/17	77/7 77/20 98/15	101/16 103/20 109/12	94/5 94/12 96/22	<b>horrific [1]</b> 108/19	119/18
<b>happened [20]</b> 6/9 8/1	<b>headed [2]</b> 14/3 16/4	109/23 109/25 110/1	99/20 111/5 124/4	<b>horse [2]</b> 36/15 36/17	
10/19 19/7 32/23 33/3	<b>headline [1]</b> 55/15	110/2 110/5 110/7	<b>himself [3]</b> 42/9 70/24	<b>horses [2]</b> 36/19 37/6	
61/25 64/21 64/24	<b>heads [1]</b> 31/21	111/19 111/24 112/6	80/19	<b>hospital [40]</b> 4/13 5/3	<b>I</b>
66/21 76/20 79/14	<b>health [20]</b> 19/5 24/9	112/14 112/22 112/25	<b>hindsight [3]</b> 90/25	6/10 7/24 8/10 10/7	<b>I actively [1]</b> 16/9
81/7 82/4 84/14	25/5 29/10 38/16	113/12 113/20 114/5	91/2 91/5	13/24 15/22 16/1	<b>I actually [4]</b> 7/1
102/16 104/18 112/11	42/25 49/19 49/21	114/14 114/16 114/24	<b>hips [1]</b> 38/9	16/20 19/8 21/8 35/23	63/15 66/11 91/23
118/24 119/21	52/3 68/13 69/1 70/1	119/1 119/13 119/20	<b>his [79]</b> 2/21 3/17 7/5	35/24 36/5 39/21	<b>I agree [3]</b> 100/9
<b>happening [1]</b> 50/24	72/11 73/12 73/13	120/2 121/7 121/11	10/3 22/2 38/8 38/8	39/23 50/14 51/11	100/13 102/17
<b>happens [2]</b> 62/8	103/10 106/16 119/9	121/14	38/16 38/16 39/6	57/16 66/12 66/24	<b>I already [1]</b> 41/6
125/11	119/11 121/2	<b>hepatitis C [30]</b> 75/11	39/15 40/22 42/1 42/4	67/2 79/22 85/23	<b>I also [2]</b> 11/5 23/3
<b>happy [2]</b> 61/15 96/1	<b>healthy [3]</b> 37/1 40/24	90/6 90/19 90/25	42/6 42/11 42/22	92/10 93/5 93/11	<b>I am [3]</b> 62/5 65/15
<b>hard [9]</b> 47/22 96/16	47/13	91/13 91/22 92/12	42/22 42/25 43/2 43/5	93/17 94/5 94/17	77/4
96/16 97/5 102/3	<b>hear [3]</b> 59/23 105/5	93/23 95/15 101/16	45/22 45/24 46/1 46/6	94/20 101/18 112/2	<b>I applied [1]</b> 27/18
117/8 123/16 124/8	121/6	103/20 109/25 110/5	46/10 46/12 47/20	112/22 115/7 115/10	<b>I arrived [1]</b> 68/3
124/13	<b>heard [4]</b> 29/4 59/18	110/7 111/19 111/24	49/23 54/13 54/16	115/18 118/1 123/22	<b>I asked [3]</b> 9/20 27/9
<b>Harrogate [1]</b> 65/22	76/4 81/2	112/6 112/14 112/22	66/3 66/4 68/4 68/5	<b>hospital's [1]</b> 86/19	27/11
<b>has [50]</b> 1/20 14/8	<b>hearing [4]</b> 58/18	112/25 113/12 113/20	68/13 69/12 69/16	<b>hospitals [3]</b> 86/4	<b>I be [1]</b> 90/20
14/16 14/22 15/13	59/18 59/22 125/24	114/5 114/14 119/1	69/24 70/1 70/15 71/4	86/16 123/20	<b>I became [1]</b> 19/11
31/12 33/2 33/21	<b>heart [9]</b> 66/3 66/16	119/13 120/2 121/7	72/20 73/14 73/15	<b>hostel [2]</b> 97/12 98/4	<b>I believe [1]</b> 43/8
33/22 33/22 38/1	66/16 66/19 67/2 67/4	121/11 121/14	73/16 73/22 74/2 79/5	<b>hour [3]</b> 26/8 51/12	<b>I believed [1]</b> 61/19
38/10 38/16 38/17	67/8 68/4 68/5	<b>hepatocellular [1]</b>	79/12 79/15 79/16	115/14	<b>I call [1]</b> 52/14
41/21 42/2 42/9 42/20	<b>heavily [1]</b> 89/2	109/10	80/10 80/12 85/1	<b>hours [2]</b> 39/10 74/11	<b>I came [4]</b> 62/11 68/1
43/5 44/16 45/23	<b>held [2]</b> 3/7 4/19	<b>hepatologist [1]</b> 94/6	85/19 87/23 88/10	<b>house [13]</b> 4/15 37/16	78/7 108/12
45/25 49/1 65/12 71/8	<b>hell [1]</b> 72/1	<b>her [49]</b> 48/16 49/12	88/11 88/17 88/22	37/17 51/15 52/9	<b>I can [8]</b> 3/3 8/6 21/17
76/7 77/1 78/6 82/2	<b>help [8]</b> 27/12 32/22	49/13 82/18 82/20	89/4 91/8 92/2 92/13	65/13 71/19 72/6	22/25 23/3 65/20
91/8 91/8 97/4 104/2	52/17 65/24 80/13	82/23 102/7 103/9	92/25 94/10 94/24	72/15 77/16 77/17	80/12 82/10
106/5 107/9 108/25	83/25 100/17 102/20	105/5 106/24 106/25	95/19 97/4 99/21	97/22 120/16	<b>I can't [9]</b> 23/16 60/23
109/2 109/6 109/10	<b>helped [4]</b> 32/5 79/22	107/18 107/25 108/5	102/1 102/6 102/21	<b>housebound [1]</b>	65/11 69/22 80/14
109/24 109/25 111/10	101/16 120/17	109/12 110/1 112/4	106/5 106/6 110/25	117/7	97/15 99/14 116/11
114/10 121/6 121/13	<b>helpful [2]</b> 53/2	112/23 112/25 113/13	116/13 124/7	<b>how [30]</b> 6/19 6/22	123/5
123/22 124/12 124/17	101/14	113/16 113/20 114/21	<b>history [2]</b> 49/9 109/3	6/23 6/24 7/20 19/5	<b>I catch [1]</b> 99/15
125/4 125/15	<b>helping [1]</b> 23/2	114/25 115/11 115/22	<b>hit [4]</b> 35/11 97/5	21/24 32/6 33/13	<b>I caught [1]</b> 21/17
<b>hasn't [2]</b> 68/9 68/10	<b>Henry [10]</b> 12/25	115/23 116/16 116/25	102/3 102/12	34/17 35/6 40/12	<b>I confirm [1]</b> 71/8
<b>hailed [1]</b> 77/18	13/16 14/3 38/2 41/14	117/1 117/1 117/9	<b>HIV [12]</b> 19/24 20/4	60/21 62/5 62/14 65/4	<b>I considered [1]</b> 47/25
	45/17 108/23 109/21	117/12 117/24 118/6	59/9 59/15 59/17	65/15 65/24 70/12	<b>I could [3]</b> 27/10
	113/25 121/3	118/11 121/2 121/13	59/20 60/8 60/13	75/25 94/15 100/17	97/18 123/2
					<b>I couldn't [6]</b> 66/8



<p><b>I</b></p> <p><b>I couldn't...</b> [5] 91/19 93/4 94/19 95/8 97/9</p> <p><b>I devised</b> [1] 27/16</p> <p><b>I did</b> [20] 8/14 11/23 12/15 16/2 16/25 19/1 19/15 19/15 20/11 22/18 23/10 28/24 29/23 35/14 74/2 90/13 95/21 98/16 103/4 125/11</p> <p><b>I didn't</b> [7] 17/15 25/5 37/22 43/22 66/8 95/17 95/20</p> <p><b>I discussed</b> [1] 114/15</p> <p><b>I do</b> [4] 98/3 102/17 120/4 124/6</p> <p><b>I don't</b> [29] 18/13 19/7 21/19 28/5 34/1 40/8 48/14 51/12 60/20 60/21 62/17 62/19 65/20 71/8 71/9 77/23 78/12 90/23 94/18 99/4 99/4 99/4 99/21 100/24 100/24 102/18 103/12 111/18 124/19</p> <p><b>I drew</b> [1] 6/21</p> <p><b>I duly</b> [1] 29/5</p> <p><b>I elicited</b> [1] 42/13</p> <p><b>I ended</b> [1] 97/12</p> <p><b>I even</b> [1] 57/15</p> <p><b>I eventually</b> [2] 74/23 97/13</p> <p><b>I examined</b> [1] 42/12</p> <p><b>I expected</b> [1] 59/22</p> <p><b>I explained</b> [1] 11/2</p> <p><b>I feel</b> [1] 18/9</p> <p><b>I felt</b> [5] 57/12 57/13 61/16 62/16 95/21</p> <p><b>I found</b> [2] 19/10 24/5</p> <p><b>I gather</b> [1] 114/6</p> <p><b>I gave</b> [3] 10/18 10/24 18/20</p> <p><b>I get</b> [2] 74/13 100/17</p> <p><b>I go</b> [3] 74/3 98/23 99/17</p> <p><b>I going</b> [2] 95/6 98/3</p> <p><b>I got</b> [7] 56/6 56/9 68/7 94/16 97/13 108/14 108/17</p> <p><b>I guess</b> [1] 51/16</p> <p><b>I had</b> [29] 11/2 12/17 20/17 20/22 20/23 21/20 24/4 24/14 25/6 28/18 29/4 30/24 32/12 35/10 47/6 47/16 47/18 52/23 55/8 59/15 62/17 62/20 63/16 71/22 77/3 80/11 95/8 95/21</p>	<p>99/24</p> <p><b>I hadn't</b> [3] 43/23 47/1 90/15</p> <p><b>I hauled</b> [1] 77/18</p> <p><b>I have</b> [21] 18/13 23/15 24/7 31/8 32/15 42/20 43/1 43/4 43/21 68/13 69/21 69/22 69/23 71/9 76/24 77/13 81/10 95/6 95/6 102/22 124/14</p> <p><b>I haven't</b> [5] 76/15 99/14 103/12 103/13 103/13</p> <p><b>I heard</b> [1] 59/18</p> <p><b>I hope</b> [3] 33/1 46/15 104/1</p> <p><b>I informed</b> [1] 18/12</p> <p><b>I intended</b> [1] 55/22</p> <p><b>I just</b> [6] 24/6 33/9 80/5 94/16 94/19 99/24</p> <p><b>I kept</b> [2] 12/16 12/19</p> <p><b>I knew</b> [5] 19/17 21/5 48/4 61/24 78/1</p> <p><b>I know</b> [4] 55/18 68/9 74/2 99/16</p> <p><b>I leave</b> [1] 65/16</p> <p><b>I lost</b> [5] 45/11 97/10 97/11 100/25 101/7</p> <p><b>I loved</b> [1] 95/10</p> <p><b>I made</b> [1] 25/20</p> <p><b>I make</b> [2] 74/4 82/20</p> <p><b>I managed</b> [1] 44/22</p> <p><b>I may</b> [4] 1/16 43/25 59/25 83/9</p> <p><b>I mean</b> [5] 51/5 80/9 80/22 81/5 125/9</p> <p><b>I met</b> [2] 37/2 78/5</p> <p><b>I might</b> [2] 55/20 55/20</p> <p><b>I miscarried</b> [1] 63/16</p> <p><b>I miss</b> [2] 104/8 123/5</p> <p><b>I must</b> [2] 48/17 90/24</p> <p><b>I need</b> [1] 100/11</p> <p><b>I normally</b> [1] 19/7</p> <p><b>I note</b> [1] 1/19</p> <p><b>I notice</b> [1] 92/1</p> <p><b>I noticed</b> [1] 91/17</p> <p><b>I only</b> [3] 18/18 121/23 122/13</p> <p><b>I order</b> [1] 1/6</p> <p><b>I out</b> [1] 84/17</p> <p><b>I phoned</b> [3] 10/10 65/18 90/18</p> <p><b>I picked</b> [2] 55/18 55/21</p> <p><b>I previously</b> [1] 117/6</p> <p><b>I pulled</b> [1] 77/15</p> <p><b>I put</b> [3] 12/6 12/16 12/18</p> <p><b>I quite</b> [1] 99/6</p>	<p><b>I read</b> [2] 50/5 110/22</p> <p><b>I really</b> [2] 32/24 55/10</p> <p><b>I recall</b> [11] 52/5 52/9 55/14 55/24 55/24 59/18 60/18 61/14 66/2 66/18 107/8</p> <p><b>I received</b> [1] 25/6</p> <p><b>I rely</b> [2] 32/19 100/16</p> <p><b>I remain</b> [1] 43/20</p> <p><b>I remained</b> [1] 22/13</p> <p><b>I remember</b> [7] 23/16 52/15 56/7 91/1 112/12 113/11 120/11</p> <p><b>I retired</b> [2] 97/16 97/17</p> <p><b>I returned</b> [1] 78/4</p> <p><b>I said</b> [5] 10/12 10/20 54/9 68/5 77/19</p> <p><b>I saw</b> [4] 7/11 10/20 46/4 110/17</p> <p><b>I see</b> [2] 39/17 91/21</p> <p><b>I should</b> [2] 48/24 90/19</p> <p><b>I simply</b> [1] 51/13</p> <p><b>I slept</b> [1] 23/10</p> <p><b>I started</b> [2] 8/4 22/12</p> <p><b>I stayed</b> [1] 9/4</p> <p><b>I still</b> [2] 95/9 125/12</p> <p><b>I suppose</b> [2] 26/11 99/22</p> <p><b>I then</b> [1] 118/6</p> <p><b>I think</b> [104] 5/22 8/16 8/24 9/3 14/4 16/23 17/4 17/16 18/11 19/18 20/15 21/17 23/10 28/1 29/19 33/19 33/20 37/21 40/24 42/15 42/20 44/1 45/4 46/7 46/10 47/16 47/20 48/11 50/10 50/11 51/6 51/15 52/5 52/7 52/8 52/22 53/12 54/3 54/5 54/12 55/8 57/15 59/13 59/16 59/18 59/21 59/25 60/24 63/17 63/18 64/2 64/7 64/20 65/1 65/5 65/23 66/3 66/4 66/10 66/17 67/3 67/23 71/9 71/12 72/13 73/12 73/16 73/18 74/5 74/13 74/17 74/20 74/20 77/4 77/6 77/13 78/3 81/1 81/13 82/2 88/23 88/24 90/15 91/25 92/16 93/13 93/22 95/16 99/5 100/25 101/5 101/7 101/15 102/3 102/4 102/21 103/19 113/7 113/12</p>	<p>116/6 116/12 118/2 124/9 125/2</p> <p><b>I think September</b> <b>2004</b> [1] 28/25</p> <p><b>I thought</b> [15] 27/17 37/3 37/5 55/9 55/19 56/25 63/17 65/8 65/13 65/15 67/4 68/8 77/22 98/3 110/1</p> <p><b>I took</b> [5] 10/18 36/15 36/17 36/18 70/21</p> <p><b>I tried</b> [3] 93/3 120/12 122/13</p> <p><b>I turned</b> [1] 8/22</p> <p><b>I understand</b> [8] 3/13 6/1 7/17 31/25 46/17 56/16 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(50) throughout... - Violet



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