1	Friday, 8 July 2022	1		affected, if any reference is made, who may well be
2	(10.00 am)	2		anonymous.
3	SIR BRIAN LANGSTAFF: Good morning. I understand you're	3		The live Zoom link was begun, when shortly after the
4	quite happy to be called Carol.	4		pandemic began, to enable participants to feel that they
5	THE WITNESS: I am, thank you, yes.	5		could still safely be in the room, albeit a virtual one.
6	SIR BRIAN LANGSTAFF: Before you're sworn in, Carol, let me	6		For those who are still watching in that way, and there
7	say something about the arrangements for today. As you	7		may be quite a number of them, just as to all who are
, 8	know, you're talking not only to the people in the room	, 8		physically present in this room, can I remind you of the
9	but also to people who are watching online, here and	9		restriction order dated 17 September 2020 which remains
10	elsewhere.	10		in force, and it is this: unless express permission is
11	You're going to be talking about your personal	11		given by me or by the solicitor to the Inquiry acting on
12	experiences, and about your experiences as a campaigner.	12		my behalf, evidence given to the Inquiry in oral
13				
	I understand that over the several years that you've	13		hearings and broadcast by live feed accessible on the
14	been doing that, you've come to know a lot of people,	14		Zoom platform must be kept confidential and must not be
15	some of them sadly no longer with us, and so it's	15		disclosed or published in any form, unless and until
16	possible you may inadvertently mention the name of	16		such evidence is broadcast on the time-delayed YouTube
17	someone infected or affected who is anonymous in this	17		platform and/or a transcript is published on the
18	Inquiry. Obviously, that will be unintentional and we	18		Inquiry's website.
19	wouldn't want to interrupt the flow of your evidence, so	19		Any information that is redacted from the
20	today's YouTube feed will have a slightly longer delay	20		time-delayed feed and/or the transcript of the
21	on it, ten minutes, so that the Inquiry team can make	21		proceedings must not be repeated, disclosed, or
22	sure we don't broadcast the name of anyone who is	22		duplicated to any third party at any time, the only
23	anonymous. And it's for the same reason that I ask	23		exception being the exceptions which I've already
24	anyone who is live Tweeting from this room, not to live	24		mentioned.
25	Tweet the names of people who were infected and 1	25		This order remains in force for the duration of the 2
1 2 3	Inquiry and at all times thereafter, unless otherwise ordered, and I may vary or revoke the order by making	1 2 3	MS	RICHARDS: So Carol, you're here to give evidence abou your late husband, Pete, Pete Longstaff, and also about
	a further order during the course of the Inquiry.	3		your work as a campaigner, academic, researcher and
	Now let's turn to your evidence, which I'm	Λ		author
4	Now, let's turn to your evidence, which I'm	4	۸	author.
4 5	particularly keen to hear.	5		l am, yes.
4 5 6	particularly keen to hear. Mary, would you ask Carol to take the oath.	5 6		I am, yes. And I'm going to start by asking you about your late
4 5 6 7	particularly keen to hear. Mary, would you ask Carol to take the oath. CAROL ANNE GRAYSON (sworn)	5 6 7		l am, yes. And I'm going to start by asking you about your late husband. I'm going to refer to him as "Pete" if that's
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Α.

Q.

Α. Yes.

Q.

A. Yes.

	haemophilia centre, at the Royal Victoria Infirmary in	1	Q.	Pete went to Treloar's. Do you know roughly what year
	Newcastle; is that right?	2		he joined Treloar's?
A.	Yes, that was our nearest main centre.	3	Α.	I think it would have been around '72, I think.
Q.	So that would have been with Dr Hamilton and Dr Jones?	4	Q.	Do you know, again roughly, how long he was there for?
A.	Yes.	5	A.	Um, I'm sorry, I don't, no.
Q.	Obviously the treatment in those years is before you met	6	Q.	Don't worry. But there came a point that he started to
	him. But your understanding, from the many discussions	7		become treated with Factor VIII concentrates?
	you no doubt had over the years, was that for a long	8	A.	That's right, yes.
	time he was treated with cryoprecipitate?	9	Q.	As far as you know, did he receive his first
Α.	He was. I mean, from his diagnosis at I think about	10		concentrates at Treloar's or at Newcastle?
	18 months and there's a photo, a baby photograph, of	11 12	Α.	My understanding is Treloar's, and you have a letter,
	him and I can see he had a bleed on his ankle and, from		~	I think, that
	that time up, until around I think he was 15, he was on	13 14	ч.	Yes, I want to look at that with you. It's an important
0	cryoprecipitate.			letter.
Q.	He told you, as I understand it, that he managed all	15		Lawrence, could we have WITN1055172 on screen,
٨	right on that?	16		please. If we just zoom in on the text, we can see the
Α.	He did. I mean, that was all he knew. I mean, there	17		date of it is 12 April 1973. If we just go down, we'll
	was inconvenience, you know, of sort of going to the	18		see who it's from. It's from Peter Jones at the
	hospital and it was a process that took a longer time	19		Newcastle Haemophilia Centre and, then, if we go up and
~	than factor concentrates but, for him, it worked.	20		read the text of the letter, it's addressed to Pete's
Q.	Pete had a brother, Stephen, and Stephen's haemophilia	21		parents:
	was moderate to severe; is that right?	22 23		"Dear Mr and Mrs Longstaff,
A. Q.	Yes. And also haemophilia A?	23 24		"I am sorry that you could not come to the last clinic and I enclose another appointment. You will have
Q. A.	Yes.	24		received a letter from Lord Mayor Treloar asking for
Λ.	5	20		6
	your permission for Peter to participate in the special	1	0	Yes. So obviously one of the things to take away from
	trial of regular Factor VIII injections."	2	ω.	this letter is the reference to it doing nothing but
	Then there's reference to another pupil. His	3		good for the boys.
	parents have also been asked for their permission:	4	Δ	Yes, and my mother-in-law I've spoken at length about
	"I saw [and again that's a reference to the other	5	л.	this was very, very trusting, had absolute faith in
	pupil's parents] last week and explained that I was in	6		the doctors, so she would have absolutely accepted their
	complete agreement with the trial and it could do	7		word.
	nothing but good for the boys and for other patients.	, 8	0	Obviously we don't have a copy here of the letter
	It has been most carefully worked out, was discussed at	9	ω.	from Treloar that Dr Jones is referring to, but this
	the last meeting of the Haemophilia Directors in Oxford,	10		letter at least says nothing about any risks.
	and has the support of the Medical Research Council of	11	Α.	No, no.
	the United Kingdom. I will of course be extremely happy	12	Q.	Do you know any more about what this trial was or what
	to discuss any points that concern you about the trial	13	ω.	the involvement of the Medical Research Council was?
	when I see you, but wonder if you would feel able to	14	А.	I don't. I don't have any more detail.
	sign the acceptance form for Lord Mayor Treloar at this	14	Q.	Was it your understanding, again based on your
	stage. I saw the doctors concerned in London yesterday	16	ч.	discussions with Pete, that Pete was given factor
	and they're trying to get things organised for next	17		concentrates, whether for the purpose of this trial or
	term."	18		otherwise, on a prophylactic basis at Treloar?
	ls it your understanding, again based on your	19	Α.	Yes. Yes, I believe it was.
	discussions with Pete, that he did participate in this	20	Q.	You told us in one of your statements that Pete was part
	trial?	20	чж.	of Dr Craske's study group from 1973 onwards. What do
A	Yes and, in fact, there's another document which refers	21		you know about that and that group?
۵		~~	-	
Α.		23	Δ	I don't know very much at all I dot some documents
А.	to him having factor concentrate in '72 at Treloar, so	23 24	Α.	I don't know very much at all. I got some documents from the UKHCDO and I was really shocked to realise
A.	to him having factor concentrate in '72 at Treloar, so that must have been on a named-patient basis because it	24	Α.	from the UKHCDO and I was really shocked to realise
А.	to him having factor concentrate in '72 at Treloar, so		Α.	

(2) Pages 5 - 8

1		he had been studied for that length of time, because we
2		had no idea. So I don't know how he was being studied
3		or but it seemed to have stopped because we went
4		abroad in around '91 and we wouldn't have been
5		available, or Pete wouldn't have been around, so I think
6		it might have stopped then or, you know, perhaps
7		somebody had died. But I was really quite shocked that
8		we didn't know anything about it.
9	Q.	Now, 1975 was, of course, the broadcast of the World in
10		Action documentary, the end of that year. Pete saw
11		that, as did his dad, I understand?
12	А.	Yes, they did.
13	Q.	What was their reaction?
14	Α.	They were upset and angry, and they went up to the
15		centre, and Pete took some treatment, and there is
16		somewhere in the notes, which I have read at one point,
17		there was a bit of an altercation, because he expressed
18		his anger at the type of donors he threw a small
19		bottle on to the desk, down on the desk, and
20		unfortunately it bounced off and hit the consultant,
21		that's my understanding, and the consultant was quite
22		angry about it. It wasn't intended. Then he was
23		reassured that blood wasn't being collected from those
24		sources anymore. Because Pete didn't want to take his
25		treatment at that point, he was to ready to stop taking 9
		5
1		the documentary, because there was quite a bit of
2		comment after the documentary that, you know, that was
2 3		comment after the documentary that, you know, that was enough to have stopped it, you know, bringing it to the
2 3 4	0	comment after the documentary that, you know, that was enough to have stopped it, you know, bringing it to the public attention.
2 3 4 5	Q.	comment after the documentary that, you know, that was enough to have stopped it, you know, bringing it to the public attention. Now, when Pete left Treloar's, his care, in terms of his
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	1		treatment, but then he was reassured that that was
	2		supposed to be fine.
	3	Q.	So he carried on accepting treatment with factor
	4		concentrates, having been assured
	5	Α.	Yes.
	6	Q.	that he didn't need to worry about the kind of donors
	7		that the documentary showed?
	8	Α.	Yes, because he was told that that had all stopped.
	9	Q.	Do you know whether that reassurance was given to him by
	10		Treloar's or by Newcastle?
	11	Α.	By Newcastle.
	12	Q.	And I understand Pete's dad also had reacted similarly,
	13		concerned, when he saw the documentary; is that right?
	14	Α.	He did, he said, "I don't want my sons taking this".
	15		You know, we had no idea. Also, on the World in Action
	16		it did focus on northeast and Newcastle haemophiliacs.
	17		You know, there were several people on that documentary.
	18		So these were people, you know, that obviously were at
	19	~	the same centre, and there was a definite concern.
	20	Q.	But was Pete's dad also essentially reassured by the
	21		information that was provided, that
	22	A.	He was, yes.
	23	Q.	that those weren't the sources for the concentrates
	24 25	A.	that Pete and his brother were getting? He was because I think from reassurance, and after
	20	л.	10
	1	~	available, then that was what he got.
	2	Q.	You mentioned the batch numbers, and I'll ask you at
	3		a later stage of your evidence a little about involvement in US litigation, but where did you get the
	4 5		batch numbers from in relation to Pete? What was the
	6		source of that?
	7	A.	He had to fill in something called a green card, and on
	, 8	л.	that card he filled in the batch number, the dose, where
	9		your bleed was, the name of the company, the name of the
	10		product, so it was very detailed. All Haemophilia
	11		Centres were supposed to use these green forms, and if
	12		you were on home treatment you filled it in and took it
	13		to the hospital, so there was good recording for Pete.
	14	Q.	Did Pete keep his own copies of those or did you get
	15		them at a later stage from the Newcastle Centre?
	16	Α.	He took them to the centre and then we got later them
	17		from the UKHCDO.
	40	~	As far as you know, again, based on your later

Q. As far as you know, again, based on your later 18 discussions with Pete or with his mum, what information, 19 20 if any, was he given or were his parents given about the 21 risks of treatment? 22 A. Well, from talking to his mother, she wasn't aware of 23 risks at all, and there'd been a mention to Pete, 24 generally I think, of hepatitis, but that it was no more 25 than a cold. That was, you know -- and talking to other 12

(3) Pages 9 - 12

1		haemophiliacs, that was the standard thing that they
2		were told. So they weren't told about the dangers, you
3		know, that it could be very damaging to the liver. That
4		was all they were told. So if you're told something is
5		not much more than a cold or the flu, you know, you
6		don't think any more of it.
7	Q.	As far as you know, Pete, who by the early '80s would
8		have been a young man, was he given any information or
9		advice or warnings about the possible risk of
10		transmission of AIDS?
11	А.	No. No.
12	Q.	Now, how and when did Pete learn that he'd been infected
13		with HIV?
14	А.	He was called I think he had a letter to go to the
15		hospital and then there was sort of mass testing of
16		haemophiliacs for HIV at that point and I think he and
17		his brother went up at around the same time and got
18	_	tested and both were positive.
19	Q.	Do you know if he'd known in advance that he was being
20		tested? Had there been any process of pre-test
21		counselling for the HIV?
22	Α.	Um I think he might have been told that he was
23		either going to be tested for the HIV, which was
24	~	a different situation to the hepatitis C.
25	Q.	Yes, absolutely and we'll pick up on that. Do you know
		13
		13
,	~	
1	Q.	That, I think, addresses my next question. I was going
2	Q.	That, I think, addresses my next question. I was going to ask whether there were any clinical consequences of
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1 what year that was?	Was it '85?
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- 2 A. I think it was '85, yes.
- Q. There's a reference in one of your statements to Pete
   and I think his brother having to undergo some form of
  - rectal examination --
- 6 **A.** Yes.
- 7 Q. -- around that time?
- 8 A. Yes.

5

- 9 Q. What's your understanding of how and why that happened?
- 10 A. Well, it wasn't only my family, other haemophiliacs as
- 11 well. They were told to bend over and they were
- 12 rectally examined, and I think that was to look to see
- 13 if there was any indication that they were gay.
- 14 Q. Do you know what information Pete was given when he was
   15 told about what would have been then, presumably, the
   16 HTLV-III test result?
- 17 A. I don't think he was particularly told it was serious,
- 18 but by that time, you know, things were starting to
- 19 emerge in the media. So he got his information mostly
- 20 from the media at that point.
- 21  $\,$  Q. Now Pete was also infected with hepatitis B. Is that
- something he learnt about in the 1970s, as far as youknow?
- A. I think he learnt about that afterwards because I don't
   think he was particularly, youknow, showing symptoms.
   14
- 1 for all this length of time, we were insured for HIV 2 because we knew about it, but our insurance wasn't 3 covered for hepatitis C. So had anything happened to 4 Pete when we'd been abroad, we would have been in 5 real -- well, it would have invalidated the insurance. 6 Q. So when Pete was told in 1994 he was hepatitis C 7 positive, two things: he didn't know he was being 8 tested? 9 Mm-hm. Α. 10 Q. So he learnt about being tested essentially from being 11 told the result? 12 A. Yes, yes. Q. Then you learnt he'd actually been tested in 1992? 13 We did, because we managed to get hold of test result. 14 Α. 15 I suspect he was tested earlier, because in Newcastle 16 they were doing early testing, and a friend of ours who 17 was showing symptoms of hepatitis C, and he's public so 18 I can name him, he'd been in the media, Ollie, 19 Ollie Carruthers. He was tested I think around '89 with 20 the first hepatitis test, although it wasn't officially 21 introduced into this country until '91. So I think it's 22 very likely that other haemophiliacs were tested around 23 that same time as well. 24 Q. What's your recollection as to what information Pete was 25 given when he was told he was hepatitis C positive 16

(4) Pages 13 - 16

25

1		in 1994; what was he told about the condition and	1	Α.	That's fine. Yes, I mean, Hartlepool is on the coast
2		possible consequences?	2		and there'd been some a bit of an oil slick, and they
3	Α.	We weren't really told anything. When we came out and	3		lived very near the beach so they'd gone down and this
4		Pete said, "Oh, well, you know, I've had hepatitis	4		was actually from a local newspaper and they pictured
5		before", and I said, "Pete, this is really quite	5		there was another boy as well, not on the photograph,
6		serious". I said, "Obviously, I know about this from my	6		and they pictured them rescuing the birds.
7		own working situation", and I said, "I think we should	7	Q.	We can take that down, thank you, Lawrence.
8		speak to your lawyers. This isn't you know, this	8		So Stephen was also infected with HIV.
9		isn't very good at all". So we went back to the	9	Α.	He was, yes.
10		original HIV lawyers and that was when we discovered	10	Q.	And he was told, you think, around the same time?
11		in 1994 that he'd signed a waiver.	11	Α.	I think it might have even been around the same day.
12	Q.	We'll pick up on that at a later stage when we come on	12		I think there was a line of people going in and out from
13		to some of your campaigning activities.	13		what I gather.
14		I want to ask you a little now about Pete's brother	14	Q.	So he'd have been around 18, 19 years old?
15		Stephen, born in 1966.	15	А.	Yes, he would. Yes.
16	Α.	(Witness nodded)	16	Q.	In your first statement you describe what happened to
17	Q.	So eight years younger than Pete?	17		Stephen and I'm going to put it on screen and read that
18	Α.	Yes.	18		paragraph aloud, if that's all right?
19	Q.	Lawrence, could we have the photo of Pete and Stephen,	19	Α.	That's fine, yes.
20		please. So this is them as boys?	20	Q.	So could we please have WITN1055001, Lawrence.
21	Α.	It is, yes.	21		If we go to page 11, it's paragraph 35 I'm going to
22	Q.	What are they doing there?	22		read.
23	Α.	Rescuing birds. Pete was very good with I'm not very	23		"Stephen was terrified of what would happen to him
24		good with animals.	24		after being told he was HIV positive. He wore gloves
25	Q.	lf you need a break at all, Carol, just tell me.	25		all the time even in the house, afraid he might infect
1		others. He was afraid to go out due to stigma and	1		a photo.
2					a photo.
3		prejudice and became ill very quickly. He was only 20	2	A.	
		prejudice and became ill very quickly. He was only 20 but had AIDS related dementia, developed a rare form of		A. Q.	
4			2		Yes, yes.
		but had AIDS related dementia, developed a rare form of	2 3		Yes, yes. The impact on Pete and Stephen's parents was profound,
4		but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not	2 3 4	Q. A.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think.
4 5		but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying,	2 3 4 5	Q. A.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge.
4 5 6		but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated	2 3 4 5 6	Q. A.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him,
4 5 6 7		but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed.	2 3 4 5 6 7	Q. A. Q.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad.
4 5 6 7 8		but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed. The house was daubed in anti-AIDS slogans detailed in	2 3 4 5 6 7 8	Q. A. Q.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad. Well, he was very protective of his children, and he
4 5 6 7 8 9		but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed. The house was daubed in anti-AIDS slogans detailed in media articles of the time, which we still have. His	2 3 4 5 6 7 8 9	Q. A. Q.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad. Well, he was very protective of his children, and he started campaigning himself, you know, he was prepared
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4 5 7 8 9 10 11		but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed. The house was daubed in anti-AIDS slogans detailed in media articles of the time, which we still have. His mother initially had her own cup at work due to fear of infecting others. There were concerns over the family	2 3 4 5 6 7 8 9 10 11	Q. A. Q.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad. Well, he was very protective of his children, and he started campaigning himself, you know, he was prepared to do interviews, and so he had, you know, his son that was dying, and he was absolutely devastated after
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4 5 6 7 8 9 10 11 12 13 14 15 16		but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed. The house was daubed in anti-AIDS slogans detailed in media articles of the time, which we still have. His mother initially had her own cup at work due to fear of infecting others. There were concerns over the family attending church and holding Stephen's funeral in church in case parishioners would no longer come to church and drink from the chalice. Stephen was buried in a lead lined coffin. Death certificate confirms AIDS related medical problems in January 1987 but	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. A. Q. A.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad. Well, he was very protective of his children, and he started campaigning himself, you know, he was prepared to do interviews, and so he had, you know, his son that was dying, and he was absolutely devastated after Stephen died. And then of course he was expecting that he would witness the same again with Peter. He actually died an early death. You know, he got involved a little bit in campaigning but, you know, he just he was just a devastated man. He was just completely broken.
4 5 6 7 8 9 10 11 12 13 14 15 16 17	A.	but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed. The house was daubed in anti-AIDS slogans detailed in media articles of the time, which we still have. His mother initially had her own cup at work due to fear of infecting others. There were concerns over the family attending church and holding Stephen's funeral in church in case parishioners would no longer come to church and drink from the chalice. Stephen was buried in a lead lined coffin. Death certificate confirms AIDS related medical problems in January 1987 but bizarrely states 'natural causes'!"	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A. Q. A.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad. Well, he was very protective of his children, and he started campaigning himself, you know, he was prepared to do interviews, and so he had, you know, his son that was dying, and he was absolutely devastated after Stephen died. And then of course he was expecting that he would witness the same again with Peter. He actually died an early death. You know, he just he was just a devastated man. He was just completely broken. He died in 1989 of a heart attack.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Q.	but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed. The house was daubed in anti-AIDS slogans detailed in media articles of the time, which we still have. His mother initially had her own cup at work due to fear of infecting others. There were concerns over the family attending church and holding Stephen's funeral in church in case parishioners would no longer come to church and drink from the chalice. Stephen was buried in a lead lined coffin. Death certificate confirms AIDS related medical problems in January 1987 but bizarrely states 'natural causes!!"	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. A. A. A.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad. Well, he was very protective of his children, and he started campaigning himself, you know, he was prepared to do interviews, and so he had, you know, his son that was dying, and he was absolutely devastated after Stephen died. And then of course he was expecting that he would witness the same again with Peter. He actually died an early death. You know, he got involved a little bit in campaigning but, you know, he just he was just a devastated man. He was just completely broken. He died in 1989 of a heart attack. He did, yes.
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q.	but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed. The house was daubed in anti-AIDS slogans detailed in media articles of the time, which we still have. His mother initially had her own cup at work due to fear of infecting others. There were concerns over the family attending church and holding Stephen's funeral in church in case parishioners would no longer come to church and drink from the chalice. Stephen was buried in a lead lined coffin. Death certificate confirms AIDS related medical problems in January 1987 but bizarrely states 'natural causes!!" Stephen died in is it April of 1986? Yes. Just 20 years old?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A. Q. A. Q. A. Q. A.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad. Well, he was very protective of his children, and he started campaigning himself, you know, he was prepared to do interviews, and so he had, you know, his son that was dying, and he was absolutely devastated after Stephen died. And then of course he was expecting that he would witness the same again with Peter. He actually died an early death. You know, he got involved a little bit in campaigning but, you know, he just he was just a devastated man. He was just completely broken. He died in 1989 of a heart attack. He did, yes. Then Pete and Stephen's mother. Yes.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A.	but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed. The house was daubed in anti-AIDS slogans detailed in media articles of the time, which we still have. His mother initially had her own cup at work due to fear of infecting others. There were concerns over the family attending church and holding Stephen's funeral in church in case parishioners would no longer come to church and drink from the chalice. Stephen was buried in a lead lined coffin. Death certificate confirms AIDS related medical problems in January 1987 but bizarrely states 'natural causes'!" Stephen died in is it April of 1986? Yes. Just 20 years old? Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A. Q. A. Q. A. Q. A.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad. Well, he was very protective of his children, and he started campaigning himself, you know, he was prepared to do interviews, and so he had, you know, his son that was dying, and he was absolutely devastated after Stephen died. And then of course he was expecting that he would witness the same again with Peter. He actually died an early death. You know, he got involved a little bit in campaigning but, you know, he just he was just a devastated man. He was just completely broken. He died in 1989 of a heart attack. He did, yes. Then Pete and Stephen's mother. Yes. What was it like for her, losing her younger son, losing
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q.	but had AIDS related dementia, developed a rare form of cancer, Kaposi's sarcoma, and went blind. He did not want to celebrate his birthday [knowing] he was dying, became very upset over being given a cake, retreated into himself, was very confused, anxious and depressed. The house was daubed in anti-AIDS slogans detailed in media articles of the time, which we still have. His mother initially had her own cup at work due to fear of infecting others. There were concerns over the family attending church and holding Stephen's funeral in church in case parishioners would no longer come to church and drink from the chalice. Stephen was buried in a lead lined coffin. Death certificate confirms AIDS related medical problems in January 1987 but bizarrely states 'natural causes'!" Stephen died in is it April of 1986? Yes. Just 20 years old? Yes. Of AIDS?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q. A. Q. A. Q. A. Q.	Yes, yes. The impact on Pete and Stephen's parents was profound, I think. Huge. Tell me first of all about Amold and the impact on him, their dad. Well, he was very protective of his children, and he started campaigning himself, you know, he was prepared to do interviews, and so he had, you know, his son that was dying, and he was absolutely devastated after Stephen died. And then of course he was expecting that he would witness the same again with Peter. He actually died an early death. You know, he got involved a little bit in campaigning but, you know, he just he was just a devastated man. He was just completely broken. He died in 1989 of a heart attack. He did, yes. Then Pete and Stephen's mother. Yes. What was it like for her, losing her younger son, losing her husband?

25 in one of your statements, journalists clambering to get 19

Absolutely devastated. Alice was a very strong woman,
and she kept going because she had Peter left, but
she I mean, to the end of her days, utterly
20

(5) Pages 17 - 20

1		heartbroken. I mean, you know, much of her family just	1		and they just wanted him to be at peace.
2		gone.	2		Since then, I mean, I actually do believe in organ
3	Q.	We can take that down, thank you, Lawrence.	3		donation, but that was their wishes at that time.
4	•••	You've referred in one of your statements to	4	Q.	
5		something happening to Stephen's brain and organs.	5	ч.	about Pete dying and that's, of course, Stephen
6	A.	Yes.	6	Α.	Yes.
7	Q.	What happened, and was that with permission?	7	Q.	that we're talking about.
, 8	Q.	No, no.	, 8	A.	Yes, of course, yes.
9	Q.	We Alice used to tell me this story about Pete (sic)	9	Q.	You mention Amold had become involved in campaigning
10	œ.	dying, and that they'd said goodbye to him in an unusual	10	ω.	and he'd participated in a documentary in 1988, and
11		place, and she went to kiss him and she noticed that his	10		I just want to play a couple of minutes from that
12		hair looked different. And she was pulled away, you	12		documentary, which shows Arnold talking about what
13		know, and told not to touch the body, and she said,	13		happened to the family.
13		"It was my son. I wasn't going to get infected from,	13	A.	
14		you know, kissing him on the forehead, on the cheek."	14		So could we have that please on screen, Lawrence.
16			16	Q.	•
10		And then it came out about you know, generally		^	(Video played) That's Amold and
		about the organ retention scandal, and for some reason	17	Q.	
18		she became quite obsessed that something that gone	18	A.	It is.
19		wrong, and I believed, you know, that from what she	19	Q.	a year later or so Arnold himself was dead from the
20		was saying, that something wasn't right. So we wrote to	20		heart attack.
21		the hospital, as you could with the organ scandal, and	21	Α.	Yes, I remember my mother-in-law saying to me when he
22		then we'd found out that they'd retained his brain and	22		did that interview she could see his heart pounding out
23		tissue without permission. And it was without	23	~	of you know, out of his chest, he was so upset.
24		permission because I think their feeling at the time was	24	Q.	
25		they said their son had been poked and prodded enough 21	25		trying to because of the awful things that were 22
1		happening, slogans being daubed on the house and so on,	1		This is in Mexico at a place called Agua Azul and he
2		he was trying to keep private his diagnosis, as	2		had a bleed, that's his elbow bleed, and I actually went
3		I understand it?	3		over that on a microlite.
4	Α.	He was, and he later experienced, you know, several	4		This is us just near our home, just going for a walk
5		incidents himself and one where he was actually rescued	5		in [redacted].
6		by his GP from his own home because there was a crowd	6	Q.	Is that the last of them? Thank you. We'll look at
7		outside throwing things at the window, and the GP was	7		some photos of your travels in a bit.
8		called, and actually had to quieten this crowd and, you	8		So you and Pete got together in 1991. Pete had been
9		know, Pete went, you know, went out of the house for	9		married previously, and had a son, but that marriage had
10		a while.	10		broken down?
11	Q.	Before we talk about the impact of HIV and hepatitis C	11	Α.	Yes, and it broke down because of AIDS.
12		on Pete's health we've got some photos of Pete that	12	Q.	As we see from those photos, in those first few years
13		we'll look at next, so if you want to tell us what any	13		together you travelled extensively?
14		of them featured, do.	14	A.	We did, because Pete believed he would die early and it
15	A.	Right, yes.	15		was always his ambition, he wanted to travel.
16	Q.	We're just going to look at them together.	16		I'd always travelled a lot independently, and when I met
17	A.	Now, this is Pete when we went backpacking at	17		him I said to him, "Look, Pete, I'm going to continue
18		Machu Picchu in Peru. He was so happy, because in his	18		travelling" because I wanted him to have a normal
19		childhood his mother had never wanted him to be too far	19		life. I said, "I'm going to continue travelling".
20		from a hospital so he never got to travel.	20		I said, "You can either stay at home and I'll be
21		This is with Bramble, our little cat, and Pete was	21		faithful to you but I will continue to travel, or you
22		a real animal lover and animals just loved him.	22		can come with me and, you know, we'll see something of
23		This is when we were in Poland, in Zakopane, in the	23		the world together". And he said, "I'm not going to die
24		Polish mountains, and Pete loved walking, you know, he	24		in this country. I'm going to come with you", and he
25		loved the fresh air, he loved the culture.	25		said, "I trust you to look after me."
		23			24
					(C) Demos 04 (

(6) Pages 21 - 24

4	0	Now, you've told us of some of the worst manifestations	1		arquing
1 2	Q.	Now, you've told us of some of the worst manifestations of the stigma and prejudice around AIDS, we saw that in	1 2		arguing o
3		the documentary, you've described Pete having a crowd or	3		of the da
4		a mob outside his house and being rescued by his doctor.	4		baby, an
5		But stigma impacted in more subtle ways in terms of	5		was goin
6		access to dental and medical treatment, both for Pete	6		And
7		and in due course for you, I think; is that right?	7		saying to
8	A.	Yes, absolutely. I mean, Pete actually at the time,	8		anaesthe
9		he had to have special procedures when he went to the	9		which wa
10		dentist and he went when he went to the dentist at	10		me a forr
11		one point, and he had some tooth extractions, and when	11		hysterect
12		he woke up, all his teeth had gone. And then they	12		it was the
13		the dentist said to him, "Well, the thing is, Pete, you	13		I refused
14		know, this – because we've got to do this procedure all	14		had a da
15		the time, so we thought we might as well just remove	15		he walke
16		them all". They hadn't sort of warned him in advance	16		the surge
17		that they would all be removed. Then he, as a young	17		for saying
18		man, he was six months without any dentures, so	18		tits on".
19		obviously as a young man, the confidence so yeah,	19		sense of
20		there was a lot of difficulty with dentists in the early	20		difficult, a
21		days.	21	Q.	I think yo
22		I had issues when I became pregnant and the	22		impact in
23		foetus had died inside of me and needed to be removed	23		because
24		because it was, you know, further on in the pregnancy,	24		vCJD; is
25		and I could hear people talking in the corridor, sort of	25		the list?
1	Α.	Yes, I mean, I tell people. I'm very, you know,	1		the hous
2		straightforward about that and say, "My husband was	2		I do with
3		a haemophiliac. He had this, this and this, and he was	3		to do witl
4	~	exposed to CJD". So, yes, they take that into account.	4		people w
5	Q.	In terms of the exposure to vCJD, Pete was notified of	5		it's very s
6		that in 2004.	6		So I
7	Α.	He was and that was after several years of campaigning.	7		men in fu
8		We had our suspicions and I was leaked a letter and it	8		Pete had
9 10		said, "Haemophiliacs have been exposed to vCJD but don't	9		and he'd
10		tell them". So at the time we were working with	10		bathroom
11 12		a journalist called James Meikle at the Guardian who had written a lot about vCJD, and we took that to him, and	11 12		removed
12		there was an awful lot of pressure at the time put on	12		day, thes
14		the Government to be, you know, honest, and what	14		it was I cordoned
15		eventually happened with all this pressure was that	14		"Biohaza
16		the Government agreed to send a letter out, and	16		knocked
17		the letter basically said, "Do you want to know if	17		And I ren
18		you've been exposed or not?" And that's a letter that	18		point in c
19		everybody got but it took years to get there.	19		of course
20	Q.	By that time, as we'll talk about in a moment, Pete's	20		Tha
20	·	health obviously was very poor. What was the additional	20		because
22		burden of the potential exposure to vCJD for Pete?	22		particular
23	A.	It was that he didn't know what was going to happen and	23		the bedro
		also there were implications for us. At one time his	24		because
24					
24 25		vein on his foot burst, so there was a blood spillage in	25		suits in th

1		arguing over who would be involved in, you know, the
2		operation. Then obviously I had to wait until the end
3		of the day. So I sat there knowing that I'd lost my
4		baby, and listening to people, you know, talk about who
5		was going to touch me.
6		And I didn't stay. I mean, I said I remember
7		saying to Pete as soon as I came round from the
8		anaesthetic I mean oh, there was another thing
9		which was slightly funny in an odd situation. They gave
10		me a form to sign and it was basically for a full
11		hysterectomy. It was the wrong form. And we realised
12		it was the wrong form so I refused thank god,
13		I refused to sign it. And I remember because Pete
14		had a dark sense of humour, and when we were due to
15		he walked me down to where I was going to have
16		the surgery and I do remember him saying excuse me
17		for saying this, he said, "For god's sake, leave her
18		tits on". You know, that's just you know, just his
19		sense of humour. Anyway. Yeah, that was very
20		difficult, a very difficult time.
21	Q.	l think you even as recently as 2018, there's been an
22		impact in terms of the way in which you're treated,
23		because of the exposure to vCJD, or fear of exposure to
24		vCJD; is that right? You still get put to the end of
25		the list?
		26
1		the house, and I rang the hospital and said, "What do
1 2		the house, and I rang the hospital and said, "What do I do with a vCJD blood spillage?" because I knew what
2		I do with a vCJD blood spillage?" because I knew what
2 3		I do with a vCJD blood spillage?" because I knew what to do with HIV and hepatitis C and the insurance
2 3 4		I do with a vCJD blood spillage?" because I knew what to do with HIV and hepatitis C and the insurance people wouldn't deal with it. They said, "You know,
2 3 4 5		I do with a vCJD blood spillage?" because I knew what to do with HIV and hepatitis C and the insurance people wouldn't deal with it. They said, "You know, it's very serious and it'll infect all our equipment."
2 3 4 5 6		I do with a vCJD blood spillage?" because I knew what to do with HIV and hepatitis C and the insurance people wouldn't deal with it. They said, "You know, it's very serious and it'll infect all our equipment." So I then made further enquiries and I was sent two
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(7) Pages 25 - 28

1	0	Pete had a lot of health issues, difficulties, arising	1	Q.	Now, conditions included terrible night sweats?
2	ω.	out of both the HIV and the hepatitis C infections. He	2	Q. A.	Yes.
3		got a lot of chest infections; is that right?	2	Q.	Was that over a long period of time?
4	A.	He did, yes.	4	A.	It was, yes. I mean, sometimes the bed, it could
5	Q.	There was a particular treatment, Dapsone, that was	5		literally be swimming in fluid, and, you know, it could
6		problematic?	6		be three, four times, sometimes, that you'd have to
7	A.	Yes.	7		change the sheets. And sometimes I couldn't actually
8	Q.	What was the problem there?	8		sleep in the same bed because I would literally have
9	A.	Well, we discussed it and he'd been on it for a while,	9		been soaked
10		and from my own nursing I was concerned about it and	10	Q.	He had cold sores, mouth ulcers
11		I said, "You know, Pete, this might actually be a worse	11	A.	Yeah, regularly.
12		problem for your immunity, and I think you should look	12	Q.	thrush, rashes, swollen lymph nodes?
13		into this more and think about this carefully."	13	Α.	Yes.
14		So we talked to the doctor and we decided that he	14	Q.	The toll on his mental health was profound.
15		wanted to come off it. I mean, I got a lot of stick at	15	Α.	Very much so, yes. Because he couldn't get over losing
16		the time from the doctors for this, but then not long	16		his younger brother, and obviously his father, and he
17		afterwards, perhaps about two or three years, they took	17		would become extremely depressed. He would feel he was
18		everybody off it, and that was exactly, it seemed to me,	18		a burden on other people, which he wasn't. Not to me,
19		what was happening, that it was actually dampening down	19		anyway. So, I mean, he would talk about, you know, that
20		further the immune system long term, you know, so	20		he wanted to take his life, and he did attempt it on
21	Q.	He'd also had problems with AZT; is that right?	21		occasions.
22	Α.	Yes, on only on it for a very short period, and	22	Q.	He also suffered dreadfully in consequence of
23		couldn't cope on that, and stopped immediately.	23		hepatitis C?
24		Thankfully, because I do believe a lot of haemophiliacs	24	Α.	He did, yes.
25		suffered very badly on AZT.	25	Q.	I think you've described it in your witness statement,
		29			30
1		I'll just read the paragraph if I may, so:	1	Q.	Did he have treatments for hepatitis C in the nineties,
2		"Pete developed many health problems related to	2		or early 2000s?
3		hepatitis C, such as gross ascites where he gained	3	Α.	No, he wasn't offered any. And at that time, we had to
4					fight because there uses if a such a durbed UV at these
		several stones in weight due to fluid retention, oedema	4		fight because there was if somebody had HIV at that
5		in his legs, hands and stomach. This additional weight	5		time they were automatically cancelled out. They
6		in his legs, hands and stomach. This additional weight impacted on his joints and as the liver declined he bled	5 6		time they were automatically cancelled out. They weren't assessed for a liver transplant. So they didn't
6 7		in his legs, hands and stomach. This additional weight impacted on his joints and as the liver declined he bled more and more as the liver has a role in the production	5 6 7		time they were automatically cancelled out. They weren't assessed for a liver transplant. So they didn't assess where each individual was with regard to their
6 7 8		in his legs, hands and stomach. This additional weight impacted on his joints and as the liver declined he bled more and more as the liver has a role in the production of clotting factors. He also had very swollen stomach,	5 6 7 8		time they were automatically cancelled out. They weren't assessed for a liver transplant. So they didn't assess where each individual was with regard to their HIV. It was just a blanket policy, and we fought to
6 7 8 9		in his legs, hands and stomach. This additional weight impacted on his joints and as the liver declined he bled more and more as the liver has a role in the production of clotting factors. He also had very swollen stomach, abdominal pain, itchy skin, vomiting at times,	5 6 7 8 9		time they were automatically cancelled out. They weren't assessed for a liver transplant. So they didn't assess where each individual was with regard to their HIV. It was just a blanket policy, and we fought to change that. And, you know, I believe some people, you
6 7 8 9 10		in his legs, hands and stomach. This additional weight impacted on his joints and as the liver declined he bled more and more as the liver has a role in the production of clotting factors. He also had very swollen stomach, abdominal pain, itchy skin, vomiting at times, constipation, other times diarrhoea, chronic fatigue,	5 6 7 8 9 10		time they were automatically cancelled out. They weren't assessed for a liver transplant. So they didn't assess where each individual was with regard to their HIV. It was just a blanket policy, and we fought to change that. And, you know, I believe some people, you know, that are HIV have had transplants.
6 7 8 9 10 11		in his legs, hands and stomach. This additional weight impacted on his joints and as the liver declined he bled more and more as the liver has a role in the production of clotting factors. He also had very swollen stomach, abdominal pain, itchy skin, vomiting at times, constipation, other times diarrhoea, chronic fatigue, and he developed phlebitis with his legs being black,	5 6 7 8 9 10 11	Q.	time they were automatically cancelled out. They weren't assessed for a liver transplant. So they didn't assess where each individual was with regard to their HIV. It was just a blanket policy, and we fought to change that. And, you know, I believe some people, you know, that are HIV have had transplants. And what happened with the liver transplant? How did
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6 7 9 10 11 12 13 14		in his legs, hands and stomach. This additional weight impacted on his joints and as the liver declined he bled more and more as the liver has a role in the production of clotting factors. He also had very swollen stomach, abdominal pain, itchy skin, vomiting at times, constipation, other times diarrhoea, chronic fatigue, and he developed phlebitis with his legs being black, blue, red and shiny skin stretched to the knees." Then you go on to talk about how you would inject him with factor concentrates.	5 6 7 8 9 10 11 12 13 14	Q. A.	time they were automatically cancelled out. They weren't assessed for a liver transplant. So they didn't assess where each individual was with regard to their HIV. It was just a blanket policy, and we fought to change that. And, you know, I believe some people, you know, that are HIV have had transplants. And what happened with the liver transplant? How did you find out that effectively he wasn't going to be considered for one? I read in the medical journals where people were
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6 7 9 10 11 12 13 14 15 16	Q.	in his legs, hands and stomach. This additional weight impacted on his joints and as the liver declined he bled more and more as the liver has a role in the production of clotting factors. He also had very swollen stomach, abdominal pain, itchy skin, vomiting at times, constipation, other times diarrhoea, chronic fatigue, and he developed phlebitis with his legs being black, blue, red and shiny skin stretched to the knees." Then you go on to talk about how you would inject him with factor concentrates. Yes. It was hard for him to do so	5 6 7 8 9 10 11 12 13 14 15 16		time they were automatically cancelled out. They weren't assessed for a liver transplant. So they didn't assess where each individual was with regard to their HIV. It was just a blanket policy, and we fought to change that. And, you know, I believe some people, you know, that are HIV have had transplants. And what happened with the liver transplant? How did you find out that effectively he wasn't going to be considered for one? I read in the medical journals where people were excluded, and I think the thinking at the time was it was just a waste of money. They were going to die of
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. A.	in his legs, hands and stomach. This additional weight impacted on his joints and as the liver declined he bled more and more as the liver has a role in the production of clotting factors. He also had very swollen stomach, abdominal pain, itchy skin, vomiting at times, constipation, other times diarrhoea, chronic fatigue, and he developed phlebitis with his legs being black, blue, red and shiny skin stretched to the knees." Then you go on to talk about how you would inject him with factor concentrates. Yes. It was hard for him to do so Yes. and he didn't want it done at the hospital? I took over his treatment, injections, very early on, yeah, because it was one way I could relieve a little bit of stress from him. He also developed peripheral neuropathy; is that right? Yes and he became confused mentally as well. He did	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Α.	time they were automatically cancelled out. They weren't assessed for a liver transplant. So they didn't assess where each individual was with regard to their HIV. It was just a blanket policy, and we fought to change that. And, you know, I believe some people, you know, that are HIV have had transplants. And what happened with the liver transplant? How did you find out that effectively he wasn't going to be considered for one? I read in the medical journals where people were excluded, and I think the thinking at the time was it was just a waste of money. They were going to die of HIV. Also, I think there was a concern about using immunosuppressants, in that obviously if you've got HIV you're immunosuppressed anyway and if you have a transplant you have to go on to immunosuppressants. You've given some examples in one of your statements of some appalling hospital care that Pete experienced over the years.

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1		paragraph 734, and I'll pick it up a few lines in, where
2		you say this:
3		"I recall on one occasion asking politely for
4		a towel for Pete in hospital as his needed washing and
5		the nurse returned throwing one in my direction which
6		was covered in blood. Another time, Pete was given
7		child's crutches which were neither use nor ornament.
8		Then on another occasion we had requested an ambulance
9		to take Pete home on discharge as he was struggling to
10		get up the stairs to our first floor flat. None was
11		provided so we booked a taxi. It then took Pete about
12		3 hours to crawl along the garden path and drag himself
13		up the stairs as I was unable to carry him and he was in
14		a great deal of pain. He cried with humiliation. It
15		was very distressing for both of us."
16	Α.	Yes.
17	Q.	We can take that down, thank you, Lawrence.
18		The availability or theoretical availability in the
19		'90s of recombinant, was something that was very
20	_	important to Pete.
21	Α.	It was, yes.
22	Q.	He wanted to be given recombinant concentrates. Why did
23		it matter so much to him?
24	Α.	It mattered to him because it wasn't from human donors,
25		and because obviously by then he'd learnt quite a bit 33
1		"3. The fact that my recently retired Haematologist
2		believes that"
2 3		believes that" And then there's a quote was this from
2 3 4		believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know?
2 3 4 5	Α.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year?
2 3 4 5 6	Q.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000.
2 3 4 5 6 7	Q. A.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000. I think that would
2 3 4 5 6 7 8	Q. A. Q.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000. I think that would I can check
2 3 4 5 6 7 8 9	Q. A. Q. A.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000. I think that would I can check Jones or Hamilton. Sorry, I'm not sure.
2 3 4 5 6 7 8 9	Q. A. Q.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000. I think that would I can check Jones or Hamilton. Sorry, I'm not sure. I'm sure we can check if it matters, but in any event
2 3 4 5 6 7 8 9 10 11	Q. A. Q. A.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000. I think that would I can check Jones or Hamilton. Sorry, I'm not sure. I'm sure we can check if it matters, but in any event one of the Newcastle haematologists I think had said
2 3 4 5 6 7 8 9 10 11 12	Q. A. Q. A.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000. I think that would I can check Jones or Hamilton. Sorry, I'm not sure. I'm sure we can check if it matters, but in any event one of the Newcastle haematologists I think had said this, that Pete was relaying. So what we then get, as
2 3 4 5 6 7 8 9 10 11 12 13	Q. A. Q. Q.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000. I think that would I can check Jones or Hamilton. Sorry, I'm not sure. I'm sure we can check if it matters, but in any event one of the Newcastle haematologists I think had said this, that Pete was relaying. So what we then get, as I understand it, is the quote.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A. Q. Q. A.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000. I think that would I can check Jones or Hamilton. Sorry, I'm not sure. I'm sure we can check if it matters, but in any event one of the Newcastle haematologists I think had said this, that Pete was relaying. So what we then get, as I understand it, is the quote. Actually, I think it must have been Jones because he's got the Zaire in, which he's quoted in one of the journals as well, as mentioning that, so it might have been Jones.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q. Q. A.	believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know? What year? 2000. I think that would I can check Jones or Hamilton. Sorry, I'm not sure. I'm sure we can check if it matters, but in any event one of the Newcastle haematologists I think had said this, that Pete was relaying. So what we then get, as I understand it, is the quote. Actually, I think it must have been Jones because he's got the Zaire in, which he's quoted in one of the journals as well, as mentioning that, so it might have been Jones. So the quote is as follows: "A rep from a blood product company can walk into my room now and tell me that he has an accredited herd of donors in the US and that he does A, B, C, and D to each of these donors and the plasma comes from nowhere
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. Q. A.	<ul> <li>believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know?</li> <li>What year?</li> <li>2000.</li> <li>I think that would I can check Jones or Hamilton. Sorry, I'm not sure.</li> <li>I'm sure we can check if it matters, but in any event one of the Newcastle haematologists I think had said this, that Pete was relaying. So what we then get, as I understand it, is the quote.</li> <li>Actually, I think it must have been Jones because he's got the Zaire in, which he's quoted in one of the journals as well, as mentioning that, so it might have been Jones.</li> <li>So the quote is as follows:</li></ul>
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. Q. A.	<ul> <li>believes that" And then there's a quote was this from Dr Hamilton or Dr Jones, do you know?</li> <li>What year?</li> <li>2000.</li> <li>I think that would I can check Jones or Hamilton. Sorry, I'm not sure.</li> <li>I'm sure we can check if it matters, but in any event one of the Newcastle haematologists I think had said this, that Pete was relaying. So what we then get, as I understand it, is the quote.</li> <li>Actually, I think it must have been Jones because he's got the Zaire in, which he's quoted in one of the journals as well, as mentioning that, so it might have been Jones.</li> <li>So the quote is as follows:</li></ul>

1		about the type of donors used. So when we first started
2		hearing about it, it was about 1996, and Pete was very
3		proactive about this, and he wrote a letter in the
4		spring of '96 requesting recombinant and he was turned
5		down on the grounds of cost. Then we later learned
6		years later we learned he'd had 12 exposures to CJD in
7		the autumn of '96. So in Pete's case it was entirely
8		avoidable.
9	Q.	If we just look at one of the letters. He wrote
10		a number of letters on this topic, I think, but there's
11		one where we can just see it in Pete's own words.
12		WITN1055049, please.
13		So this is a letter written 9 May 2000, and I'll
14		just read it aloud if I may:
15		"I am writing to you as I feel I can no longer carry
16		on using the plasma derived factor VIII products which
17		I have been prescribed. I therefore wish to return the
18		packs I have in my possession.
19		"I have come to this conclusion as I am not happy
20		with:-
21		"1. The unstable appearance of the product recently
22		and the lack of a satisfactory explanation to date.
23		"2. The fact that I am typing this to you
24		contaminated with 3 viruses caused by human plasma
25		products to date.
20		34
1		which of course was the epicentre of HIV, perhaps is the
2		epicentre of HIV. Now, if plasma was coming out of
3		there, then obviously it was infected. And no amount of
4		rebuttal can take away the fact that somebody who is
5		qualified and who's actually been there and done it, has
6		told me. Again, it all comes down to commerce.
7		"I've seen documentation of lying by major blood
8		companies. I've seen evidence that plasma was imported
9		into this country outside the authorities, outside
10		licensing, which is why I don't have very much faith.
11		I have a lot of faith, but not total faith in licensing
12		procedures."
13		That's the end of the quote. Then Pete continues:
14		"I support my Consultant's views on this issue as
15		world-wide there is much evidence to back-up these
16		views.
17		"This comparison could possibly apply to Grifols the
18		makers of Fanhdi as I believe they once did, and could
19		still possibly have links to Alpha Therapeutics,
20		possibly my contaminator. Much of this would also apply
21		[I think "to" is missing] any other manufacturer of
22		plasma derived products. In any case I no longer feel
23		happy taking these products until I know exactly where
24		the product originates from and also the nationality of
25		the donors and that donors are being exploited for their
		36

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1		blood.	
2		"I trust you will understand my concerns when	
3		reading this letter and offer me an alternative	
4		synthetic product."	4
5		That's just an example. There were various other	Ę
6		communications that you	(
7	Α.	Yes. Just to mention, I think the product that he was	
8		on at the time, we thought or we'd it had been	8
9		indicated to us by the doctors that the donors were	(
10		Spanish donors and volunteer donors, but then we heard that that company was actually getting from America. So	1
11 12		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
12	Q.	that really upset Pete. Pete went on a treatment strike?	1
14	Q. A.	He did, yes.	1
15	Q.	Refusing to be treated with concentrates until he could	1
16	ч.	be given recombinant?	1
17	A.	Yes, he wanted to push the issue and he was very keen	1
18		that children should be on recombinant. You know, he	1
19		didn't want to see anybody, you know, any children being	1
20		infected, as well as, obviously, himself.	2
21	Q.	You and he brought a judicial review challenge in	2
22		relation	2
23	Α.	We did.	2
24	Q.	to the failure to treat with the recombinants. What	2
25		happened in relation to that?	2
		37	
1	Q.	I'm going to ask you in due course about your own	
2	ч.	experiences in relation to the financial support	
3		schemes. But in terms of Pete's experiences, did he	-
4		have many dealings with the Macfarlane Trust, for	4
5		example, in the '90s?	Ę
6	Α.	Um, he did, and he was one of these people that didn't	(
7		particularly want to ask for anything. Then I when	-
8		I got involved myself, I realised that people could	8
9		actually apply for grants, and, you know, we tried to	ę
10		get more information out to people and then people did	1
11		start applying for grants once they knew what they could	1
12		apply for. Then I got into trouble a bit because I'd	1
13		circulated the grant form to the haemophiliacs	1
14		saying: well, you know, look, you know, this is what you	1
15		could apply for. Particularly things like bedding, that	1
16		we were going through at a rate of knots. Then they	1
17		said, you know, "If you tell everybody, we won't be able	1
18		to afford it". And I said, "Well, surely you should	1
19		have set the level expecting people to apply?"	1
20		So, yeah, there was some initial difficulties there,	2
21 22	~	but then it did get better with the Trust.	2
22 23	Q.	I'm going to ask you about Pete's last months now. If it's all right with you, I'll read some parts of your	2
23 24		statement. Is that okay?	2
24 25	A.	Yes, that's fine.	2
20		39	2

1	Α.	Unfortunately, we failed because, although the judge was
2		sympathetic and he saw the evidence of why Pete wouldn't
3		take the human plasma anymore, what he basically said
4		was it could have much wider implications, past
5		haemophilia. So we were arguing against a postcode
6		lottery. Basically if Pete's case had gone forward, it
7		would have opened it up to cancer and lots of other
8		health issues. So we lost that JR. But I do think it
9		was important because it got the issue in the media, and
10		it might have, you know, sort of brought recombinant in
11		a little bit earlier. Then there was this phased
12		bringing in of recombinant, starting with the youngest
13		and working up to older age groups.
14	Q.	Now, because of Pete's health problems and he became
15		increasingly more and more ill, as I understand it, he
16		wasn't able to work?
17	Α.	No.
18	Q.	In terms of financial support, he'd had the
19		Macfarlane Trust sum and the compromise sum from the
20		HIV Haemophilia settlement.
21	Α.	He had yes.
22	Q.	What else, if anything, in the course of the '90s or
23		early 2000s was he able to obtain by way of financial
24		support?
25	Α.	Just the usual state benefits. That was it.
		38
1	Q.	You told us in your statement Pete died effectively as
2		a combined result of HIV and hepatitis C.
3	A.	(Witness nodded)
4	Q.	And he died a very painful death.
5	A.	Yes.
6	Q.	He was for the last few months in a hospice. Your flat,
7		is this right, was on the first floor?
8	A.	It is, and he'd had an accident, and, you know, he'd had
9		a bad break, so I could no longer nurse him at home
10		because we were on the first floor. So I more or less
11		located to the hospice for the last few months of his
12		life.
13	Q.	In your first statement you tell us you and Pete had had
14		a suicide pact?
15	A.	Yeah.
16	Q.	Pete didn't want you to go through with that?
17	Α.	No, and I was furious with him, actually. Because
18		I said, "You're going to leave me here to deal with all
19		this. I'd rather go with you". And I was quite
20		prepared to go, and he said, "You've got to stay
21		behind". And he said, "You've got to help people that
22		are still here and you've got to deal with unfinished
23		business."
24		So he, you know, he was very forceful about that.
25		It was his wishes.
		40

(10) Pages 37 - 40

1	Q.	Lawrence, could we have on screen, please, Carol's third	1		"569. I had gone home overnight and had a deeply
2		statement, so WITN1055004. If we could go to page 124.	2		disturbing nightmare. I tried to continue as he wanted
3		Carol, is it okay with you if I read out this page	3		and went to the library to do a few pages of
4		and the top of the next page?	4		photocopying when he phoned to tell me he was dying and
5	Α.	Yes, of course.	5		had been told he had only hours to live, had signed
6	Q.	"Shortly after this, Pete had to be transferred from the	6		a 'Do Not Resuscitate form' and to get there quickly.
7		hospice to the Freeman Hospital Liver Unit for tests	7		"570. He insisted on trying to get back to the
8		expecting to return to the hospice after a short time.	8		hospice but being a Saturday there was difficulty in
9		Whilst there Pete complained of pains in his stomach	9		organising an ambulance. We were told he would likely
10		area that were different to anything he had experienced	10		die in transit. He had by then lost his swallow reflex,
11		before. I pushed the staff to scan/X-ray and when shown	11		his mouth was very dry and I could only moisten his lips
12		the results saw to my horror his intestine had all	12		as he was not allowed to drink. We were both terrified
13		swelled up. Pete now had C difficile a hospital	13		and trying not to show it to each other. We watched the
14		acquired infection in addition to the opportunistic	14		clock wondering how long we had left.
15		infections because of HIV infection and HCV related	15		"571. He told me I was the best wife in the world,
16		liver problems. It was the final straw.	16		how much he loved me and to talk to him about our
17		"568. Knowing Pete's remarkable resilience part of	17		travels together which I did until the ambulance arrived
18		me still hope[d] he would come home once his hip was	18		at 4 pm. Our best laid plans for a peaceful death in
19		fixed and indeed that was the plan detailed in his	19		hospital did not come to fruition. We were half-way
20		medical records which I saw later. I was mostly living	20		down the hospital corridor when Pete's arms shot out in
21		at the hospice by then, just going home to feed our son,	21		front of him clawing at the air and I saw a fountain of
22		(my stepson) and the remaining cat and for a shower.	22		fluid erupt from his lungs into the oxygen mask.
23		However Pete also insisted I continue to photocopy	23		Knowing as a nurse he was drowning in his own fluids,
24		documents to send to government and wanted to discuss	24		I looked at the ambulance men who nodded and ripped the
25		every campaign detail. 41	25		mask off so he would die quicker. I will never forget 42
		T1			72
		the checkute terror on his face just before his succ			shout CID and hale other become bilines. He was always
1		the absolute terror on his face just before his eyes rolled back in his head and he thrashed around for a few	1		about CJD and help other haemophiliacs. He was always
2			2 3		wanting to help other people.
3 ⊿		minutes with people staring in horror. We got [him]	4		There was even an article in one of the Sunday
4 5		back to his hospital room where he died."	4 5		papers, and it says it said something like the title
6		Now I've read that, Carol, difficult though it is I'm sure for you to hear it and even harder for you to	6		was "Patient plans his own post-mortem", and, you know, donation of his organs. So yes, it was really important
7		write it, because you want people to know how awful it	7		to him.
8		was, and for nothing to be sugar coated.	8	0	Now you cared for Pete for years.
9	٨		9	Q. A.	(Witness nodded)
10	А.	Yeah, I don't want anything hidden, because the thing is, with all of the deaths in our community, they're not	3 10	Q.	· · · · · · · · · · · · · · · · · · ·
11		visible. They're visible to the people closest but it's	10	ω.	talk about after the break, has had its own significant
12		not like and we've said this before over the years,	12		toll on your physical health and on your mental health.
13		it's not like, you know, the Twin Towers or Grenfell	13	A.	Yes, absolutely.
14		where there's a graphic image. These horrific scenes	13	Q.	How has it impacted upon you?
15		are, you know, behind closed doors, and because people	15	Q. A.	Well, it's made I mean, I was born with the asthma;
16		are not public, you know, they're kind of hidden, so	16	Π.	it's made it a lot worse, the stress of it. I can't
17		I wanted people to know just how bad it is.	10		remember the last time I was able to sleep. I'm
18	Q.	We can take that down, thank you, Lawrence.	18		lucky and my lawyers will confirm this if I get
19	ч.	Pete wanted his organs donated for research.	19		a couple of hours, because I'm sending emails at all
20	A.	Yes, he did.	20		times of the day and night, trying to get information
21	Q.	That was important to him because, is this right, he	20		out.
22	чξ.	could consent to it, and so he could do that which	21		I was diagnosed with PTSD. I wanted to look after
23		Stephen had been unable to do, because Stephen's organs	23		Pete, because he believed I could care for him better
24		were taken without consent?	23		than anyone, but that was he also recognised very
25	A.	Exactly. He wanted people to learn, you know, maybe	25		strongly that that was at the cost of my own career,
		43	20		44

(11) Pages 41 - 44

1		which I loved. I loved my work.	1	Q.	That's a DWP benefit?
2		So the toll on physically looking after Pete.	2	Α.	Yes, it is.
3		I mean, he went from being 11.5 about 11.5 stone to	3	Q.	Was Pete ever offered, to your knowledge, any form of
4		about 16, 17 stone, with the fluid. So physically it	4		counselling?
5		was very exhausting. I mean, we didn't actually get	5	Α.	He did see a social worker. It wasn't sort of formal
6		a walk-in shower until just before he died, so I was	6		counselling but she was quite this one particular
7		trying to get this very heavy man in and out of the	7		social worker was quite supportive, but it wasn't formal
8		bath. I did all his dressings, I did all his treatment.	8	_	counselling.
9		And he would often be allowed to go home early because	9		What about you?
10		he was going home to a nurse, and that was good for Pete	10	Α.	After Pete died I saw somebody at the GP surgery, just
11		mentally, not to be in hospital for too long, but it was	11		fairly briefly, really, but no, no real, proper support.
12	~	very tough, you know, to look after him.	12	Q.	In terms of financial support, we touched earlier on
13	Q.	That impacted upon your own ability to find paid	13		what had and hadn't been available to Pete. More
14		employment?	14		generally, and I think from your own perspective, not
15	А.	Yeah, absolutely. Because I was looking after Pete	15		just from the period up to Pete's death but in the years
16		24/7, so I couldn't work, it was impossible. I was also	16		since, you've talked about the process as demeaning; is
17		bringing up a very distressed stepson who was witnessing	17		that right? How have you found having to go to the
18	~	everything.	18		schemes and ask for money?
19	Q.	As we've heard from other witnesses previously, none of	19	Α.	Well, I don't like doing it because it's my nature not
20		that care that you provided to Pete over so many years	20		to, you know I'm quite proud and independent so
21		was remunerated. You received no financial assistance	21		I found it quite difficult. Things improved a bit, for
22		or support from any of the schemes reflecting the care	22		example at the Macfarlane Trust when there was a lady
23		that you'd provided?	23		called Ann Hithersay came and she was more understanding
24 25	А.	No. The only thing I got was the state carer's	24 25		towards the issues regarding women and she gave me an
25		allowance, and that was it. 45	20		opportunity to express that. But when I first went to 46
1		the Macfarlane Trust, I remember being in a meeting and	1		handbag you're carrying, as to what weight of handbag
2		they were talking about men who, you know loss of	2		you're carrying and, for example, they said to me, "Do
3		earnings, and they said to me, "Women are born carers",	3		you have a pet", and I said, "Yes, I have a cat".
4		and I even remember another the wife of	4		"Oh, so then you're able to bend down and feed your
5		a haemophiliac saying, "Oh, you know" sort of	5		cat. Do you watch TV" and I said, "Well, not so much,
6		whispering to me, you know, "Don't ask for money, Carol,	6		but I do watch some".
7		because that's what we're supposed to do". That was	7		"Oh, so you've got concentration to watch TV."
8		a lady who'd never worked herself, so that was the	8		It's like everything you do is turned against you.
9		attitude, so a lot of my days on the joint Partnership	9		It's a nightmare process. It's just so demeaning, and
10		Group was changing attitudes because for haemophiliacs	10		we were forced into this position. We didn't want to
11		women were often the main wage earners because	11		be. I wanted to continue working. I didn't want to be,
12		haemophiliacs couldn't earn. So we were the ones that	12		you know, reliant on benefits. And, I mean, anybody
13		brought the money in, but our careers and our loss of	13		else I mean, my friend Colette is here and she's had
14		earnings weren't taken into consideration at all.	14		exactly the same experience. It's a nightmare. It's
15		And then when you had to go to the DWP, the	15		humiliating. It's distressing. I mean, people have
16		assessments were just horrendous, and on about three or	16		taken their lives because of the DWP assessments, and
17		four occasions, I was knocked back, for my own health,	17		there was a report came out I think it was last week and
18		when I applied for various benefits, I won every appeal	18		it said about the number of suicides related to the
19		but the process and the last one took 2 years.	19		assessments.
20		So bearing in mind, you know, you're wanting this	20	Q.	In terms of EIBSS, what's your experience yourself in
21		money for support, and the assessments are just not fit	21		terms of going through EIBSS processes?
22		for purpose. And also they don't want you to talk about	22	Α.	I found they've actually been quite helpful to me, and
23		why you're in that situation. They just want to they	23		there was one issue where, when they took over from the
24		have a set system of questions that they asked, and some	24		Macfarlane Trust, they continued to pay me at the wrong
25		of them are quite bizarre. I mean, they look at the	25		rate. They probably just assumed I was getting paid at
		47			48

(12) Pages 45 - 48

4		the right rate, and I have still get this to cart out	1	these photos?
1 2		the right rate, and I have still got this to sort out,	1 2	these photos?
2		because I realised I'd been wrongly they'd means tested a certain part of my benefit that they weren't	2	A. This was I went to, with my friend Shirley who was a nurse, to Trinidad for Carnival.
4		allowed to, so for years I was underpaid and didn't have	4	This was in India, at a border area.
5		the right amount of money.	4 5	That would be, I think, Prague. This was again in
6		Now EIBSS, to be fair, when I mentioned it, they	6	India with my friend who is a GP in London, Pat.
7		sorted their part out very quickly from when they came	7	This was in Ladakh, in the Himalaya, and I was at
, 8		into the role. But I mean Ben, my solicitor, is helping	, 8	base camp.
9		me because I'm still owed back money to 2010, where	9	This is me when I got accidentally stuck out
10		I was wrongly assessed. And so now it's up to from	10	overnight and had hypothermia.
11		what the Government says, it's up to Terrence Higgins	11	This is in Peru. You know, we travelled all over.
12		Trust to sort this out because they've now taken over	12	Again, this is in Ladakh, and I was crossing
13		the residual monies. So, I mean, we couldn't even	13	a glacier on a pony. That's in India.
14		guarantee that we were being assessed properly.	14	I'm actually scared of heights and this was pretty
15	Q.	Just before we break, you've also sent some photos of	15	scary. This was in Kashmir. Because we always went
16	ω,	your own travels when younger. I think what you said	16	oh, this is Machu Picchu, which is beautiful. Because
17		about those photos, which was passed on to me, Carol,	10	we always wanted to stay with local families, you know,
18		was it was a reminder to yourself of the life you had	18	we didn't really stay in hotels.
19	A.	Yes.	19	That was in India. Because we've been to well,
20	Q.	before everything that we've talked about already and	20	I've been to over 50 countries.
21	·	everything we're going to talk about for the rest of the	21	This was when I was doing some work in Romania at an
22		day took over?	22	orphanage. That's me when I was younger. That was
23	Δ	Exactly, yes.	23	the year I met Pete.
24		So we'll just look at those photos. So it's the set of	24	This was in Trinidad when we were there for
25		photos of Carol. We can see travels across the world in	25	carnival, with my friend Shirley. Again, this Kashmir.
20		49	20	50
1		This is in Ladakh and this poor gentleman had just lost	1	Carol, what I always say to witnesses at this stage
2		his wife and I gave him hard boiled eggs and he gave me	2	is that they're giving evidence on oath and they mustn't
3		some yoghurt.	3	talk to anyone about evidence which they have given or
4		That's at base camp. That's I was going down	4	may yet give. I think, having listened to the evidence
5		a very narrow canyon. We were hoping it wouldn't rain	5	you've given this morning, that it would be cruel to
6		because when you're going down these canyons they're so	6	impose that on you if you wanted to talk about the
7		narrow and suddenly the rain can make the canyons much	7	evidence you've given, so you have my permission to do
, 8		steeper.	, 8	so should you wish.
9		So I mean, I was a very adventurous person.	9	THE WITNESS: Thank you very much, thank you.
10		I mean, I've been to over 50 countries and I love	10	SIR BRIAN LANGSTAFF: But for the future breaks, of course,
11		travelling, I love meeting people. I love learning	11	the rule will apply in its full glory.
12		about the culture. Trying the different foods. I mean,	12	THE WITNESS: Thank you very much. Thank you.
13		that is very much part of me.	13	(11.11 am)
14	Q.	That's those photos are all from, I think, the '80s	14	(A short break)
15	ч.	and early part of the '90s?	15	(11.40 am)
16	A.	Yes, yes.	16	MS RICHARDS: Carol, I'm going to turn now to what I'm going
17	Q.		17	to refer to as your campaigning work but obviously that
18		up the story of your campaigning, your years of	18	encompasses a wide range of different activities which
19		campaigning, first of all with Pete by your side	19	I hope we'll pick up on examples of all of them in the
20	A.	Yes.	20	course of the rest of the day.
21	Q.	then after his death.	21	Now, you and Pete, in the years before his death,
22	Q. A.	Thank you.	22	from 1994 onwards, you were jointly involved in
23		<b>RICHARDS:</b> Sir, if we could take a break at this point.	23	campaigning together.
23		R BRIAN LANGSTAFF: Yes, we will. We will come back	23	A. Very much so, yes.
25	011	at 11.40.	24	<b>Q.</b> And, as I understand your statement, there were
		51		52

(13) Pages 49 - 52

1		two particular triggers for you and he both starting to
2		look beyond what was happening to Pete and look more
3		widely. The first was the way in which Pete learnt he
4		was hepatitis C positive
5	Α.	Yes.
6	Q.	and the alarm bells that went off in your head at the
7		absence of pre and post-test counselling; is that right?
8	Α.	Yes, they were the triggers, yes.
9	Q.	Then the other was when you then wanted to find out more
10		about this, the realisation that undertaking, waiver,
11		whatever term one wants to use, the agreement not to sue
12		as part of the compromise of the HIV Haemophilia
13		Litigation, placed a significant impediment in the way
14		of being able to take any legal action?
15	А.	Yes, because the implications dawned on us what Pete had
16		signed, and obviously talking to Pete and talking to
17		other people we realised that they'd signed not knowing
18		that they had hepatitis C, not knowing that it was a
19 20		very serious condition. And, you know, we wondered: well, why is it in an HIV Litigation? So lots
20		of alarm bells were going, yeah.
22	Q.	Those two things, the absence of counselling, the idea
23	α.	that Pete had been tested without his consent and
24		without the implications being explained, and then the
25		realisation that the settlement prevented legal action,
		53
1		family and you know they became my family. And
1		family, and you know, they became my family. And I wanted to find answers not only for Pete but for other
2		I wanted to find answers not only for Pete but for other
2 3	Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation.
2 3 4	Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that
2 3	Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at
2 3 4 5	Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that
2 3 4 5 6	Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work.
2 3 4 5 6 7	Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look
2 3 4 5 6 7 8	Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at
2 3 4 5 6 7 8 9	Q. A.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded
2 3 4 5 6 7 8 9		I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded a specific prize for that in 2009; is that right?
2 3 4 5 6 7 8 9 10 11	A.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded a specific prize for that in 2009; is that right? I was, yes.
2 3 4 5 6 7 8 9 10 11 12	A.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded a specific prize for that in 2009; is that right? I was, yes. It was the Economic and Social Research Council's
2 3 4 5 6 7 8 9 10 11 12 13	A. Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded a specific prize for that in 2009; is that right? I was, yes. It was the Economic and Social Research Council's Michael Young Prize?
2 3 4 5 6 7 8 9 10 11 12 13 14	A. Q. A.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded a specific prize for that in 2009; is that right? I was, yes. It was the Economic and Social Research Council's Michael Young Prize? It was, yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Q. A.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded a specific prize for that in 2009; is that right? I was, yes. It was the Economic and Social Research Council's Michael Young Prize? It was, yes. You started work on that dissertation I think very soon after Pete's death? I did. Pete died in the April, and I started university
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Q. A. Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded a specific prize for that in 2009; is that right? I was, yes. It was the Economic and Social Research Council's Michael Young Prize? It was, yes. You started work on that dissertation I think very soon after Pete's death? I did. Pete died in the April, and I started university in the September. But in a way, what kept me going was
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A. Q. A. Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded a specific prize for that in 2009; is that right? I was, yes. It was the Economic and Social Research Council's Michael Young Prize? It was, yes. You started work on that dissertation I think very soon after Pete's death? I did. Pete died in the April, and I started university in the September. But in a way, what kept me going was I thought: I've already started this research in an informal way, and I just need to put it into a formal setting. I thought then it might be taken more seriously. Because, as so-called amateurs you know, bearing in mind I wasn't working, so I didn't have that kudos of having a career, we weren't taken seriously,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Q. A. Q.	I wanted to find answers not only for Pete but for other people as well, and that was his motivation. Now, before we look at some of the specific things that you wrote or discovered or did, I just want to look at some of what other people have said about your work. You produced a Masters dissertation, we're going to look at the dissertation in a little while and look at some of what you recorded there. But you were awarded a specific prize for that in 2009; is that right? I was, yes. It was the Economic and Social Research Council's Michael Young Prize? It was, yes. You started work on that dissertation I think very soon after Pete's death? I did. Pete died in the April, and I started university in the September. But in a way, what kept me going was I thought: I've already started this research in an informal way, and I just need to put it into a formal setting. I thought then it might be taken more seriously. Because, as so-called amateurs you know, bearing in mind I wasn't working, so I didn't have that

1		those were the two events that really led you and Pete
2		to start looking much more widely, digging deep to try
3		to find out more?
4	Α.	Absolutely, because we were thinking: well, you know,
5		what don't we know about the HIV Litigation? Are there
6		other things that we, you know, haven't been told?
7		So yes, one of the first things we did was to go
8		back to the original HIV solicitors and to try to get
9		more information.
10	Q.	Now, after Pete's death, and notwithstanding your own
11		significant health problems, you have continued your
12		campaigning activities tirelessly. What is it that's
13		kept you going, or led you to keep going,
14		notwithstanding the enormous personal cost to you?
15	Α.	Because I wanted answers for everybody, because if I can
16		describe, haemophilia is a bit like a big family and it
17		can be dysfunctional at times but there was a core group
18		of us that were in touch and, in many ways,
19		haemophiliacs are in contact with each other all their
20		lives because quite often they'll go to like Treloar's
21		together, they'll be at the same treatment centres
22		together, they'll be they'll go to each others'
23		weddings together. They used to go on the
24		Haemophilia Society caravan holidays together. So this
25		was a group of people that was like a big extended
		54
1	-	something out and be taken more seriously.
2	Q.	You also say in your statement that one of the reasons
3		for embarking upon it so soon after Pete's death was you
4		wanted to carry on with what you and Pete had started in
5		terms of the research and the work you'd done together?
6	Α.	Absolutely. There was no question. Because this was
7		the unfinished business and I had many discussions
8		before Pete died. I knew what he wanted, and I made
9	~	a promise to him, and I was going to keep that promise.
10	Q.	And you've said it also gave you a focus and a temporary
11		distraction from trauma and you say guilt in your
12 13		statement. Why did you feel guilty?
13 14	Α.	I think well, I felt guilty that you can never do enough, you know. I always wanted to do more. Things
14		were out of control. Out of my control. I wanted
16		to I was very distressed, you know, obviously about
17		how his life ended, and I was I know he didn't think
18		that but I was worried I'd let him down.
19	Q.	Important also to recognise that you and Pete I think
20	ω <u>ε</u> .	had received a joint Life Award from the Committee of
20		Ten Thousand.
22	Α.	Yes.
23	Q.	What's the Committee of Ten Thousand for those who don't
24	~.	know?
25	А.	That's 10,000 haemophiliacs in the US that were also
		56

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1		infected with HIV and hepatitis C. And from the '90s,
2		we got in contact with some of these campaigners. One
3		who unfortunately has died, but was at the head of
4		things, called Corey Dubin, and he's public, so I can
5		say his name.
6	Q.	Yes.
7	Α.	We learned such a lot from them. They were a great
8		support because, of course, they knew more about
9		the pharmaceutical companies, about the American
10		treatment, and, you know, they helped us. So they
11		Pete had died by then but they invited me to
12		a conference in Washington DC and at that conference
13		was you know, some amazing people, one being
14		Don Francis, who was he was at the Centers for
15		Disease Control and he warned about the dangers of the
16		US treatment and tried to make changes, and another one
17		was Jay Epstein.  So I was in really I was very
18		honoured to be in their company, because, you know, they
19		were whistleblowers, and because of what they'd
20		achieved.
21	Q.	Then I also want to look at an observation from
22		Lord Morris in Parliament. HSOC0002256, please,
23		Lawrence. And whilst we're waiting for that, we've had
24		a lot of reference to Lord Morris's name over the last
25		few weeks. He was Alf Morris 57
1		please, Lawrence. We might need to look at the whole
2		page just to work out where it is. Yes, so if we can
3		zoom in on the top half of the page. It's under the
4		heading "Column 1611", where he says this:
5		"The history of the contaminated blood disaster has
6		been described as one of a 'gallery of heroes' locked in
7		an unequal struggle with terminal illness and the power
8		of executive government. That is so, but there is also
9		a 'gallery of heroines' left widowed and bereaved by the
10		disaster. I reflect in particular today on the courage,
11		constancy and tireless campaigning of wives and mothers
12		such as"
13		Then there are a number of names listed, some of
14		which we've redacted just out of an abundance of
15		caution. It may be, in truth, they are names that can
16		be public. But we see there:
17		" the tireless campaigning of wives and mothers
18		such as Carol Grayson Colette Wintle all of
19		whom belong in that gallery."
20		We'll talk about Colette and obviously the Inquiry
21		has already heard from her.
22	Α.	Can I just say one thing, Jenni, as well? Also, there's
23		a person missing, because he's unusual in that he's
24		a male partner and obviously most haemophiliacs are
25		male, but there are some like Colette that are female,

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4		Lle wee
1 2	A. Q.	He was. MP, became Lord Morris. Again, a tireless campaigner
2	ч.	for the disabled, the disadvantaged, and he took up the
4		particular cause of those with haemophilia who'd been
4 5		infected.
6	A.	He was fantastic and he was our friend. He hadn't come
8 7	л.	from easy circumstances himself, you know, with his
, 8		father, I think his father had had a disability. So he
9		came from that personal experience. He was tireless,
10		and, even right up to the end of his life, he would turn
11		up at Parliament in you know, you could see visibly
12		he was in a lot of discomfort, and he never stopped.
13		He is you know, he's a hero to us, you know, our
14		friend that was by our side and walked down
15		Downing Street with us, and he phoned us before each
16		debate and got the latest information, and I don't want
17		him to be forgotten because we I mean, if we look at
18		all the debates, we wouldn't even be here if Alf hadn't
19		done those debates.
20	Q.	This is an extract from Hansard, April of 2009. We can
21		see the debate is headed:
22		"To call attention to the findings of the
23		Independent Public Inquiry headed by Lord Archer"
24		For present purposes I just want to look at
25		something Lord Morris says on it should be page 4,
		58
4		
1		and in that gallery, although he's not a female, is
2	0	Colette's husband, Steve.
2 3	Q.	Colette's husband, Steve. Yes.
2 3 4	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to
2 3 4 5	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it:
2 3 4 5 6	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have
2 3 4 5	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament
2 3 4 5 6 7	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have
2 3 4 5 6 7 8	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly 40 years ago for statutory recognition of dyslexia and
2 3 4 5 6 7 8 9	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly
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2 3 4 5 6 7 8 9 10 11 12 13	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly 40 years ago for statutory recognition of dyslexia and autism have I had so strong a sense that no campaigning should ever have been necessary to right the wrongs suffered by the haemophilia community. Support for their cause, as I believe this debate will
2 3 4 5 6 7 8 9 10 11 12 13 14	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly 40 years ago for statutory recognition of dyslexia and autism have I had so strong a sense that no campaigning should ever have been necessary to right the wrongs suffered by the haemophilia community. Support for their cause, as I believe this debate will demonstrate again, is everywhere seen today as an issue
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly 40 years ago for statutory recognition of dyslexia and autism have I had so strong a sense that no campaigning should ever have been necessary to right the wrongs suffered by the haemophilia community. Support for their cause, as I believe this debate will demonstrate again, is everywhere seen today as an issue not of right and left, but of Right and Wrong." Just picking up on that idea of the gallery of heroines, Carol. That's been a theme of a lot of your
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly 40 years ago for statutory recognition of dyslexia and autism have I had so strong a sense that no campaigning should ever have been necessary to right the wrongs suffered by the haemophilia community. Support for their cause, as I believe this debate will demonstrate again, is everywhere seen today as an issue not of right and left, but of Right and Wrong." Just picking up on that idea of the gallery of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Α.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly 40 years ago for statutory recognition of dyslexia and autism have I had so strong a sense that no campaigning should ever have been necessary to right the wrongs suffered by the haemophilia community. Support for their cause, as I believe this debate will demonstrate again, is everywhere seen today as an issue not of right and left, but of Right and Wrong." Just picking up on that idea of the gallery of heroines, Carol. That's been a theme of a lot of your work over the years, looking at the position of women Yes.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Α.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly 40 years ago for statutory recognition of dyslexia and autism have I had so strong a sense that no campaigning should ever have been necessary to right the wrongs suffered by the haemophilia community. Support for their cause, as I believe this debate will demonstrate again, is everywhere seen today as an issue not of right and left, but of Right and Wrong." Just picking up on that idea of the gallery of heroines, Carol. That's been a theme of a lot of your work over the years, looking at the position of women Yes. either those, the smaller number of women themselves infected through treatment as a result of a bleeding
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Α.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly 40 years ago for statutory recognition of dyslexia and autism have I had so strong a sense that no campaigning should ever have been necessary to right the wrongs suffered by the haemophilia community. Support for their cause, as I believe this debate will demonstrate again, is everywhere seen today as an issue not of right and left, but of Right and Wrong." Just picking up on that idea of the gallery of heroines, Carol. That's been a theme of a lot of your work over the years, looking at the position of women Yes. either those, the smaller number of women themselves infected through treatment as a result of a bleeding disorder, or those who have been the carers, the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Α.	Colette's husband, Steve. Yes. Then, if I just read the next paragraph as well to complete it: "In none of the many parliamentary campaigns I have been closely involved in over 45 years in Parliament even thalidomide, vaccine damage, and those nearly 40 years ago for statutory recognition of dyslexia and autism have I had so strong a sense that no campaigning should ever have been necessary to right the wrongs suffered by the haemophilia community. Support for their cause, as I believe this debate will demonstrate again, is everywhere seen today as an issue not of right and left, but of Right and Wrong." Just picking up on that idea of the gallery of heroines, Carol. That's been a theme of a lot of your work over the years, looking at the position of women Yes. either those, the smaller number of women themselves infected through treatment as a result of a bleeding

25 **Q.** One of the senses, I think, which emerges from a lot of 60

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1		your work and your statements is the idea that quite	1		I just wanted to come back to now, your own background
2		often they're overlooked.	2		had been in nursing.
3	Α.	Yes, I mean as in society in general, there's an element	3	Α.	Yes.
4		of misogyny and I think with the majority of	4	Q.	You qualified as a registered mental nurse.
5		haemophiliacs being male, the sort of females that are	5	Α.	l did, yes.
6		involved have, you know, do get overlooked. To that end	6	Q.	You worked in the '80s with some of the first patients
7		at one point my friend Colette and I went to Anne Milton	7		diagnosed with AIDS in the United Kingdom. Can you just
8		and we presented 70 pages on gender justice to try to	8		tell us a little about that experience.
9		highlight that, you know, we're not appendages, we are	9	Α.	Yes, it was actually very frightening initially because,
10		women in our own right. You know, we do our own work.	10		when we first heard, at that point we didn't even know
11		And it's only, I think, about three years ago that	11		if it could be blood-borne. So if you see what's
12		female haemophiliacs were actually acknowledged properly	12		happening with Covid now, it's almost, you know, in many
13		for the first time, which is incredible. So Colette has	13		ways a reflection of what happened then.
14		gone through her whole life having to argue that she's	14		So, for example, the domestic staff were threatening
15		actually a haemophiliac. Even with some of the male	15		to sort of walk out because they were so terrified. So
16		haemophiliacs. I mean, I was with her once, where, you	16		we, as nurses, had to allay that fear and show them that
17		know, a male haemophiliac confronted her and said,	17		if they followed certain procedures they would be safe
18		"Well, you're not haemophiliac. You're not proper	18		and they could, you know, look after the patients.
19		haemophiliac."	19		We wanted to be as kind and caring and empathetic,
20		So, you know, there's been that level of denial,	20		you know, to these young people that were being
21	_	which we, you know, we wanted to put that right.	21		diagnosed, and it was very hard because in those early
22	Q.	We'll look later today in more detail at that meeting	22		days we saw a lot of deaths. There wasn't treatment
23		with Anne Milton.	23		then. A lot of stigma. So we saw young people that
24		We can take that down, thank you.	24		were dying whose families didn't know that they were
25		Now, your own background we touched on earlier but 61	25		infected. We tried although it was a very 62
					52
1		distressing, we tried to be cheerful and, you know, keep	1		Then it would come back and if it was negative, great,
2		a very positive atmosphere. Which, under the	2		and then if it was positive, you then had to, you know,
3		circumstances, was exceptionally difficult.	2		pass that on to them, which was very distressing, and
4	Q.	You had involvement in pre and post-test counselling in	4		then try to be positive and work out where you went from
5	ч.	relation to HTLV-III, HIV testing.	5		there. Which, again, was very difficult because there
6	A.	Yes, yes.	6		were very few positives that you could actually give.
7	Q.	What can you tell us about that?	7		There was no treatment then.
, 8	A.	Well, as a unit we got together because there were some	, 8	0	You also, I think, had some international experience,
9		guidelines from Government at the time, saying that it	9	••••	through travelling abroad, of the stigma and prejudice
10		was important that, you know, that there was informed	10		faced by people with AIDS elsewhere in the world?
11		consent. So we decided how we were going to proceed in	11	A.	Yes, I did. I did.
12		a practical way and there was a form devised that had to	12	7.	I was invited in 1987 to go to the old Soviet Union
13		be signed. So what you would do is you would sit down	13		as part of the UK-USSR Medical Exchange Programme, and
14		with the patient and you would say, "Would you like to	14		at the time they were only admitting to seven official
15		be tested for HIV? These are the implications. These	15		cases in the whole of the Soviet Union, but there
16		are the positives of being tested. You know, you know	16		were clearly we found out there were a lot more, and
17		you're positive. You can take a choice and not infect	17		there was a huge amount of stigma and it was regarded
18		other people. You can take care of your own health.	18		as, quote "a problem of the decadent West", so it was
19		The negative side is it could seriously affect your	19		about perceptions.
20		insurance. You know, it's probably going to make you	20		We'd met the doctors in London and it had gone
21		very depressed. At the moment there's no treatment."	21		really well, and we were invited back, but the country
22		So you came to that decision through counselling and	22		was just opening up, and it was a time of Glasnost and
23		then they would say "yes" or "no", the test would go	23		Perestroika, so this was almost like a test for health,
24		away, and in those days I think it took sometimes about	24		you know, that we could go in and work on an equal level
25		three weeks of, you know, real anxiety for the patients.	25		with, you know, our Russian counterparts and learn from
		63			64

(16) Pages 61 - 64

1 each other. One of the things -- for example, I got 2 a chance to interview some soldiers that -- they were at 3 risk of AIDS. They'd become addicted to drugs while 4 they were fighting in Afghanistan and it was actually 5 a massive problem, addiction, in the Soviet army, but as 6 you can imagine, politically, nobody wanted to admit to 7 this 8 So they were looking at ways of how can they deal with AIDS. There was also a big stigma against 9 10 gay people. 11 So it was all about education, and trying to get 12 people to look at the prejudice and change the way of 13 thinking. Q. How did both your general nursing background and your 14 15 specific experience of working with people with HIV and 16 AIDS, how did that influence and shape your campaigned 17 work or help your campaigning work? A. Well, I already had guite a bit of background knowledge, 18 19 and I'd lost the fear -- personally. So it wasn't so 20 difficult for me, because I'd sort of try and, you know, 21 I'd led by example in nursing, I felt that I should go 22 public. Because some people had to go public in order 23 to change things. So that was very important to speak 24 out publicly as soon as I possibly could. But it was 25 still frightening, in ways. 65 1 because she didn't know about the haemophilia issue --2 and when we met she said, "We'd like to run" -- you 3 know, she'd discussed it with the paper and they would 4 like to run a joint campaign, which became the Bad Blood 5 campaign, and started in 2000, and it was incredible 6 because she took such risks. 7 But everything -- the really good thing from our 8 point of view was everything went by the lawyers of the 9 paper, because it was so controversial at the time, and 10 we broke story after story in the northeast. 11 Then later, they would be picked up in Scotland and 12 picked up, you know, here, in mainstream media. 13 Q. You said in your statement there were three main areas 14 of work for Haemophilia Action UK. The first was 15 research, which you've described as: 16 "... establishing what had happened, who knew what 17 and when, whether there had been wrongdoing and, where 18 so, collecting evidence of it." 19 (Witness nodded) Α. 20 Q. We'll look at some examples of that, obviously, but that 21 was the first strand of the organisation's work. 22 A. Yes. 23 Q. The second was involvement in litigation, and you've 24 described that as: 25 "... refusing to accept that haemophiliacs had had 67

1	Q.	Now, you and Pete set up your own campaigning body,
2		I think it was initially called Haemophilia North?
3	Α.	It was, yes.
4	Q.	Then it became Haemophilia Action UK?
5	Α.	Yes.
6	Q.	You formed ties with a lot of the regional papers. So
7		the Newcastle Journal, the Northern Echo, the Hartlepool
8		Mail, some of those?
9	Α.	Yes.
10	Q.	Those are links which I think you retained over many
11		years.
12	Α.	(Witness nodded)
13	Q.	You listed some of the multiple articles published in
14		those newspapers over the years. How important was
15		that, that link with the regional papers and the ability
16		to pursue campaigns on a regional basis?
17	Α.	It was huge, because at the time the mainstream media,
18		when we'd ring up and say, "Are you interested in
19		a story?" They'd say, "Well, it's a dead story, it's
20		all been covered, there's nothing new."
21		And there was an excellent journalist called
22 23		Louella Houldcroft, a really good investigative
23 24		journalist, and I'd written in in response to a letter a gentleman called Dr Harash Narang had written on CJD.
24 25		She saw the letter and said she'd like to meet me
25		66
1		all they were going to get in 1991, pursuing legal
2		proceedings where necessary to gain financial
3		recognition of the wrongs done to haemophiliacs, to
4		establish the facts and truth of what had happened, to
5		hold the Government to account where it continued to
6		peddle untruths."
7		You were involved, the organisation was involved
8		with not just direct litigation that say you or Pete had
9		brought but were assisting others bringing litigation?
10	Α.	Yes, absolutely.
11	Q.	Then the third main area of work, and this is the one
12		I wanted to ask you about next, was support. You said:
13		" supporting infected haemophiliacs with terminal
14		illnesses and their partner/carers and bereaved families
15		on an emotional, personal and one-to-one basis."
16	Α.	Yes.
17	Q.	Did that reflect the fact that there was a gap, there
18		was a lack of availability of such support?
19	Α.	Absolutely. People just didn't know who to turn to, and
20		I guess because I'd had a counselling role, I sort of
21		took that on, and for years we would have people ring us
22		day and night. If something happened in the middle of
23		the night at 3.00 in the morning they would ring us and,
24		you know, we said, "You can ring us at any time", you
25		know, we but obviously that's very difficult as well,
		68
		(17) Pages 65 -

(17) Pages 65 - 68

		you know it's your stressful	1		other. We fall the above was a need that was not being
		you know, it's very stressful. But we wanted to give that support and we wanted to	2		other. We felt the above was a need that was not being met in the north east.
		help them to find a route. Because they wanted to know	2		"We recognise as our numbers grow smaller, our
		more but they didn't know how to go about it in	4		voices need to be stronger. We formed this group
		a practical way, how to get medical records, who to	5		because we realised how isolated we had become with
		contact. I mean, all of this started in the days before	6		no one in a similar situation with which to talk about
		Freedom of Information, before social media, and it was	7		our difficulties living with viruses.
		really hard to get in touch with people because	, 8		"Haemophilia North is not connected with any other
		I mean, we'd have to leave messages at the	9		organisation. The following are what we hope to share
h		Macfarlane Trust and, you know, with our name and	10		and achieve."
, I		address and say, "If anybody wants to contact us, this	11		Then we have a list and, again, it gives, I think,
, )		is how you can do so", because there was such stigma and	12		a good insight into some of the practical stuff you were
2		obviously there was a confidentiality aspect.	13		trying to do, Carol.
, 1		So nowadays on social media it's so easy, you know,	14	A.	Yes.
† ;		and with Freedom of Information there's a whole process.	15	Q.	"1. Update on recent HCV settlements and legal action.
\$		We didn't have that. Everything was snail mail. It	16	α.	"2. Treatment update with regard to recombinant.
7		cost a fortune to mail things out to people, which we	17		"3. Support network.
2		did.	18		"4. Telephone and email help line.
י ג	Q.	We get a flavour of the early work of Haemophilia North	10		<ul><li>"5. Monthly update by news letter.</li></ul>
י א	ω.	from WITN1055015. It says in the first paragraph:	20		"6. Social nights for the affected and separate
, I		"We are two haemophiliacs and one partner who have	20		nights for partners and family, to be followed by
, ,		recently set up Haemophilia North for any haemophiliac	21		a social for all.
2		or person with a bleeding disorder who is virally	22		"7. Information on complementary therapies and
, 1		infected and their family members or partner who wish to	23		local facilities.
5		join us in supporting and sharing information with each 69	25		"8. Macfarlane Trust feedback (two of us are on the 70
		partnership group). "9. Talks by Haemophilia society HIV and HCV	1 2		This is a letter from Mossy to the Reverend Tanner. This is dated November 1994 and it just gives a flavour
		workers.	3		of some of the issues that were of concern at that time
		"10. How the 18 remaining can help progress	4		so I'm going to read it out:
		treatment and related issues.	5		"Dear Alan,
		"11. Arrangements can be made to visit those who	6		"May I first start by thanking you and the Society
		are unable to attend meetings."	7		for a really wonderful weekend at Coventry.
		So a very practical supportive approach in terms of	8		"However I'm writing to you now in my own right, and
		this aspect of your work.	9		not as a member of the Manor House Group, and I write in
) I	Α.	Yes, and the 18 refers to the 18 that were at that time	10 11		anger and also sadness."
ו ז	~	alive in the northeast. Now, you've already alluded to one of those with whom	12		And Mossy was instrumental in relation to the Manor House Group; is that right?
2	Q.		12	٨	
) 1		you've closely worked over the years, Colette and her	13	A.	Absolutely, he was a co-founder, yes. "As I'm sure you [have] seen for yourself at the DROP IN
+ ;	A.	husband Stephen. Yes.	14	Q.	MEETING, at Coventry, on Hepatitis, the amount of anger
, ,	Q.	One of the other people who you worked with over	16		and frustration which was running very high at the
7	ω.	a number of years, you and Pete, was Peter Mossman.	17		meeting, anger and frustration which I myself feel.
ł	Α.	Absolutely, yes.	18		"I feel that the Society is its own worse enemy, and
2	Q.	Mossy?	19		unless the Society changes its ways DRASTICALLY, it's
)	Q. A.	Mossy, ves.	20		going to open a PANDORA'S BOX. As I'm sure you are well
I	Q.	I think we get a sense, and again there is no need to be	20		aware over the last five years, I have been bombarding
2		concerned about mentioning his name, it's a matter of	22		the Society constantly with letters, with regards help
3		public record, if we look at document from him just,	23		and support for people with HEPATITIS, only to be told,
ļ		again, getting a little bit of his voice.	24		and made to feel that I was the only person in the
5		WITN1055018.	25		Society, that seemed to be having problems. You can
		71			72

(18) Pages 69 - 72

1		imagine how upset and angry I was, after talking to	1
2		other members at the DROP IN GROUP, only to find out	2
3		that I was far from being on my own. I was even more	3
4		hurt and upset, when it was brought to my attention that	4
5		several other members were also told by the Society,	5
6		ie that they were the only ones having problems. This	6
7		I find to be totally unacceptable. This is the sort of	7
8		behaviour you would expect from Health Authorities and	8
9		the Government, not by a Society that claims to	ç
10		represent people with HAEMOPHILIA and whose motto is	1
11		'CARING FOR PEOPLE WITH HAEMOPHILIA'.	1
12		"Another serious point I would like to emphasise is	1:
13		with regard to CENTRE DIRECTORS and LIVER SPECIALISTS,	1
14		withholding information from the patient, regarding	1
15		his/her illness, from Hepatitis. I myself know of	1:
16		several cases where the patient only found out long	1
17		after the doctors knew of their infection, in some cases	1
18		years after. In one case, the patient only found out	1
19		when he was informed by the doctor, he did not have long	1
20		to live, even though his doctor knew he had been	2
21		infected for FOUR YEARS. This is a disgrace, and is one	2
22		area where the Society can and should do something to	2
23		remedy this appalling situation."	2
24		Now, I draw attention to that not specifically	24
25		because of what was said about The Haemophilia Society 73	2
1		now to some aspects of the research work which you	1
2		undertook. If we can sorry, I'm just going to try	2
3		and find the reference. Yes. I want to pick this up by	3
4		reference to one of your statements. So WITN1055004.	4
5		And if we could go to page 27. You refer in	5
6		paragraph 98 to your dissertation, we'll look at that in	6
7		a moment, but I just wanted to pick up again what you	7
8		say in your statement on this general theme about gender	8
9		bias.	ę
10	Α.	Yes.	1
11	Q.	Because that's been an important part of your work.	1
12		It's at the bottom of the page:	1:
13		"Haemophilia tends to be largely associated with men	1:
14 15		and women identified as carriers of the haemophilia gene	1
15 16		mutation. At this point with regard to research I want	1
16 17		to point out the importance of looking at gender	1
17 19		differences during research. It is only recently women	1
18 10		with haemophilia have been officially recognised and	1
19 20		consideration given to how bleeding may affect them in terms of menstruation, childbirth and the menopause.	1: 2:
20 21		"100. There is also recognised gender bias in	2
∠ I 20			2

22

23

24

25

carrying out medical research."

You've there set out a number of quotations from

a recent article, March 2021 article, in The Guardian.

Then you say this in your statement about the

75

1		but because it would appear from this that in the
2		mid-'90s, the discovery of infection with hepatitis C,
3		the lack of support for hepatitis C, the lack of
4		knowledge about hepatitis C, that was one of the core
5		issues you and Pete and Mossy and Colette and Stephen
6		were trying to find out more about.
7	A.	Exactly, because I knew from my nursing that it was
, 8		a serious condition, and I couldn't understand, for the
9		life of me, how haemophiliacs had not been told, you
10		know, how it could progress. And people didn't seem
11		
		interested. I mean, we, as campaigners, campaigned for
12		a year before The Haemophilia Society would take it up
13		as an issue, and one of the things that was Mossy
14		brought to light in it would have been I think 1991
15		or 2, there were some minutes from the
16		Haemophilia Society and they had asked actually two
17		people to look at hepatitis C to see what are the
18		implications. They went away and came back and
19		basically said nothing further needs to be done at this
20		time, and we spent a whole year from '94 to '95 trying
21		to persuade the Society to campaign because that was our
22		body. We needed their support. We needed them to be
23		there, and we felt that I mean from '94 to '95 was an
24		awful year. We felt really abandoned.
25	Q.	I'm going to turn we can take that down, thank you,
		74
1		dissertation:
2		"My dissertation research and questionnaires covered
3		men and women with haemophilia, and also looked at how
4		predominantly but not exclusively female partners were
5		viewed and treated which including means testing of
6		financial Trust payments and how the losses of women who
7		cared for haemophiliacs with HIV and hepatitis viruses
8		were viewed. There were also differences in how
9		infected female partners were assessed given that they
10		often had a carer role also. Women would be seen as
11		born carers' an excuse not to examine the loss of their
12		careers when they took on the carer role. There was
13		often an expectation that they would fit into this role.
14		There was in addition a reluctance in both the
14		haemophilia community and professionals in recognising
15		
10		
16		women with disabilities with an often misogynistic
17		women with disabilities with an often misogynistic attitude that they were somehow less deserving of
17 18		women with disabilities with an often misogynistic attitude that they were somehow less deserving of support or that men must speak for women often without
17 18 19		women with disabilities with an often misogynistic attitude that they were somehow less deserving of support or that men must speak for women often without understanding their specific needs. My dissertation
17 18		women with disabilities with an often misogynistic attitude that they were somehow less deserving of support or that men must speak for women often without

- So we touched on that earlier, Carol, but I wanted
  to draw attention to that before we look at the
  dissertation because you had that issue that you have
- 25 talked about very consciously in mind when you worked

76

(19) Pages 73 - 76

1		out your methodology for your dissertation research?
2	Α.	I did, and the master's degree was called Gender,
3		Culture and Development, so I was able to put it within
4		the framework of that course.
5	Q.	Before we look at the dissertation itself, can I then
6		pick up if we go to the next page, please,
7		Lawrence on some of the practical difficulties with
8		research in the '90s, and in particular, you, again,
9		you've touched on this already in your evidence, but if
10		we go to the bottom of the page, you say this:
11		"It is important to point out there was no 'quick
12		fix' online research facility in the early days and
13		I would wait patiently for documents to arrive from the
14		US and Canada from other haemophilia campaigners by
15		snail mail. Prior to social media (as we now know it in
16		terms of Twitter and Facebook) Pete and I learned the
17		value of exchanging ideas through early 'chatrooms' as
18		the internet developed such as Free Republic where we
19		engaged with fellow campaigners in the States and
20		Canada."
21		Then, the bottom of the page, you talk about some of
22		the practical experiences you had trying to do research
23		in the Newcastle University Medical Library. You had to
24		pretend to be a medical student for a while.
25	А.	l did.
		77
1		"112. I began by producing brief
2		Overviews/Timelines which I would give to lawyers and
3		journalists such as that produced in 2002. I also
4		collected a library of books on all aspects of blood and
5		blood safety. In addition I spent hours as highlighted
6		in medical libraries researching articles specifically
7		back to the 1950s on haemophilia, hepatitis and later

8 HIV/AIDS and vCJD. So by the time I went to university, 9 I was already well prepared as a previously self-taught 10 researcher aided by the fact I had worked in an academic 11 library at Newcastle Polytechnic in the 1980s (now the 12 University of Northumbria). Having worked in the 13 Nursing and Social Work Department, I also knew my way 14 around the academic journals, so researching at the 15 University of Newcastle Medical Library was simply 16 another step on the ladder." 17 Then this, and this I think is really important, you 18 say this: 19 "113. Now when I watch the doctors and scientists 20 giving evidence to the Infected Blood Inquiry, I am 21 already very familiar with much of the evidence from 22 both academic journals and government documents which 23 I accessed years earlier and I know some of these

23 Laccessed years earlier and Lknow some of these
 24 articles like the back of my hand. As far as the
 25 research articles go, although the content can be quite
 79

Q. But finally caught out when you attended and there was 1 2 a picture of you in the Newcastle Journal on one of the 3 boards. 4 A. Yes, they were actually -- to be fair, they were very 5 good to me and then they gave me a special pass after 6 that 7 Q. Then again, if we go over the page to page 32, in fact, 8 this time. I just want to read out paragraphs 111 to 9 113 because, again, I think they help us understand 10 a lot about your work. 11 "I keenly researched all I could get my hands on 12 regarding plasma and plasmapheresis before writing 13 about it. As I started to get to grips with my research 14 findings, the severity and scale of the Contaminated 15 Blood Scandal in the UK haemophilia population became much clearer. I knew that research would be a large 16 17 part of my role in campaigning as the material was at 18 times so alarming it was almost hard to believe myself 19 and I did not want to be dismissed as an unreliable 20 'conspiracy theorist'. Indeed this was part of the 21 problem in my early days of campaigning getting not only 22 the media but haemophiliacs themselves to accept the 23 background to what had happened to them and for a time, 24 many were in denial as they had put their absolute trust 25 in those securing and providing factor concentrates. 78 1 grim, it is [in] a way also like being among old 2 friends. The journals, studies and old blood policy 3 documents submitted to lawyers during the discovery 4 period of the HIV Litigation in 1991 (now being used at 5 the Inquiry) helped guide my understanding for many 6 vears." 7 I think that's an important point, Carol, because 8 we've spent months looking at a number of key documents. 9 Α. Yes. 10 Q. The Chimps Letter, I think as you referred to it in your 11 statement. 12 A. Yes. 13 Q. The Galbraith letter, which we'll come back to at 14 a later stage of your evidence, just two examples, but 15 there's obviously many. 16 Am I right in getting the sense from your statement 17 that, as you say there, it's almost like -- these are 18 almost like old friends. You know these documents so 19 well, because you've pored over them for years. 20 A. I know the documents and with -- in the HIV Litigation, 21 I know the typeface, the creases, the marks of the, you 22 know, where you would hold them together in a binder. 23 You know. I mean, I sort of just know them. If I see 24 a document, I think, "Oh, yeah, that's a document 25 I've had in my collection for the last 20, 25 years",

80

(20) Pages 77 - 80

1		and getting access to the HIV Litigation documents was	1
2		a huge breakthrough, and it was done it wasn't done	2
3		all at once, it was done sort of step by step.	3
4		But I kept getting responses from the Government	4
5		that all these documents had been destroyed, so to find	5
6		that there were copies about ten minutes from my home in	6
7		a lawyer's office, Pete's old solicitor's office, for	7
8		the HIV Litigation, that they still existed, was	8
9		incredible, and a complete eye-opener.	9
10	Q.	You go on in the next paragraph to talk about your	10
11		dissertation, and that's what I want to turn to, but	11
12		we'll do that by reference to the dissertation itself.	12
13		So could we have WITN1055006, please.	13
14		So we can see the title of your dissertation:	14
15		"Blood flows not just through our veins but through	15
16		our minds. How has the global politics of blood	16
17		impacted on the UK haemophilia community?"	17
18		You submitted that, we can see from the bottom of	18
19		the page, in 2007. If we just go over the page,	19
20		the first paragraph emphasises the dedication to Pete.	20
21		I just wanted to bring that up.	21
22		Then if we go to the abstract on the next page, it's	22
23		just over a page. I'm going to read it, Carol, because,	23
24		again, I think it's a really useful summary of some of	24
25		what we learned from the dissertation, so I'll read this	25
		81	
1		over safety, and how this is interpreted by those at the	1
2		receiving end of contaminated treatment. Key themes	2
3		were identified by examining the replies from	3
4		questionnaires sent out to haemophiliacs and their	4
5		partners, and illustrate the way in which they have	5
6		adapted to their current situation. The report	6
7		concludes that research participants have re-evaluated	7
8		their personal identity and revised their collective	8
9		response as an infected 'subculture' within society to	9
10		challenge the power of the institutions they deem	10
11		responsible for the demise of their community. This	11
12		study recommends that the Government commissions a full	12
13		and open independent public inquiry into how patients	13
14		came to be infected thorough their NHS treatment."	14
15		Now, obviously we'll come back to your work over	15
16		the years pushing for a public inquiry later but just	16
17		dealing with the then with the subject matter of the	17
18		dissertation itself, there were two particular features	18
19		I wanted to ask you about before we look at some of the	19
20		extracts from it.	20
21		So one of the things that you did in your	21
22		dissertation as I understand it, and please correct me	22
23		if I get anything wrong, is you took this Department of	23
24		Health report.	24
25	Α.	Yes.	25
		83	

83

1		and then I want to ask you about some of the different
2		aspects of the document:
3		"Many haemophiliacs were infected with HIV and
4		hepatitis viruses during the 1970s and 1980s following
5		treatment with plasma products in NHS hospitals. This
6		dissertation investigates the politics of the global
7		blood trade by examining blood policy documents from the
8		1960s to the present day and analyses the impact of
9		these policies on the UK haemophilia community. The
10		study critiques the findings of a Government report
11		(Self-Sufficiency in Blood Products in England and
12		Wales: A Chronology From 1973 to 1991, Department Of
13		Health, 2006) which claimed that the benefits of
14		importing US treatment products manufactured from the
15		plasma of remunerated prison and 'skid-row' donors
16		outweighed the viral risks to patients. A textual
17		analysis of material originating from the Department of
18		Health and other organisations examines the Government's
19		failure to achieve self-sufficiency in the manufacture
20		of UK blood products. The anthropological inquiry
21		explores how decisions made by institutions nationally
22		and internationally continue to affect haemophiliacs and
23		their families to this day. The investigation
24		highlights the ethical problems that can arise when
25		blood becomes a commodity, and profit is prioritised
		82
1	Q.	The Self-Sufficiency And Blood Products Report, and
1 2	Q.	The Self-Sufficiency And Blood Products Report, and we'll be looking at that document in due course in
	Q.	we'll be looking at that document in due course in I think the autumn of this year in one of our hearings,
2	Q.	we'll be looking at that document in due course in
2 3	Q.	we'll be looking at that document in due course in I think the autumn of this year in one of our hearings,
2 3 4	Q. A.	we'll be looking at that document in due course in I think the autumn of this year in one of our hearings, and you analysed that report, what was there and what
2 3 4 5		we'll be looking at that document in due course in I think the autumn of this year in one of our hearings, and you analysed that report, what was there and what was not there? Yes. Is that a fair summary?
2 3 4 5 6 7 8	A.	we'll be looking at that document in due course in I think the autumn of this year in one of our hearings, and you analysed that report, what was there and what was not there? Yes. Is that a fair summary? That's correct, yes. And can I just say briefly that
2 3 4 5 6 7	A. Q.	<ul> <li>we'll be looking at that document in due course in</li> <li>I think the autumn of this year in one of our hearings,</li> <li>and you analysed that report, what was there and what</li> <li>was not there?</li> <li>Yes.</li> <li>Is that a fair summary?</li> <li>That's correct, yes. And can I just say briefly that</li> <li>the Self-Sufficiency Report came out of a meeting that</li> </ul>
2 3 4 5 6 7 8 9	A. Q.	<ul> <li>we'll be looking at that document in due course in I think the autumn of this year in one of our hearings, and you analysed that report, what was there and what was not there? Yes. Is that a fair summary? That's correct, yes. And can I just say briefly that the Self-Sufficiency Report came out of a meeting that Colette and I had with Lord Philip Hunt, and in response</li></ul>
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Q. A. Q.	<ul> <li>we'll be looking at that document in due course in I think the autumn of this year in one of our hearings, and you analysed that report, what was there and what was not there?</li> <li>Yes.</li> <li>Is that a fair summary?</li> <li>That's correct, yes. And can I just say briefly that the Self-Sufficiency Report came out of a meeting that Colette and I had with Lord Philip Hunt, and in response to that meeting, he said that there would be a document which took several years. So it was always my belief that the more we could get Government to talk and present information and evidence, the easier it would be to tackle them.</li> <li>So your campaigning work with Colette and others was instrumental in getting the Government to produce a report?</li> <li>Yes.</li> <li>But when it was produced, you ended up having to deconstruct it because of what you perceived to be its inadequacies?</li> </ul>
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A. Q. A. Q.	<ul> <li>we'll be looking at that document in due course in I think the autumn of this year in one of our hearings, and you analysed that report, what was there and what was not there?</li> <li>Yes.</li> <li>Is that a fair summary?</li> <li>That's correct, yes. And can I just say briefly that the Self-Sufficiency Report came out of a meeting that Colette and I had with Lord Philip Hunt, and in response to that meeting, he said that there would be a document which took several years. So it was always my belief that the more we could get Government to talk and present information and evidence, the easier it would be to tackle them.</li> <li>So your campaigning work with Colette and others was instrumental in getting the Government to produce a report?</li> <li>Yes.</li> <li>But when it was produced, you ended up having to deconstruct it because of what you perceived to be its inadequacies?</li> <li>Exactly.</li> <li>So that was one part of the dissertation work. Another</li> </ul>
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Q. Q. A. Q.	<ul> <li>we'll be looking at that document in due course in I think the autumn of this year in one of our hearings, and you analysed that report, what was there and what was not there?</li> <li>Yes.</li> <li>Is that a fair summary?</li> <li>That's correct, yes. And can I just say briefly that the Self-Sufficiency Report came out of a meeting that Colette and I had with Lord Philip Hunt, and in response to that meeting, he said that there would be a document which took several years. So it was always my belief that the more we could get Government to talk and present information and evidence, the easier it would be to tackle them.</li> <li>So your campaigning work with Colette and others was instrumental in getting the Government to produce a report?</li> <li>Yes.</li> <li>But when it was produced, you ended up having to deconstruct it because of what you perceived to be its inadequacies?</li> <li>Exactly.</li> </ul>

(21) Pages 81 - 84

1		questionnaires. And then your analysis of the responses	1		through the use of questionnaires to explore haemophilia
2		that you'd received.	2		and partner identity politics and their response to
3	Α.	Yes, and what happened, when you do a dissertation at	3		infection with HIV and hepatitis viruses."
4		masters level you're limited by word count and	4		Then you say this as part of, again, the description
5		I realised that if I put a questionnaire in itself,	5		of what you yourself were doing:
6		which a dissertation in itself, it wasn't counted into	6		"Prior to carrying out my research I embarked on
7		the word count so it was another way of getting another	7		a comprehensive literature study to identify what had
8		big batch of information out.	8		already been written in relation to blood, disability,
9	Q.	Well, actually, I'm not going to try to summarise what	9		and disease. Several years ago, Dr Carl Rizza,
10		you found there. We'll look at what your findings were.	10		(Oxford Haemophilia Centre) was asked to comment on
11		So if we look at a handful of passages, again, it's	11		the AIDS risk to haemophiliacs through treatment, he
12		a document that obviously has to be read in full to do	12		answered by stating that the fate of haemophiliacs was
13		it full justice, but if we go to page 12, you describe,	13		'in the lap of the gods'"
14		I think rather more elegantly than I did, the two main	14		Then the reference there to Starr, is that to
15		areas of research. You say, and this is under the	15		Douglas Starr's book?
16		extract:	16	Α.	It is, yes.
17		"My dissertation aims to explore the question 'how	17	Q.	Then you say this:
18		has the politics of blood impacted on the UK haemophilia	18		"I wanted to consider this statement alongside
19		community'. My study is divided into two main areas of	19		a further question - to what extent did the
20		research. The first area of research incorporates	20		globalisation of blood as a profitable commodity
21		textual analysis to critique a Government report	21		compromise patient safety?"
22		covering blood policy documents from 1973 to 1991 in	22		So some hugely important themes there
23		order to examine the effects on haemophiliacs and their	23	Α.	Yes.
24		partners. The second area of research involves an	24	Q.	compressed because of the word count. As you say,
25		anthropological study of the UK haemophilia community	25		you had to find a way to try to encompass these within
		85			86
1		a document that would meet the criteria of your course.	1		deceit by deconstructing the Government version of the
2	A.	Exactly. I've tried to explain to people who maybe are	2		'truth', namely the presentation of erroneous
3	л.	not familiar with dissertations, that you have to fit	3		information as accurate fact and by challenging the view
4		the university criteria as well, so you have to have	8 4		that this narrative must be accepted simply because the
5		sections on your methodology, on what literature you've	5		report emanates from an official body. Although
6		read. So I was literally down to a chapter, one	6		I interpret evidence up to 1991 I have chosen to focus
7		chapter, to put the general information, you know, the	5 7		mainly on documents before 1985. This was the period
8		most important points into that one particular chapter,	, 8		prior to the introduction of heat-treatment [at]
9		which was chapter 4.	9		a time when haemophiliacs were most at risk of becoming
10		I actually wrote 80,000 words and I had to cut it	10		infected."
11		down to maybe about 20, 22,000, so it was actually very	11		You go on there to note the ongoing transmission of
12		difficult, you know, choosing what to keep in and what	12		hepatitis C through whole blood transfusions. Then,
13		to leave out.	13		picking it up in the next paragraph:
14	Q.	Can I then pick up I think this is from chapter 4, so	14		"It is argued that the SSR which is described by the
15	-4.	chapter 4 starts on page 38. This is the section with	15		author as 'at times contradictory and incomplete' is
16		the critique of the self-sufficiency report, and you	16		written in a way that makes it difficult for some
17		explain some of the background to the commissioning of	17		haemophiliacs and non-healthcare professionals to
18		that report on that page.	18		understand. This is an example of the power of language
19		If I pick it up at page 41, bottom of the page,	19		used by professionals to control lay persons as
20		I just want to start here, again, read a section and	20		identified in the work of Foucault (1980) who described
21		then ask you to comment on it. So you say:	21		the 'politico-medical hold on a population' where the
22		"My critique of this report is not only a review of	22		physician places himself as the 'expert' in an almost
23		the written content of the SSR [the Self-Sufficiency	23		unquestionable position of authority. The SSR which was
24		Report] but is also a textual analysis of some of the	24		supposed to address questions from the haemophilia
25		material that is excluded. I examine the politics of	25		community makes extensive use of politico-medical
		87			88

(22) Pages 85 - 88

1		terminology to disempower and confuse the reader. It is	1	
2		not difficult however for educators and informed	2	
3		campaigners to dissect the content and see through the	3	
4		Government's diversion tactics of focusing on pages of	4	
5		facts and figures of treatment output which could	5	
6		have easily been summed up in one word a failure in	6	
7		terms of self-sufficiency whilst Government downplayed	7	
8		the key issue of safety. The sourcing of evidence"	8	
9		You're referring here to the evidence that was	9	
10		sourced for the self-sufficiency report.	10	
11	Α.	Yes.	11	
12	Q.	" is poor in that whoever compiled the material for	12	Α.
13		the report (the Government has never identified the	13	Q.
14		author) failed to work with other key organisations	14	
15		during the collection of evidence stage despite the fact	15	
16		that campaigners offered to share their own documents to	16	
17		ensure that the SSR was as accurate as possible. It is	17	
18		argued that this was a deliberate employ to censor	18	
19		sensitive material. If the Government had taken key	19	
20		evidence from campaigners they would have been forced to	20	
21		acknowledge incriminating material. The author of the	21	
22		SSR chooses a careful selection of extracts from the	22	
23		documents that are presented in the report to avoid	23	
24		showing successive governments in a negative light and	24	
25		the wider health issues are often hidden. The	25	
		89		
4		niek up is the part page, sir lines down, where it	4	
1 2		pick up is the next page, six lines down, where it begins "Many haemophiliacs":	1 2	Α.
2		"Many haemophiliacs have stated that had they known	2	
4		the risks from imported factor concentrates they would	4	
5		have chosen to remain on cryoprecipitate until such time	5	
6		as a process could be introduced to eliminate hepatitis	6	
7		and later HIV in plasma concentrates which was	7	
, 8		eventually of the case in the mid-1980s. Haemophiliacs	8	
9		also had a right to abstain from using treatment if they	9	
10		felt the risks were too great. The vast majority of	10	
11		haemophiliacs however were never given the information	11	
12		they needed in order to make an 'informed' choice which	12	
13		is integral to a partnership of trust and respect	13	
14		between doctor and patient as is pointed out by	14	
15		Faulder Faulder supports Foucault's work on power	15	
16		inequality in the clinical setting by arguing that 'if	16	Q.
		the doctor does not confide in the patient as the	17	
17				
17 18		patient confides in the doctor, then the relationship is	18	
		unequal and unjust."	18 19	
18				
18 19		unequal and unjust'."	19	
18 19 20		unequal and unjust'." It looks though, Carol, as though in a sense you've come full circle here. You've come back to the very	19 20	I
18 19 20 21		unequal and unjust'." It looks though, Carol, as though in a sense you've	19 20 21	
18 19 20 21 22		unequal and unjust'." It looks though, Carol, as though in a sense you've come full circle here. You've come back to the very issue in 1994, one of the very issues that led you and	19 20 21 22	!
18 19 20 21 22 23		unequal and unjust'." It looks though, Carol, as though in a sense you've come full circle here. You've come back to the very issue in 1994, one of the very issues that led you and Pete to begin your campaigning work, this issue about	19 20 21 22 23	
18 19 20 21 22 23 24		unequal and unjust'." It looks though, Carol, as though in a sense you've come full circle here. You've come back to the very issue in 1994, one of the very issues that led you and Pete to begin your campaigning work, this issue about the information given to patients, the lack of informed	19 20 21 22 23 24	

Chronology Of Events ... is also incomplete due to the exclusion of key documents which were 'inadvertently' destroyed." I'll come back to the word "inadvertently" in another context later. So that's a fairly damning critique, it might be said, of the SSR. Just looking back now, reflecting on your dissertation and on the work you undertook in analysing the Self-Sufficiency Report, has your view changed or wavered since, or do you stand by everything you said here? I stand even more strongly on what I wrote, yes. Then if we can pick up, if we start on page 46, I'm not proposing to read out this page but you'll see there, Carol, the paragraph beginning, "Prior to the invention of factor concentrates", so you talk there about some of the issues in relation to cryoprecipitate and you say in the fourth line: "The Government have on many occasions tried to use the argument that had haemophiliacs not been treated with factor concentrates they might have died from bleeding." That's obviously a particularly topical theme in light of some of the evidence the Inquiry has been examining over the last few weeks. But what I wanted to 90 Absolutely, because it was such a big thing in psychiatry in the area of work that I was working in, that I was just dumbfounded. I couldn't believe how different it was, seeing what happened in the world of haemophilia. Because, you know, all of my work was around informed consent and discussing patient choices, and people signing to say that they consented, and discussing the pros and cons of treatment, the risks. Patients taking responsibility, as well, you know, for parts of their treatment. So it was very much a sort of, you know, as equal, you know, as we could make it, you know, the relationship with patient and with the doctors. And it was just complete opposite. It was, you know, sort of paternalistic and patriarchal, and a very uneven relationship. Then, if we go to page 61, and this is now on a different topic, specifically on what was known about hepatitis, is the issue and the risks of hepatitis. You refer in this page to having got a report from Professor Preston, which you'd asked for as part of litigation that Pete was contemplating. And if we just go a little further down the page, the Inquiry obviously knows of Professor Preston and has heard from Professor Preston and looked at his 1978 article, which you know very well, on a number of occasions.

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(23) Pages 89 - 92

1		But one of the things you did is contrast what	1		"Participants" now, those are those to whom you
2		Professor Preston was saying with the Self-Sufficiency	2		had sent the questionnaire and who were completing the
3		Report; is that right, in terms of knowledge of	3		questionnaire for you. So I think it's right to
4		hepatitis.	4		understand those would be both haemophiliacs who were
5	Α.	Yes, yes.	5		themselves infected, and partners and family members?
6	Q.	Then the quote that you've set out there:	6	Α.	That's correct, yes.
7		"Even at that time, our patients exhibited a wide	7	Q.	"Participants were asked to describe what had
8		spectrum of chronic liver disease, including hepatic	8		disempowered or empowered them in their fight for
9		cirrhosis. We expressed the view that chronic liver	9		justice and recognition of their infection. There was
10		disease was attributable to non-A, non-B hepatitis. We	10		a general consensus that fear and prejudice from others
11		concluded that histological liver disease is common in	11		disempowered the haemophilia community as those infected
12		haemophiliac patients and is probably related to	12		chose to remain anonymous in order to protect themselves
13		clotting factor concentrate replacement therapy."	13		and their families. This led to what H16 [one of those
14		As I understand it, Carol, and please correct me if	14		who responded] described as 'living two lives' a common
15		I'm wrong, that's an extract from the report that	15		issue in the haemophilia community where many prefer to
16		Professor Preston prepared for the litigation Pete was	16		keep their viral status hidden sometimes even from close
17		contemplating?	17		family members. In some cases there was also an element
18	Α.	Yes, it was.	18		of denial or trying to ignore the issues around
19	Q.	And what he's describing is his 1978 research and	19		infection. The pressure from living with HIV/HCV had in
20		publication?	20		some cases led to marriage breakdown and isolation from
21	Α.	Yes, yes.	21		the wider community. The majority of participants
22	Q.	Just one last reference in this and it's really just to	22		however gained great strength from family and friends
23		give a flavour of the wide range of issues which you	23		that helped to empower them."
24		capture in this. It's page 95. It's the idea of	24		Then you say this:
25		disempowerment, so it's the bottom half of the page.	25		"The depression that arose from constantly seeing
		93			94
4		fallou kaomanhiliana dia waa diaamaawana faraama aa	4		Cosisty for not offering another support and the
1		fellow haemophiliacs die was disempowering for some as	1		Society for not offering another support and the
2 3		they fought to stay motivated. P12 writes 'sadly the light that once shone bright is now only a flicker	2 3		Government and the DSS for not providing enough practical and financial help to those infected. Many
4		struggling to stay alive'. Haemophiliacs and partners	4		within the haemophilia community chose to seek support
5		felt that they had been disempowered by the medical	5		from others in the same position and empowered
6		profession withholding their medical records and failing	6		themselves by setting up their own campaign
7		to allow them informed choice in their treatment.	7		organisations and self-help groups. However there was
, 8		Illness from viral contamination, and arthritis and	, 8		also a recognition that a lack of cohesion among the
9		joint damage from haemophilia were also seen as	9		groups and difficult agendas had at times disempowered
10		disempowering. The feeling of the unknown led some	10		the haemophilia community."
11		participants to live life day by day as it was difficult	11		Then you go on to discuss what was reported in terms
12		to plan for the future. Self-belief and a need for	12		of how people tried to maintain a positive outlook on
13		justice were also strong motivating factors for	13		life.
14		haemophiliacs and partners to empower themselves. They	14		I wanted to read that, Carol, because that's not you
15		did this by employing practical solutions such as	15		offering your perspective although I think it chimes
16		utilising the media to highlight their stories,	16		with your perspective. That's you reporting what had
17		accessing their medical records to educate themselves	17		been said by others
18		and others and initiate litigation, and also by fighting	18	Α.	Absolutely, yes.
19		for the best possible treatment available. H1 empowered	19	Q.	as a result of your research.
20		himself by 'putting posters up in my local hospital	20	Α.	Yes, and it just reminded me. A memory just came back
21		(RVI) to inform people just what had happened to us	21		there and it was a haemophiliac who was anonymous, you
22		through contaminated treatment and how the Trust and	22		know, he was afraid of speaking out, and I remember
23		Government were actually playing it down'. This again	23		one day he and Pete went to the local hospital, and his
24		challenges the Foucauldian view of the passive patient.	24		sense of empowerment came by he'd made a poster, and
25		Some participants also criticised the Haemophilia	25		the poster said, you know: This hospital has got you
		95			96

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	know obtained treatment over the years from American	1		had to roly upon things coming you know, oversees by
	know, obtained treatment over the years from American prisons. And he put it on you know, the little	2		had to rely upon things coming, you know, overseas by post and so on, and you mentioned that you didn't have
	trolley things that transport patients and, you know,	3		the Freedom of Information Act.
	bits and pieces around the hospital? He put it on the	4		Once the Freedom of Information Act came into force
	back of one of those. And that was it sounds strange	5		you started using it as a means
	but it was such a big thing for him because he couldn't	6	A.	l did.
	speak publicly but he was letting the hospital know that	7		of furthering your work. Can you tell us a little
	something had gone wrong here. So people found	8		about that.
	different ways to sort of empower themselves.	9	A.	Yeah, it was amazing because we now had a mechanism by
Q.	The Inquiry has obviously had its own reports and oral	10		which to request documents from the Government. And in
	evidence from the psychosocial group of experts, but the	11		doing that, we got to find out, you know, bit by bit,
	research you've done here is in a sense a microcosm	12		a bit more about what was happening behind the scenes.
	I think to some extent of that work.	13		Because it was very it's so different to today, where
A.	Yes, absolutely. I mean obviously, it's been done in	14		you can put your Freedom of Information in, and you've
	much more detail since, but it was a snapshot of what	15		got, you know, 21 days for a response. And it was
	was happening in the haemophilia community at that time.	16		amazing when it came in. It was completely changed
	And it's quite useful, because I say sadly so many have	17		the way we campaigned, really. Because we started we
	gone, so we've got their voices still there.	18		knew what we wanted, and we didn't always get what we
Q.	We can take that down. Those were the parts of the	19		wanted but it was a way of trying to obtain that.
	dissertation I wanted to explore to get a favour of the	20	Q.	Now you referred earlier to the Bad Blood campaign
	breadth of it but obviously it's a document that is	21		launched in 2000. If we just go back to your statement
	required reading, I think, in full in its own right.	22		at WITN1055004, if we go to page 68, please. You
	We touched earlier on some of the difficulties in	23		explain in paragraph 239 that the Bad Blood campaign the
	the early years of the research, the practical	24		Newcastle Journal launched on 5 August 2000 with the
	difficulties. You didn't have everything online. You	25		headline:
	97			98
	"Blood Scandal (Lack of funding blamed for crisis:	1		simply to give a flavour of content and how often
	Doctors forced to use US supplies."	2		stories appeared. They sometimes came fast and furious
	Then if we go to the next page, paragraph 242	3		with us getting the headline and sometimes 4 full pages
	and 243. You explained that this was the start of	4		inside the Opinion section. Newcastle media was very
	a long collaborative project between yourself,	5		much a focus for haemophiliacs nationally who would
	Louella Houldcroft, the journalist who you referred to	6		delight in the fact stories were being heard, and the
	a little while ago, and other Journal reporters:	7		phone never stop ringing."
	" which broke many Contaminated Blood stories	8		We've just going to get a flavour of some of the
	over the following years. It is important to say we	9		articles, bottom of the page, so it's the italicised
	worked on every single story with the Journal as it was	10		headlines:
	a joint project. I would often provide documents,	11		"Blood scandal: Victim who claims he was infected
	material I had reached and suggest who might be good to	12		with lethal virus from transmission wins the right to
	interview (as with Lord Owen). Louella was an excellent	13		sue government"
	investigative journalist following leads and writing	14		Then if we go over the page, we can just keep the
	stories.	15		whole screen up, Lawrence, but we can just see some
	"243. We would meet at the home, at the Journal	16		further examples:
	offices or at a cafe in the Bigg Market, where each	17		"This dying man fights a great betrayal A few
	story was discussed and planned in great detail and	18		survivors gain hope from legal victory."
	because of the nature of the material, this would then	19		"Bad Blood How the scandal developed and
	go to the newspaper's legal team so it could be checked.	20		Haemophilia factfile."
	Sometimes it delayed stories a little but I was happy	21		"Bad Blood, Explanation needed."
	about this and it was also a safeguard regarding our	22		"Prisoner was turned into killer-by-proxy."
	material as it was much more difficult for us to be	23		That's a story from an American campaigner about her
	passed off as 'cranks' on the more sensational stories.	24		brother.

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1		work together. Her brother was [redacted], he was	1		that had set up, which was AVMA. I think it's the
2		a prisoner, he was known to have hepatitis C and he	2		Association of Victims of Medical Accidents, I think it
3		regularly donated to the prison plasma programme, and	3		is.
4		I've got photos of him as he died, bleeding out, which	4	Q.	
5		is not uncommon with hepatitis infection.	5	Α.	And they were advertising their work that they wanted to
6	Q.	I think amongst the documents that you've provided us	6		help people that had been harmed, and I responded,
7		with is a letter she wrote to the Prime Minister.	7		responded because I was hoping that there would be some
8	Α.	To Tony Blair, yes.	8		hope for our community.
9	Q.	Then:	9	Q.	
10		"Blood Controversy Experts refute claims over US	10		so if we just have the text of the thank you,
11		plasma"	11		Lawrence:
12		"Transfusion gave me HIV and hepatitis C."	12		"I read with interest the letter you co-wrote to the
13		"Boy died in blood scandal, 11 year old killed by	13		BMJ's letter page in response to the issue featuring
14		AIDS virus."	14		medical error. I saw your professional title and
15		And so on. That's just a flavour of some of the	15		wondered if it was possible I had stumbled across that
16		work	16		rare breed, a haematologist with a conscience.
17	A.	Yes.	17		"I am the co-ordinator of Haemophilia North,
18	Q.	which the newspaper and you and Pete worked on.	18		a voluntary group set up to support haemophiliacs
19	A.	Yes.	19		infected with HIV and hepatitis viruses and give them
20	Q.	Can I then just look with you at one letter you wrote.	20		a voice. My partner is co-infected HIV and hepatitis B
21		It was to the BMJ and, again, it's I think a really good	21		and C. My partner's brother died of AIDS in 1986.
22		example of what you were trying to bring out.	22		"The following passage from your letter remains in
23		So it's at WITN1055064. It's a letter from you, do	23		my mind."
24		I correctly understand, published in the BMJ in 2000?	24		Then this is part of what you were responding to.
25	A.	Yes, and it was in response to a new an organisation	25	A.	Yes.
		101			102
1	Q.	"Behind each adverse event there is a patient, a doctor,	1		products. This issue was described in the House of
1 2	Q.	"Behind each adverse event there is a patient, a doctor, and a doctor-patient relationship. A patient must be	1 2		products. This issue was described in the House of Lords this year as the biggest medical treatment
	Q.	-			
2	Q.	and a doctor-patient relationship. A patient must be	2		Lords this year as the biggest medical treatment
2 3	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be	2 3		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public
2 3 4	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial	2 3 4		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and
2 3 4 5	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know	2 3 4 5		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public
2 3 4 5 6	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce	2 3 4 5 6		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence!
2 3 4 5 6 7	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of	2 3 4 5 6 7		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in
2 3 4 5 6 7 8	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with	2 3 4 5 6 7 8		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice,
2 3 4 5 6 7 8 9	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance	2 3 4 5 6 7 8 9		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the
2 3 4 5 6 7 8 9 10	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference."	2 3 4 5 6 7 8 9 10		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with
2 3 4 5 6 7 8 9 10 11	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there	2 3 4 5 6 7 8 9 10 11		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are
2 3 4 5 6 7 8 9 10 11 12	Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people	2 3 4 5 6 7 8 9 10 11 12		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until
2 3 4 5 6 7 8 9 10 11 12 13		and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth?	2 3 4 5 6 7 8 9 10 11 12 13		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public
2 3 4 5 6 7 8 9 10 11 12 13 14	A.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely.	2 3 4 5 6 7 8 9 10 11 12 13 14		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely. Of knowing what had happened to them?	2 3 4 5 6 7 8 9 10 11 12 13 14 15		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry. "It has been left up to haemophiliacs and their
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Q. A.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely. Of knowing what had happened to them? Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry. "It has been left up to haemophiliacs and their families to dig for that truth largely unsupported.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Q. A. Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely. Of knowing what had happened to them? Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry. "It has been left up to haemophiliacs and their families to dig for that truth largely unsupported. The following should leave you in no doubt as to what we
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Q. A. Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely. Of knowing what had happened to them? Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry. "It has been left up to haemophiliacs and their families to dig for that truth largely unsupported. The following should leave you in no doubt as to what we are having to confront and we ask why haven't the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. Q. A. Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely. Of knowing what had happened to them? Yes. Of knowing why it had happened to them? Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry. "It has been left up to haemophiliacs and their families to dig for that truth largely unsupported. The following should leave you in no doubt as to what we are having to confront and we ask why haven't the so-called professionals told us the truth.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Q. A. Q. A. Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely. Of knowing what had happened to them? Yes. Of knowing why it had happened to them? Yes. And, in this context here, of knowing what their doctors' participation, knowledge, involvement had been?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry. "It has been left up to haemophiliacs and their families to dig for that truth largely unsupported. The following should leave you in no doubt as to what we are having to confront and we ask why haven't the so-called professionals told us the truth. Haemophiliacs not only have to deal with professionals
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Q. A. Q. A. Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely. Of knowing what had happened to them? Yes. Of knowing why it had happened to them? Yes. And, in this context here, of knowing what their doctors' participation, knowledge, involvement had been? Yes, that was really important.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry. "It has been left up to haemophiliacs and their families to dig for that truth largely unsupported. The following should leave you in no doubt as to what we are having to confront and we ask why haven't the so-called professionals told us the truth. Haemophiliacs not only have to deal with professionals withholding information but also with professionals
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Q. A. Q. A. Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely. Of knowing what had happened to them? Yes. Of knowing why it had happened to them? Yes. And, in this context here, of knowing what their doctors' participation, knowledge, involvement had been? Yes, that was really important. Then you continue:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry. "It has been left up to haemophiliacs and their families to dig for that truth largely unsupported. The following should leave you in no doubt as to what we are having to confront and we ask why haven't the so-called professionals told us the truth. Haemophiliacs not only have to deal with professionals withholding information but also with professionals inappropriately transferring their anger onto patients
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Q. A. Q. A. Q.	and a doctor-patient relationship. A patient must be told when things have gone wrong. Every effort must be made to minimise the after effects, including financial recompense where necessary. Most patients wish to know in detail what happened and what is being done to reduce the possibility of a recurrence. And members of healthcare teams need mechanisms to come to terms with their fallibility. It is hoped that clinical governance will make a difference." So is it right, Carol, that you were alighting there on what was being said about the importance of people knowing the truth? Absolutely. Of knowing what had happened to them? Yes. Of knowing why it had happened to them? Yes. And, in this context here, of knowing what their doctors' participation, knowledge, involvement had been? Yes, that was really important. Then you continue: "I would be grateful if you could shed some light as	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23		Lords this year as the biggest medical treatment disaster in the history of the NHS, yet no public inquiry! I do not hear haematologists standing up and supporting their patients in the fight for public Inquiry, indeed there is a wall of silence! "Haemophiliacs in England, Scotland and Wales, as in Southern Ireland and Canada want their day of justice, indeed as doctors are well aware part of the psychological healing process is coming to terms with the truth about what has occurred. Haemophiliacs are unable to move on with what is left of their lives until this happens in an official capacity such as a public inquiry. "It has been left up to haemophiliacs and their families to dig for that truth largely unsupported. The following should leave you in no doubt as to what we are having to confront and we ask why haven't the so-called professionals told us the truth. Haemophiliacs not only have to deal with professionals withholding information but also with professionals inappropriately transferring their anger onto patients because their patients have stumbled onto the truth."

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1		historical narrative, your understanding of what had	1		such as an example being somebody taking off the wrong
2		happened.	2		leg, but whether this was just so huge, and that they,
2	A.	Yes.	2		you know, there were new organisations setting up, but
4	Q.	If we go to the top of the next page, we can see what we	4		they just didn't really want to engage so we didn't get
5	ч.	see at the very top of the page and then paragraph 8	5		any support from them. I have spoken to them more
6		picks up on, again, the issue of hepatitis C, of what	6		recently but I still think it's a very difficult issue
7		people were told, of when they were test and so on.	7		for them to engage on.
, 8		Then I do just want to read paragraph 10 aloud:	, 8	Q.	· · · · · · · · · · · · · · · · · · ·
9		"We are aware that the Department of Health and many	9	ω.	interactions with politicians you've had over the years.
10		haematologists assume all haemophiliacs and their	10		We'll pick up after lunch, I think, some of the letters
11		families as stupid and haven't got the intelligence to	11		which you've written in particular seeking a public
12		fathom out why so many haemophiliacs were infected with	12		inquiry to the Secretary of State after Secretary of
13		HIV and hepatitis C and are now dead. This assumption	13		State after Secretary of State. But more generally,
14		is incorrect!	14		you've interacted with lots of politicians over the
15		"I write to you and your colleagues to ask what	15		years.
16		support will your group offer haemophiliacs to highlight	16	A.	
17		the issues raised, bringing them to the attention of	17	Q.	
18		a wider audience as we are doing, and what support will	18	Α.	Mm-hm.
19		your group give to help us fight for a public inquiry."	19	Q.	And you've singled out in your statement your MP for
20		Did you get any response, I mean, not necessarily	20		many years, Jim Cousins?
21		from the person or group in question but more generally,	21	A.	Jim Cousins, yes, he was excellent. Very supportive and
22		to this letter?	22	7.0	at one point he got to the stage, and he said in
23	Α.	Yes, I did have a conversation, and we were the wrong	23		a letter, he said, "Just sue them, you know, because,
24		sort of patients. The organisation seemed to be happy	24		you know, they're covering up. You're not going to get
25		to deal with one-off incidents in a clinical setting,	25		answers."
		105			106
1	0				
	Q.	You also identified with praise in your statement	1		whether it's a public inquiry, or financial support.
2	ω.		1 2		whether it's a public inquiry, or financial support. Now, as I say, we'll look at some individual examples
	Q.	Lord Archer, and we'll come on to the Archer Inquiry			
2	Q.		2		Now, as I say, we'll look at some individual examples after lunch but what I wanted to ask you about more
2 3	Q.	Lord Archer, and we'll come on to the Archer Inquiry this afternoon, Lord Morris, who you spoke about	2 3		Now, as I say, we'll look at some individual examples
2 3 4		Lord Archer, and we'll come on to the Archer Inquiry this afternoon, Lord Morris, who you spoke about earlier, and Lord Owen.	2 3 4		Now, as I say, we'll look at some individual examples after lunch but what I wanted to ask you about more generally, first of all, is the overall experience of
2 3 4 5	A.	Lord Archer, and we'll come on to the Archer Inquiry this afternoon, Lord Morris, who you spoke about earlier, and Lord Owen. Yes.	2 3 4 5		Now, as I say, we'll look at some individual examples after lunch but what I wanted to ask you about more generally, first of all, is the overall experience of trying to get answers from the Department of Health,
2 3 4 5 6	A.	Lord Archer, and we'll come on to the Archer Inquiry this afternoon, Lord Morris, who you spoke about earlier, and Lord Owen. Yes. You've had a number of interactions with Lord Owen,	2 3 4 5 6	А.	Now, as I say, we'll look at some individual examples after lunch but what I wanted to ask you about more generally, first of all, is the overall experience of trying to get answers from the Department of Health, from ministers in the Department of Health.
2 3 4 5 6 7	A. Q.	Lord Archer, and we'll come on to the Archer Inquiry this afternoon, Lord Morris, who you spoke about earlier, and Lord Owen. Yes. You've had a number of interactions with Lord Owen, David Owen, over the years.	2 3 4 5 6 7	А.	Now, as I say, we'll look at some individual examples after lunch but what I wanted to ask you about more generally, first of all, is the overall experience of trying to get answers from the Department of Health, from ministers in the Department of Health. What's your overall experience been?
2 3 4 5 6 7 8	A. Q.	Lord Archer, and we'll come on to the Archer Inquiry this afternoon, Lord Morris, who you spoke about earlier, and Lord Owen. Yes. You've had a number of interactions with Lord Owen, David Owen, over the years. Absolutely. That started when I'd asked Louella if she	2 3 4 5 6 7 8	А.	Now, as I say, we'll look at some individual examples after lunch but what I wanted to ask you about more generally, first of all, is the overall experience of trying to get answers from the Department of Health, from ministers in the Department of Health. What's your overall experience been? That from very early on, a standard line was taken, and
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1		And even now, they will still with all the evidence	
2		that's put before them, some of them will still revert	
3		back to the old standard lines. No matter how many	
4		times we've proven them wrong.	
5	Q.	The impression that one gains from your description of	
6		these interactions in your statement, and from a number	
7		of the letters where you're having to repeat yourself	
8	Α.	Yes.	
9	Q.	year after year, in letters, and the impression is,	
10		from your perspective, coming up against a brick wall?	
11	Α.	Absolutely. Yes. And it was clear that it was going to	
12		be very difficult to get meetings, and I remember	
13		Jim Cousins saying to me once, "We'll probably only get	
14		one chance so we've really got to time this, you know,	,
15		well. They don't want to meet with you."	
16		And I mean, from my point of view, I think it was	
17		because if they met with me, and, you know, they were	
18		presented with evidence, face-to-face meetings, and in	
19		discussions really damning evidence, then they would be	
20		expected to address it. So by not meeting with me, they	
21		didn't have to address it. By not minuting meetings,	, ,
22		they didn't have to address things.	4
23		So for a long time nobody would actually meet with	4
24		me and I remember one incident with Alan Milburn and	4
25		I was due to go on to there was a Newsnight in 109	4
1		"Do you have any blood bags?" And they managed to	
2		provide some out of date blood bags, and we then filled	
3		them with a mixture of Ribena and tomato sauce to try	
4		and, you know, represent blood. Because with	
5		campaigning it's quite important to have visual, you	
6		know, props, really. So we went down to London and we had those blood bags.	
7		<b>..</b>	
8 9		And I remember The Haemophilia Society, Karin Pappenheim was horrified. This wasn't blood, you know,	
9 10			
11		that was in the bags, it was just a representation. I mean there's also been representations using crosses,	
12		using coffins, because we needed people to see what we	
13		were saying and understand that.	
14	MS	<b>RICHARDS:</b> Sir, I note the time. If we could take our	
15	WO.	lunch break now, because what I want to deal with next	
16		with Carol is look at number of her letters to the	
17		Department of Health over the years, and easier,	
18		I think, to do that in one go.	
19	SIR	BRIAN LANGSTAFF: Yes. I see that. So we'll take	
20	511	a break now. It's two minutes to 1.00 anyway, so we'll	
21		take a break until 2.00.	· · · · · ·
22		Can I just mention one thing for the benefit of	4
23		those who are here but also for the benefit of those who	
24		are watching online, don't forget that the British Red	
25		Cross are available. The contact details are on the	-
		111	

1	Newcastle sorry, not Newsnight, Question Time,	
2	I think it was, and I'd been vetted for the programme,	
3	and at the last minute, I was all due to go, waiting for	
4	my taxi, and somebody rang up and said, "He won't go on	
5	the programme if you're going to be on". Must have had	
6	some conversation.	
7	So I was so mad, I went down to the studios and	
8	I leaped out at him with a bunch of papers, a bunch of	
9	documents, because I wanted him to read, you know, what	
10	we were trying to say.	
11	So people were avoiding me like the plague.	
12	Q. As I said, I want to look at some of the specific	
13	letters you wrote after lunch but just on the theme of	
14	having to be dynamic and proactive in some of your	
15	actions, you'd be involved in demonstrations over the	
16	years, the handing in of petitions.	
17	A. Yes.	
18	<b>Q</b> . And sometimes you've tried to quite graphically convey,	
19	through posters and placards and blood bags?	
20	A. Yes.	
21	Q. Can you just tell us about that.	
22	A. We spoke to some of the staff at the Newcastle	
23	Haemophilia Centre that were quite sort of sympathetic,	
24	the nurses, and they actually we said we were going	
25	on a demonstration and we sort of half jokingly said, 110	
1	website and for those of you who are here, they are	
2	here, should anyone wish to use their services. 2.00.	
3	MS RICHARDS: Thank you, sir.	
4	Sorry, sir, so that Carol is clear, she should not	
5	now discuss her evidence, I think.	
6	SIR BRIAN LANGSTAFF: Yes. Well, I think you know that.	
7	THE WITNESS: Yes, I do, thank you, yes.	
8 9	(12.59 pm) (The Luncheon Adjournment)	
9 10	(1.59 pm)	
11	SIR BRIAN LANGSTAFF: Yes?	
12	MS RICHARDS: So Carol, can we look next at some of your	
13	letters to politicians over the years and in particular	
14	the theme of seeking a public inquiry.	
15	A. Okay, thank you.	
16	<b>Q.</b> If we start at WITN1055046.	
17	This is a letter from you, 9 April 2000, and we can	
18	see it's addressed to Mr Milburn, so Alan Milburn from	
19	whom the Inquiry in fact will be hearing next week, then	
20	Secretary of State for Health, and you say in the first	
21	paragraph:	
22	"I am the long term partner of a haemophiliac	
23	infected with HIV, hepatitis B and hepatitis C through	
24	NHS blood products. My partner also had a haemophiliac	
25	brother who died from AIDS through contaminated blood.	
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1		I watched with dismay a televised debate on 30th March	1
2		in the House of Lords as the Government once again	2
3		turned down the demand for a public inquiry. How can	3
4		the Government justify this decision on what was	4
5		described in the Lords as 'the worst treatment disaster	5
6		in the history of the NHS', with more deaths than the	6
7		'Marchioness', Southall and Paddington disasters	7
8		combined, and set to go on claiming lives for many years	8
9		to come?"	9
10		Just pausing there before we read on, the reference	10
11		there to the debate, that's looks like that's the	11
12		trigger for this particular letter?	12
13	Α.	Yes, it was, yes.	13
14	Q.	But the call for a public inquiry was not new by 2000,	14
15		was it? It was that had already been being raised by	15
16		campaigners such as yourself?	16
17	Α.	Exactly. I mean, it was first raised in the '80s in	17
18		relation to HIV, and then I raised it in 1994. That was	18
19		the first year that I raised it.	19
20	Q.	Then it continues:	20
21		"The Government is fond of saying that there is no	21
22		evidence of negligence and no evidence to suggest	22
23		a public inquiry. We would like an independent view on	23
24		this. May I remind you that other countries took this	24
25		stance until public opinion became so great that these	25
		113	
1		set out in the rest of that page.	1
2		Then if we go over the page we see you flag up in	2
2 3		Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists	2 3
2 3 4		Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the	2 3 4
2 3 4 5		Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the World in Action documentary?	2 3 4 5
2 3 4 5 6	A.	Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the World in Action documentary? Yes.	2 3 4 5 6
2 3 4 5 6 7	A. Q.	Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the World in Action documentary? Yes. Then skipping another two paragraphs down, you then talk	2 3 4 5 6 7
2 3 4 5 6 7 8		Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the World in Action documentary? Yes. Then skipping another two paragraphs down, you then talk about AIDS:	2 3 4 5 6 7 8
2 3 4 5 6 7 8 9		Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the World in Action documentary? Yes. Then skipping another two paragraphs down, you then talk about AIDS: " emerging evidence of plasma recipients	2 3 4 5 6 7 8 9
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2 3 4 5 6 7 8 9 10 11 12		Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the World in Action documentary? Yes. Then skipping another two paragraphs down, you then talk about AIDS: " emerging evidence of plasma recipients experiencing immunity illnesses, although AIDS had yet to be called by that name. In the early 80s eminent Dutch haematologists warned the World Federation to	2 3 4 5 6 7 8 9 10 11 12
2 3 4 5 6 7 8 9 10 11 12 13		Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the World in Action documentary? Yes. Then skipping another two paragraphs down, you then talk about AIDS: " emerging evidence of plasma recipients experiencing immunity illnesses, although AIDS had yet to be called by that name. In the early 80s eminent Dutch haematologists warned the World Federation to curtail severely the use of imported factor VIII and for	2 3 4 5 6 7 8 9 10 11 12 13
2 3 4 5 6 7 8 9 10 11 12 13 14		Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the World in Action documentary? Yes. Then skipping another two paragraphs down, you then talk about AIDS: " emerging evidence of plasma recipients experiencing immunity illnesses, although AIDS had yet to be called by that name. In the early 80s eminent Dutch haematologists warned the World Federation to curtail severely the use of imported factor VIII and for clotting factor to be used only for life threatening	2 3 4 5 6 7 8 9 10 11 12 13 14
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23		Then if we go over the page we see you flag up in the third paragraph Dr Zuckerman and journalists visiting centres, and that's a reference I think to the World in Action documentary? Yes. Then skipping another two paragraphs down, you then talk about AIDS: " emerging evidence of plasma recipients experiencing immunity illnesses, although AIDS had yet to be called by that name. In the early 80s eminent Dutch haematologists warned the World Federation to curtail severely the use of imported factor VIII and for clotting factor to be used only for life threatening bleeds. They asked as a temporary measure for countries to revert back to cryoprecipitate, although inconvenient these measures would save lives. This country did not inform patients of these concerns and give patients the option of going back to cryoprecipitate until safety of factor concentrates could be improved. This country along with many others did not adopt these damage limitation measures and encouraged home treatment at any cost."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

1		countries were forced to hold public inquiries or risk
2		the consequences at the ballot box (study the Krever
3		report in Canada, and Italy's public inquiry). This
4		Government has escaped lightly so far, however there is
5		so much evidence available now on an international level
6		(which we have access to) which shows incompetence,
7		violation of safety laws, unscreened plasma, unscreened
8		donors, relabelled plasma, relabelled shipping records,
9		(I could go on for a very long time) that surely the
10		Government should ask itself, how can we not have
11		a public inquiry.
12		"The Government incriminates itself by throwing in
13		a red herring and saying that nothing could be done to
14		minimise risk of viral infection prior to heat treating
15		in 1985 as if technology is the only means of harm
16		reduction. Attitudes like this make the need for
17		a public inquiry essential."
18		Then you go on to detail, I won't read out the rest
19		of this page, but you go on to detail, I think, this is
20		right, some of the areas that you're suggesting make the
21		right for a public inquiry.
22	Α.	Yes, absolutely.
23	Q.	So the policies and safety procedures in the '70s, the
24		importation of factor concentrate, what was known about
25		that, the whole issue of self-sufficiency, is what you 114
		11-
1		give rise to sufficient concern for a public inquiry,
2		here you moved to the early '80s, and the continued use
2 3		here you moved to the early '80s, and the continued use of factor concentrates and the failure to revert to
2 3 4		here you moved to the early '80s, and the continued use of factor concentrates and the failure to revert to cryoprecipitate is another area that should be explored?
2 3 4 5	А.	here you moved to the early '80s, and the continued use of factor concentrates and the failure to revert to cryoprecipitate is another area that should be explored? Absolutely, because that was as AIDS was emerging, and
2 3 4 5 6	А.	here you moved to the early '80s, and the continued use of factor concentrates and the failure to revert to cryoprecipitate is another area that should be explored? Absolutely, because that was as AIDS was emerging, and something needed to be done urgently. The warning signs
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q.	here you moved to the early '80s, and the continued use of factor concentrates and the failure to revert to cryoprecipitate is another area that should be explored? Absolutely, because that was as AIDS was emerging, and something needed to be done urgently. The warning signs were flagged up and the warning signs were ignored. I should just say, going back to the '70s, that there was never any risk assessment done prior to introducing factor concentrates. Sorry, just pausing there if I may, Carol, to just pick up on that, obviously you're familiar with some of the licensing materials from the early '70s? <b>(Witness nodded)</b> The Inquiry has looked at some. I don't think a complete documentary picture still exists, but as I understand it, your point is, although licensing applications are looked at as individual licensing applications the Government didn't, as it were, step back and undertake a risk assessment of were factor concentrates sufficiently safe to justify their use, and to evaluate the benefits against the potential adverse consequences?

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1		introduced, there were outbreaks of hepatitis. And even	1		to look at ways to virally inactivate. So it was done
2		before they were introduced you had Dr Garrott Allen	2		to look at ways to virally inactivate. So it was done the wrong way round, in my opinion anyway. And, of
3		saying to the pharmaceutical companies, "You cannot put	3		course, the eminent Dr J Garrott Allen.
4		this product on the shelves. You've first got to find	4	Q.	,
5		a way to virally inactivate."	5	ч.	what you write is the sort of the corollary is, if
6		And I used the analogy of early aviation, and if for	6		you are going to introduce them, patients have to have
7		example you said to people, "I've set up this company	7		the full implications explained to them so they can
8		for people to fly to another country but what I can tell	, 8		reach a fully informed decision about whether they, as
9		you is that we haven't got the technology to necessarily	9		individuals, are willing to run the risks.
10		get you all the way, the plane might fall out of the	10	Α.	
11		sky, there's a 99% risk of people being killed, or being	11		Nuremberg Code, and if it's above a certain percentage
12		harmed, would you like to buy a ticket?" And people	12		risk, then you couldn't have the treatment anyway. You
13		would say you're absolutely mad. But in a sense that's	13		know, it would be too dangerous to use. But you must
14		what happened with factor concentrates, because they	14		inform the patient of the pros and cons.
15		knew years before that, decades, that pooled plasma was	15	Q.	Then, just returning to this letter to Mr Milburn, you
16		dangerous with regard to hepatitis, so they put	16		say:
17		a product onto the market with are greater risk than	17		"I ask the Government to answer the following
18		cryoprecipitate, which was made from single donors, and	18		questions."
19		they did it I maintain they did it the wrong way	19		Again, I'm not going to read through each of them,
20		round. They should have first, even if it meant	20		but you pose a number of questions relating to the
21		delaying, found a way to virally inactivate. Once they	21		safety of blood products through the seventies and the
22		had discovered that and there was, I should say,	22		1980s and then, if we go over the page, you then pick up
23		there was funding being put into that into the '60s, and	23		at point 8 the issue about the hepatitis waiver; at
24		the push was to get the treatment onto the shelves, onto	24		paragraph or point 9, the issue about delays in people
25		the market, which they did, and then the funding stopped	25		being tested for hepatitis C; paragraph 10, look-back;
		117			118
1		and then paragraph 12 you pose a question in relation to	1		impartiality and legality by not controlling blood
2		why were 1,200 haemophiliacs infected with HIV if	2		products and then not impounding them'"
3		everything was done?	3		"Italy was forced to compensate."
4		Just in relation to that question, again, was that	4		If we just look where you've put your name there,
5		an attempt to put it in the stark terms of look at the	5		you say:
6		consequences, surely you must want to understand how	6		" (on behalf of the 2/2 Campaign, A Second
7		that happened?	7		Campaign for A Second Injustice)."
8	Α.	Absolutely, because there was almost a denial by	8		Can you just tell us what that was, that reference
9		Government that anything had gone wrong. You know, "You	9		there.
10		had the best possible treatment at the time", you know,	10	Α.	Yes, it was just flagging up that the first injustice
11		that "Haemophiliacs knew the risks". There was	11		that really gained a lot of public attention was HIV
12		a completely false narrative out there and I wanted to	12		infection, but in actual fact, hepatitis came before
13		make them look at the evidence to change that narrative.	13		that but it just didn't get the publicity. So a second
14	Q.	Then you conclude:	14		campaign for a second injustice was emphasising the
15		"May I remind the Government that this Government's	15		hepatitis C.
16		failure to address the infection of haemophiliacs	16	Q.	Then we can see you followed up your letter to
17		through contaminated blood products when all over Europe	17		Mr Milburn by a letter to the Prime Minister,
18		other countries are holding public inquiries and	18		Tony Blair, WITN1055047.
19		compensating haemophiliacs leaves us with no option but	19		You enclosed sorry, I should say the date is
20		to seek justice through the European courts. I leave	20		12 April 2000. You enclosed a copy of your letter to
21		you with a statement applied to Italy's health ministry	21		Mr Milburn. You then referred to a photograph. Is that
22		after it failed to supply satisfactory answers to the	22		the one you were talking about earlier
23		questions stated above.	23	Α.	Yes. I've submitted that to the Inquiry.
24		"Rome's civil court ruled that the health ministry	24	Q.	Then I won't read out the next few paragraphs. You
25		had 'violated duties of prudence, diligence,	25		essentially summarise what you'd said to Mr Milburn, and
		119			120

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INQY1000223 0030

1		then you say:	1		on behalf of Mr Milburn. It's a response from
2		"I ask for a response from yourself on the letter to	2		Lord Hunt, Philip Hunt, who was the Parliamentary
2		Alan Milburn and reiterate our request for the	2		Undersecretary in the House of Lords, I think. So if we
4		following:-	4		look at that, WITN1055057. This is dated 31 July 2000
5		"1. Safe synthetic treatment for ALL	5		and it's from Lord Hunt to your MP, Jim Cousins
				٨	
6		haemophiliacs."	6		Oh yes, yes.
7		That's the recombinant bid.	7	Q.	<b>o</b> , ,
8	A.	Yes.	8		behalf for quite some time by then, and we can see from
9	Q.	"2. A full and open public inquiry.	9		the first couple of paragraphs that you'd obviously had
10		"3. Recompense for infection with hepatitis C on	10		an earlier response that you didn't think really was
11		a parity with Southern Ireland."	11		a proper answer to what you were asking for, and it
12		I'll come back to that, Carol, the Irish comparison,	12		seems as though Mr Cousins has taken that on by writing
13		because that's important.	13		on 19th June to Alan Milburn and this is the reply.
14		"It is time that the Government admitted that	14		If we pick it up in the fourth paragraph:
15		serious mistakes were made. Just be honest and say that	15		"The reply of 18 May to Ms Grayson focused on
16		you are sorry as the Japanese and other Governments have	16		hepatitis C because this had been the subject of the
17		done. Do we really have to go down the line of	17		30 March debate in the House of Lords, which Ms Grayson
18		a criminal investigation or a pre-election trial by	18		specifically mentioned in her opening paragraph. Recent
19		media or as a decent human being do you have the courage	19		requests for a public inquiry have also focused on
20		to say that the Government got it wrong?"	20		hepatitis C and blood products, following our decision
21		I think it's right to say your statement says you	21		not to introduce a special payment scheme. I recognise,
22		didn't get a substantive response to that letter.	22		though, that because of her particular family
23	Α.	No, I think I got a "Thank you for your letter"	23		circumstances Ms Grayson is taking the wider view."
24		response, and that was it.	24		Now, you obviously had mentioned hepatitis C in your
25	Q.	There is a response to a letter, or a response sort of 121	25		letter but were you limiting your argument that there 122
1		should be a public inquiry, limiting it to the question	1		that choice. So I was trying to point out that, you
2		of hepatitis C?	2		know, how can you decide on a treatment unless you've
3	А.	Not at all. I wanted it to be HIV and hepatitis viruses	3		got all the information in front of you?
4		and yeah, I mean, look at the wider picture because	4	Q.	Then if we go to the penultimate paragraph, so bottom
5		there was never a public inquiry for HIV.	5		half of the page, where it says:
6	Q.	Then we can go over the page. Just a couple of	6		"As Ms Grayson says, some countries have held
7		paragraphs worth, I think, drawing attention to. The	7		inquiries and made compensation arrangements.
8		first paragraph on the top of this page says:	8		I understand that these too have attracted criticism.
9		"As Ms Grayson says, we were not self-sufficient in	9		That is a matter for each individual country, in the
10		blood products in the 1970s and early 1980s.	10		light of their particular circumstances. With regard to
11		Furthermore, I understand, these newly developing	11		offering hepatitis C tests to people with haemophilia
12		products were in great demand because they were seen as	12		from 1991 onwards, we would expect there to have been
13		bringing a better quality of life for people with	13		discussion between individual haemophiliacs and their
14		haemophilia, with treatment accessible in people's own	14		haemophilia doctors, and testing carried out according
15		homes. I hear from haemophilia doctors and others who	15		to individual circumstances, according to the wishes of
16		worked with haemophiliacs that though it was known that	16		the patient, when a test became available. Ms Grayson
17		there was an element of risk from undefined viruses, the	17		says that our previous replies have not covered this
18		balance, assessed at that time, was in favour of the	18		point because they assumed that even mild haemophiliacs
19		blood products and their perceived benefits."	19		have regular contact with their haemophilia centres.
20		Is it right to understand that that's one of the	20		I think we should assume that as part of their
20 21		lines that is a refrain in the communications that you	20		professional care for a patient, haemophilia doctors
		-	21		
22	٨	got from Government over the years?	22		would have reached out to contact those who they might
23 24	Α.	It is, and that was the I mean, I think the doctors			otherwise see infrequently. In some cases, though,
24		have said when they've given evidence that that was	24		patients have moved and can no longer be contacted.
25		their way of thinking. But beemenhilizes weren't given	25		In other cases, at a time when no treatment wee
25		their way of thinking. But haemophiliacs weren't given 123	25		In other cases, at a time when no treatment was 124

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1		available for hepatitis C, patients might have chosen	1		done it
2		not to be tested."	2		to be lo
3		Any particular observations. Carol, on that	3 4	Α.	Exactly
4 5	A.	paragraph? Yes. I mean, some haemophiliacs did not know their test	4 5		how we Medica
6	А.	results until late into the 2000s, you know, which is	6		becaus
7		quite shocking. So and also there should have been	7		to get a
, 8		a lot more information coming out from the	8		the me
9		Haemophilia Society, who should have been giving some	9		testing
10		if not necessarily advice, they should have been saying,	10		And ha
11		"Well, you know, this is the situation. You know, this	10		date th
12		is what we know with regard to testing. This is what we	12		someti
13		know with regard to hepatitis C". So there was nothing	13		S
14		coming out there. So really haemophiliacs were in the	14		Medica
15		dark. And a lot I think a lot of patients that	15		wider s
16		didn't go in very often would have been missed.	16	Q.	We'll c
17	Q.	It might be said the assumption underpinning, or an	17		later th
18		assumption underpinning, this paragraph is that the	18		T
19		Department's expectation, the ministerial expectation,	19	SIR	BRIAN
20		is that doctors would have done things the right way,	20		paragr
21		the proper way.	21		be say
22		Is this right, Carol, that one of the points you	22		which
23		were seeking to make, and other campaigners, in this and	23		becaus
24		other material, was that might be what doctors were	24		bother
25		expected to do but there was evidence that they hadn't	25		T
		125			
1		the patient because they hadn't seen them, but they did	1		Mr Coi
2		have a duty and should have made contact rather than	2		"A
3		expect the onus to rest on the patient itself. Which	3		hepatit
4		way is the way you meant it?	4		we too
5	A.	Well, patients wouldn't have contacted because they	5		predor
6		didn't know to contact. So they didn't realise it was	6		Ms Gra
7		an issue. And one of the big things we found that	7		us will
8		was certainly for haemophiliacs that were going in	8		me ag
9		regularly, they were tested and many of them had the	9		the be
10		test results withheld for years.	10		Y
11		Mild haemophiliacs were in an even worse position	11		"(
12		because, you know, they weren't written to. You know,	12		unans
13		they weren't invited to come in for a test that I'm	13		avoid o
14		aware of. So it could be years. I mean, some	14	A.	Yes, a
15		haemophiliacs that we've come across, they might only	15	Q.	We ca
16		have two bleeds, you know, major bleeds, in their	16		А
17		lifetime, so it could be years and years before they go	17		with th
18		into the centre.	18		discus
19	SIR	BRIAN LANGSTAFF: Yes, I see. Thanks.	19	Α.	Yes.
20		Thank you very much.	20	Q.	But I d
21	MS	RICHARDS: In your statement, you described this response	21	Α.	lt didn'
22		as "largely unhelpful in moving the matters which I was	22		Health
23		discussing forward".	23		opport
24		And ends by stating, and this is the next page, so	24	Q.	Just fo
25		we'll just read it, in the last paragraph, you can see 127	25		a little

1		done it, and that was one of the reasons why it needed
2		to be looked at?
3	Α.	Exactly. And it was on such a wide scale that that was
4		how we ended up making a complaint to the General
5		Medical Council, because it wasn't just isolated cases,
6		because part of what we did with our campaign group was
7		to get all haemophiliacs to access, if they wanted to,
8		the medical records and look for the information of
9 10		testing, when they were tested, when they were told.
10 11		And haemophiliac after haemophiliac pointed out that the date they were tested and the date they were told was
12		sometimes years apart.
12		So, you know, we thought if we went to the General
14		Medical Council then they would look at this on a much
15		wider scale across the UK.
16	Q.	We'll come back to the General Medical Council a bit
17	ч.	later this afternoon.
18		Then if we just go to the next page
19	SIR	<b>BRIAN LANGSTAFF:</b> Can I just understand this: when this
20		paragraph was first read out to me, I thought you might
21		be saying that the doctors were sitting on test results
22		which they had, they hadn't given them to the patients
23		because they hadn't seen the patients, and they hadn't
24		bothered to go out and make contact.
25		The other way of reading it is they hadn't tested
		126
1		Mr Cousins has suggested a meeting and Lord Hunt says:
2		"As you will know, the question of haemophilia and
3		hepatitis C has received a great deal of attention since
4		we took office, and issues relating to HIV were
5		predominant before that time. I recognise the energy of
6		Ms Grayson's campaigning but I'm not sure whether any of
7		us will gain from a meeting. Perhaps you would contact
8		me again if you feel strongly that a meeting would be
9		the best approach."
10		Your response in your statement, Carol, is to say:
11		"Given the points I had raised remained largely
12		unanswered I felt this was dismissive and an attempt to
13		avoid dealing with the issues I had raised."
14 15	A. Q.	Yes, absolutely. We can take that document down, thanks, Lawrence.
16	ч.	A little later you tried to get a meeting, again
17		with the assistance of Mr Cousins, with Alan Milburn to
18		discuss the issues.
19	Α.	Yes.
20	Q.	But I don't think that got anywhere?
21	а. А.	It didn't. That was the big thing. Every time a new
22		Health Minister came in, you know, it was a new
23		opportunity, maybe this one will be different.
24	Q.	Just for the sake of completeness, if we go to a letter
25		a little later in 2000, so this is September 2000,
		128

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INQY1000223\_0032

1		WITN1055063.	1		led you to write this letter was the Lindsay Tribunal
2		This is you to Jim, so to your MP, and if we look at	2		that was going on at this time in Ireland.
3		the paragraph beginning "I find it appalling", just over	3	Α.	Yes, because what we found out was consultant
4		halfway down the page, you're flagging there, as	4		haematologists from here were giving evidence in
5		l understand it, as an additional factor pointing in	5		Ireland, but they were giving evidence on things that
6		favour of a public inquiry, the issue relating to	6		they hadn't discussed with the patients here. So there
7		BSE/CJD?	7		was this, you know, complete contrast.
8	Α.	Yes, because that was just starting to be an issue that	8	Q.	We can see in the second paragraph you say:
9		haemophiliacs were concerned about.	9		"I have been trying for a number of years to
10	Q.	You point to the fact there's been a BSE Inquiry	10		persuade the Government to hold an open and honest
11	А.	Yes.	11		public inquiry into the infection of hundreds of
12	Q.	with the reports due out, but still nothing in	12		haemophiliacs with HIV and hepatitis viruses and for
13		relation to hepatitis C and HIV from infected blood	13		those haemophiliacs infected and families affected to be
14		products?	14		treat[ed] with compassion and recompensed for their
15	А.	Yes, and that BSE Inquiry didn't involve haemophiliacs.	15		suffering."
16	Q.	We can see at the very bottom of the page is the request	16		There we see the reference to the Lindsay Tribunal,
17		to Mr Cousins to try to set up a meeting with Mr Milburn	17		the public inquiry in Ireland, Dr Jones there giving
18		to raise a number of issues.	18		evidence.
19		If we pick matters up, then, next, at WITN1055075,	19		You then set out a number of other points again
20		so you wrote again to Mr Milburn, March of 2001, the	20		from, really, the concerns that you'd been expressing by
21		following year. You haven't given up clearly, Carol.	21		now, as indeed of course had other campaigners, but been
22	Α.	No.	22		expressing over a number of years.
23	Q.	You kept going.	23	Α.	Absolutely, yes. Because by then we'd got hold of
24	А.	I was never going to give up.	24		documents and we were becoming quite well informed, and
25	Q.	One of the things that has as I understand it, that	25		we'd also got some of the HIV Litigation documents by
		129			130
		<i></i>			
1	~	that point.	1		whole contaminated blood catastrophe has been to
2	Q.	If we look at the penultimate paragraph on this page,	2		continue to withhold information and mislead the
3		you pick up here on one of the phrases used in a lot of	3		public."
4		the government material, as I understand what you're	4		Then you pose the question in the last sentence of
5		saying here:	5		the letter:
6		"Could the Government please stop misleading the	6		"Will the Government now hold a public inquiry?
7		public with the factually incorrect and utterly	7		I look forward to your reply."
8 0		insensitive statement used by medical professionals and	8		We know, of course, that they did not.
5		politicians alike that 'the benefits of the treatment	9	Α.	Yes. No matter what evidence we presented, they just
10		outweighed the risks'. This might have been the case if	10	~	blocked us all the way.
11		we had used our own British products but the facts speak	11	Q.	Can we then look at WITN1055076. So a:
12		for themselves."	12		"Demonstration at Whitehall
13	A.	Yes.	13		"3rd April 2001
14	Q.	If we go over the page, I'm not going to set this out,	14		"To Campaign for
15		but you set out a number of arguments and issues, and	15		"A public inquiry into the provision of contaminated
16		then if we go to the third page, you say this:	16		blood products
17		"What haemophiliacs want is safe treatment,	17		"Financial recompense
18		recombinant, to end post-code prescribing, a public	18		"Provision of recombinant factor and safer
19		inquiry and recompense, in other words we simply want	19		treatments"
20		parity with Eire who has successful managed to provide	20		So there are the three aims at that point in time of
21		ALL this to their haemophiliacs.	21		the campaign.
22 23		"We are near to an election date and I am sure that the voters will be looking at how political parties deal	22 23	A.	Absolutely. We can see, I think, from the list of organisations
23			Z.3	Q.	
24		with issues such as this when it comes to making their	24		below, the last one of which is Haemophilia Action UK
				A.	

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1	Q.	by now, this is something upon which a range of	1		it was 9 May 2001. It was with Colette?
2		different groups have combined to I don't mean	2	Α.	
3		combined as groups but have joined forces, I should say,	3	Q.	Colette Wintle. And you handed over a dossier of
4		to try to press for the same aims?	4	_	documents
5	Α.		5	Α.	,
6		were dividing people, you know, by virus, and many other	6	Q.	, ,
7		ways, and so we thought that if we could have a more	7		the key documents over the years, the contemporaneous
8		combined approach, then we would be stronger.	8		documents?
9		I mean, some families to this day are still divided	9	Α.	Absolutely, yes, and also by this time we were getting
10		and don't speak to each other because, you know, one	10		a lot more information about the American treatment, and
11		group was played off against the other and absolutely	11	~	we were starting to trace batch numbers back.
12	-	tragic.	12	Q.	
13	Q.	You did then end up with a meeting at some stage with	13		course that was declined and we can pick that up in
14		Lord Hunt. What's your recollection of that?	14		a letter from Lord Hunt to you, WITN1055081,
15	А.	We got quite a reasonable time. I think it was extended	15		25 April 2001:
16		to about 90 minutes and, you know, we managed to deliver	16		"Dear Ms Grayson,
17		quite a lot about the safety violations, what we thought	17		"At the end of our meeting on 9 May I said
18		had gone wrong, what we needed, and, you know, we came	18		that I would consider the issues that you raised and
19		away with some optimism that things would change and	19		would write to you. I hope you will accept my apologies
20		that hopefully we'd get our public inquiry.	20		for the delay in responding to you.
21		What did come out of it was the with that and the	21		"One of the main areas of discussion concerned the
22		information sent from the Journal, the agreement to have	22		use of imported blood products from the USA in the early
23		some kind of report, and that was that became the	23		1970s and the impact on the transmission of blood borne
24	•	Self-Sufficiency Report.	24		viruses, in particular hepatitis C, in people with
25	Q.	You attended that meeting. Just for the dates, I think 133	25		haemophilia." 134
		100			104
1		Then he goes on to deal with pooling and says that	1		give you any explanation as to how that phrase,
2		the risk of hepatitis C was a universal problem, and	2		"unwittingly been infected", sat with "the risks of
3		then says this in the last sentence of that paragraph:	3		treatment were outweighed by the benefits", which might
4		"By the time viral inactivation technology was	4		suggest that the risks were known, and this suggests
5		introduced in the mid-1980s, almost all people with	5		they weren't?
6		haemophilia receiving treatment had unwittingly been	6	Α.	Yes. I mean, the risks weren't conveyed to
7		infected."	7		haemophiliacs before they started taking the treatment,
8		We've got the word "inadvertently" also coming up,	8		as obviously that letter sent to my husband's parents
9		but what's your response to this, to the use of	9		showed. You know, it was, "Will you go on to this
10		terminology such as "unwittingly" and "inadvertently"?	10		treatment?" and, "Nothing but good can come of it."
11	Α.	Well, I would say that Government made a series of	11		And, I mean, the Government would use lines like
12		choices and that those choices seriously impacted	12		"Haemophiliacs asked for this treatment" but
13		haemophiliacs. So it wasn't an accident; it was, you	13		haemophiliacs, you know, were being told that, "There's
14					
		know, people sitting together in a room and, you know,	14		this wonderful miracle treatment onto the market and,
15		deciding what products people should have, what should	15		you know, you should all be on it". But they weren't
16		deciding what products people should have, what should be licensed. And those decisions are not looking at	15 16		you know, you should all be on it". But they weren't being told the risks. They weren't being given
16 17		deciding what products people should have, what should be licensed. And those decisions are not looking at donor safety it's not just about haemophiliacs; it's	15 16 17		you know, you should all be on it". But they weren't being told the risks. They weren't being given a choice.
16 17 18		deciding what products people should have, what should be licensed. And those decisions are not looking at donor safety it's not just about haemophiliacs; it's also about donor safety, and not looking at these key	15 16 17 18		you know, you should all be on it". But they weren't being told the risks. They weren't being given a choice. So naturally if somebody only gives you the positive
16 17 18 19		deciding what products people should have, what should be licensed. And those decisions are not looking at donor safety it's not just about haemophiliacs; it's also about donor safety, and not looking at these key issues led to people being infected. You know, looking	15 16 17 18 19		you know, you should all be on it". But they weren't being told the risks. They weren't being given a choice. So naturally if somebody only gives you the positive side, you're going to say, "Well, this looks fantastic,
16 17 18 19 20		deciding what products people should have, what should be licensed. And those decisions are not looking at donor safety it's not just about haemophiliacs; it's also about donor safety, and not looking at these key issues led to people being infected. You know, looking at where donors where the plasma was being sourced,	15 16 17 18 19 20		you know, you should all be on it". But they weren't being told the risks. They weren't being given a choice. So naturally if somebody only gives you the positive side, you're going to say, "Well, this looks fantastic, you know. You know, we'll go for this treatment". And
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16 17 18 19 20 21 22 23		deciding what products people should have, what should be licensed. And those decisions are not looking at donor safety it's not just about haemophiliacs; it's also about donor safety, and not looking at these key issues led to people being infected. You know, looking at where donors where the plasma was being sourced, what were the conditions that they were being sourced in? You know, we found evidence of safety violation after safety violation. So it certainly wasn't	15 16 17 18 19 20 21 22 23		you know, you should all be on it". But they weren't being told the risks. They weren't being given a choice. So naturally if somebody only gives you the positive side, you're going to say, "Well, this looks fantastic, you know. You know, we'll go for this treatment". And The Haemophilia Society at the time was really pushing for the treatment and wanting the US treatment. So, you know, haemophiliacs believed that that was
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16 17 18 19 20 21 22 23	SIR	deciding what products people should have, what should be licensed. And those decisions are not looking at donor safety it's not just about haemophiliacs; it's also about donor safety, and not looking at these key issues led to people being infected. You know, looking at where donors where the plasma was being sourced, what were the conditions that they were being sourced in? You know, we found evidence of safety violation after safety violation. So it certainly wasn't	15 16 17 18 19 20 21 22 23	SIF	you know, you should all be on it". But they weren't being told the risks. They weren't being given a choice. So naturally if somebody only gives you the positive side, you're going to say, "Well, this looks fantastic, you know. You know, we'll go for this treatment". And The Haemophilia Society at the time was really pushing for the treatment and wanting the US treatment. So, you know, haemophiliacs believed that that was

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1	MS	RICHARDS: Then if we the next paragraph refers to the	1		geared towards damage limitation, and towards giving
2		licensing process that after that we get to the	2		over a picture that everything the Government did was
3		public inquiry.	3		for the benefit of haemophiliacs, nothing could have
4		"We discussed the Government's position concerning a	4		been done differently. So I felt we were fobbed off
5		public inquiry. I do understand that people with	5		time and time again.
6		haemophilia who were infected with hepatitis C want to	6	Q.	If we go over the page, the first paragraph refers to
7		know how it happened. However, the facts have been set	7	ч.	the public inquiry in the Irish Republic and the
, 8		out clearly on numerous occasions through debates in	8		compensation scheme there. Again, we'll come back to
9		both Houses, meetings with [DoH] Ministers and in	9		that, Carol, if that's all right with you.
10		correspondence. Whilst the Government has great	10		But the next paragraph then deals with the second of
11		sympathy for those infected with hepatitis C and has	11		these three campaign aims. So they dismissed the
12		considered the call for a public inquiry very carefully,	12		request for a public inquiry. This now turns to the
13		they do not think it is the way to go forward."	13		request for financial recompense.
14	A.	That last sentence was cut and pasted in so many	14		"The Government has met many representatives of the
15	л.	letters. It was just standard.	15		Haemophilia community since 1997 and listened to their
16	Q.	No doubt we can ask Mr Milburn (who was still the	16		arguments for a special payments scheme for people with
17	ч.	Secretary of State, I think, at the time Lord Hunt sent	17		haemophilia and hepatitis C similar to that in place for
18		this letter) about the Government's position more	18		HIV. After long and careful consideration at the time,
19		generally. But in any event, it was a no.	19		we came to the same conclusion reached by the previous
20		Did you regard this or indeed any of the other	20		Government - that a special payments scheme should not
20		communications you received from the Department as ever	20		established."
22		actually grappling with the substance of the points that	21	Α.	There's just something I'd like to point out there.
23		you were raising?	23	Q.	Yes, absolutely.
23	A.	No, I felt all the time that Government were probably	23	Q. A.	Government were generally meeting with the
25	л.	concerned about litigation, and that everything was	25	л.	representatives of the Haemophilia Society, which
20		137	20		138
1		weren't necessarily representing us at all, and we that	1		and reached the same conclusion. It has also been
2		the evidence that the Society the Society, at that	2		debated on numerous occasions in both Houses. It is not
3		time, didn't want our evidence, and got very angry with	3		a view we have come to lightly. The Government position
4		us when we discussed this evidence, and they wanted to	4		has long since been that as a general rule compensation
5		go for a completely different approach.	5		should not be paid when there has not been negligence.
6		We wanted compensation. I wrote to them in	6		We will continue to review the position."
7		'96 about compensation on a parity with Eire. They	7		Now, obviously that's an issue that has been
8		looked at it and then decided to go for a hardship fund.	8		explored with recent witnesses and will continue to be
9		So we were completely at odds with the Society. So the	9		explored with witnesses over the next three weeks, but
10		Government were, in a sense, going to people that didn't	10		that's the "no" again. So you've had "no" to a public
11		have the evidence, and we kept saying, "You're never	11		Inquiry and "no" to any form of financial recompense for
12		going to get anywhere unless you allow campaigners to be	12		hepatitis C.
13		with you."	13	A.	' Yes, and we were saying, "Well, how do you know there's
14		What should have happened was campaigners should	14		been no negligence if you won't actually, you know, look
15		have gone with the Society to Government, and if the	15		at the evidence, if you won't look at the research?"
16		Society didn't have the evidence, they should have, you	16		You know, we're just going round in circles here.
17		know, given us a route in so we could present that	17	Q.	The next paragraph deals with the waiver and then the
18		evidence. But they, again, blocked all the way.	18		paragraph beyond that deals with the position in
19	Q.	So where it says, "The Government has met many	19		relation to recombinant, which was the third main
20		representatives of the Haemophilia community since	20		element of the strategy.
21		1997", your point is who they'd met was representatives	21		So that's the rejection in Philip Hunt's letter.
22		of the Haemophilia Society?	22		You didn't give up, Carol.
23	A.	Yes, yes.	23	Α.	l didn't.
24	Q.	Then the next paragraph:	24	Q.	So we can see, for example, a letter that you wrote
25		"Succeeding Ministers have reviewed this decision	25		in 2002, WITN1055088, to Yvette Cooper. It's a long
		139			140

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Α.

Α. Yes.

Α.

Α. Yes.

	letter and I'm not going to read through the detail of	1		If we go on to page 5, I think we can just pick it up at
	it, but here you were in particular concerned about	2		the last paragraph.
	issues relating to documentation. What was, in	3		"We demand that Government holds a full and open
	a nutshell, the point you were trying to pick up with	4		public inquiry into the contamination of haemophiliacs
	Ms Cooper?	5		with HIV and hepatitis C"
Α.	That a lot more evidence had come to light, that we'd	6		Just pausing there, the letter from Lord Hunt had,
	got hold of more documents on the HIV Litigation, that	7		I think, looked at it on the basis of hepatitis C alone
	we were learning more about Lord Owen's concerns over	8		but, as you've already observed
	missing documents, and that we wanted all these issues	9		Yes, I think so.
~	to be examined.	10	Q.	you were not simply raising hepatitis C, you were
Q.	Then if we go and, again, I should stress these are	11		also saying the HIV infection, the circumstances in
	examples of correspondence. This is not an exhaustive	12		which haemophiliacs were infected with HIV also required
	description of all the letters that you sent.	13		a public inquiry.
A.	Yes. It cost us a fortune in ink, I do recall.	14	Α.	Absolutely, because in the 1991 litigation the documents
Q.	Then if we go to WITN1055092, we see you writing in	15		were never seen in court and so, you know, I got the
	January 2003 to Hazel Blears and Lord Hunt.	16		shock of my life when I started to access these
A.	Yes.	17		documents and look at the evidence and see why the
Q.	So Ms Blears now the relevant junior minister and	18		Government wouldn't want them in court, because, you
	Lord Hunt still, I think, the Parliamentary	19		know, it was looking increasingly as if they were
	Under-Secretary of State in the Lords.	20	~	allegedly liable.
	I don't, I think, need to read out the detail of it,	21	Q.	If we skip over the next few paragraphs just to the last
	but you pick up on the first page about the issue of	22 23		sentence of that paragraph: "Only a full and open public inquiry where mistakes
A.	testing for hepatitis C without consent. Yes.	23 24		are admitted and addressed will serve to give patients
Q.	Then there is a further discussion in relation to that.	24 25		the confidence to return to their haemophilia centres to
ω.		25		
	be treat [that should be treated]."	1		2004 now, WITN1055114, this is a letter from
A.	That should be treated, yeah.	2		Melanie Johnson, Parliamentary Under-Secretary of State
A. Q.	That should be treated, yeah. But the point you were making there, as I understand it,	2 3		Melanie Johnson, Parliamentary Under-Secretary of State for Public Health. It's 1 June 2004 and it's addressed
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1		negligence. And then "does not consider a public	1	
2		inquiry is justified, as we do not believe that any new	2	_
3		light would be shed on this issue as a result".	3	Q.
4	_	What was your thinking on receiving this letter?	4	
5	Α.	Well, it was just impossible to understand because we	5	
6		were presenting so much evidence, so much written	6	
7		information you know, letter after letter. We were	7	
8		doing media articles, presenting evidence through the	8	Α.
9		media. We were making complaints.	9	Q.
10		I mean, at this point we'd already gone to the	10	
11		police, we'd gone to the GMC, we'd gone to Europe. We'd	11	
12		gone, you know, in several different directions with our	12	
13 14		evidence. So it wasn't a lack of evidence. There was you know, I mean, there was a massive amount of	13 14	A.
14		evidence but the Government just didn't want to address	14	Q.
16		it at all.	15	ω.
17	Q.	Then we can see the next two paragraphs refer to the	10	
18	ω.	review of internal papers commissioned by Yvette Cooper,	18	
19		and that's what resulted in the self-sufficiency	10	
20		report	20	
20	A.	It was.	20	
22	Q.	that you analysed in your dissertation.	22	
23	<u>А</u> .	The point obviously you mentioned before in my	23	
24		dissertation was that it wasn't so much important what	24	
25		was in it as what was left out. The most key documents	25	
		145		
1		due to governmental negligence on a scale that	1	
2		scandalises the behaviour of every Government since	2	
3		'the worst treatment disaster in the history of the NHS'	3	
4		began.	4	
5		"We, in the haemophilia community have suffered	5	
6		unimaginable pain and loss on an incomparable scale NOT	6	
7		experienced by any other patient group within the	7	
8		United Kingdom.	8	
9		"We have been ignored, refused justice and further	9	
10		punished by the DWP with draconian measures designed by	10	
11		yours and previous governments to make our lives	11	
12		unbearably difficult financially, just because	12	
13		successive governments have refused to admit liability	13	
14		and an admission of negligence on an industrial scale.	14	
15		It is only after months of challenges with claimants	15	
16		left on nil income, their trauma increased that wrongful	16	
17		decisions by unqualified assessors have finally been	17	
18		reversed. What a waste of taxpayers money! This is why	18	
19 00		it is ESSENTIAL, haemophiliacs and their partners are	19	
20		passported out of the benefits system."	20	
21		That's another issue I'm going to come back to,	21	
22	A	Carol.	22	
23	A.	Yes.	23	
24 25	Q.	"Not only are haemophiliacs sick and dying but	24	
25		spouses/partners are now suffering serious health 147	25	

		that were ordolar to establishing what had happened to
2		haemophiliacs were not in that report.
3	Q.	That was 2004. I'm going to come all the way forward
4		now to 2017, but that's not because you weren't yourself
5		continuing to press in those intervening years (and
6		we'll look at Archer and Penrose in a moment), but you
7		carried on
8	Α.	Yes.
9	Q.	trying to get a public inquiry.
10		Then in 2017, you and Colette wrote to the then
11		Prime Minister, Mrs May sometimes difficult to keep
12		track in modern times of who is Prime Minister at any
13		one time!
14	А.	Yes.
15	Q.	WITN1055180. And I'm not going to read the whole
16	ч.	letter, it's a long one, but I think it may be worth
17		reading some parts of this first page.
18		"Our names are Colette Wintle and Carol Grayson. We
19		are members of the Haemophilia community and we are
20		writing to you in our capacity as long-term campaigners
21		and victims of The Contaminated Blood Disaster.
22		"You are now fighting for your political life but we
23		have been forced to fight for 30 long years for truth
24		and justice. In that time we have endured the horror of
25		knowing that 2,500 haemophiliacs' lives have been lost 146
		140
1		problems as a result of this avoidable tragedy.
2		"You have been asked to consider a public inquiry
3		and have refused us several times with the excuse that
4		an independent (The Archer Inquiry) and Scottish led
5		inquiry (Penrose) have shown that no fault was found and
6		but with due respect neither of these had it in their
7		remit to find anybody liable or demonstrate negligence.
8		However, that does not mean that negligence by public
9		bodies did not occur and there is substantial evidence
10		in the possession of campaigners who can show that gross
11		safety violations did occur with the full knowledge of
12		government. In fact Lord Archer had to inform witnesses
13		that any evidence submitted showing alleged
14		negligence/liability had to be EXCLUDED! This was the
14		same for Penrose. You also said 'all the evidence is in
16		the public domain' it is certainly NOT in the 2006
10		DoH Self-Sufficiency report, far from it! We believe
18		you have been wrongly advised by your ministers and
19		civil servants at the Department of Health on the real
20		facts and truth which has destroyed the lives of
20 21		innocent victims and their families.
22		"You have it within your power to do what your
23 24		predecessor David Cameron said he could do when
24 25		questioned by Rory Stewart MP during his last PMQs
25		and that is to ENSURE certain measures are carry out." 148

that were crucial to establishing what had happened to

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11 12

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14 15

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23 Α.

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25

families.

utterly horrific.

liability.

up?

say:

consultation process.

A. I think what I was referring to with the meetings was

wanting to get rid of the Macfarlane Trust.

Q. Yes, absolutely right. So that, I think, you're just

talking about the consultation processes or the

establishment of the four devolved schemes?

decision-making process which ultimately led to the

A. Yes. An important thing to mention there, as we found

out after the event, that there was a deliberate effort

not to include long-term campaigners. So to this day,

Colette and I, you know, two of the longest-standing

campaigners, have never been consulted on whether the Macfarlane Trust should continue or not, and that

Q. Then I don't, I think, need to read the rest out but you

learned and shames the UK political system."

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a researcher, and I worked really, really closely with

resources, and, as mentioned, there was no remit to find

the correspondence that we've looked at, but involved in

the campaigning that led to the Archer Inquiry being set

disappointment with the Government response. I'm not

going to go through the Government response again,

because that's an issue we're going to be looking at in

that concerned you, as someone who'd invested so many

future Inquiry hearings, but what was it in particular

decades of your life by this point in time, about the

152

A. Yes, and it was Lord Morris who -- he knew Lord Archer

and managed to get that going.

Government response?

Q. To Lord Archer's Inquiry.

21 A. To Lord Archer?

Q. Now, you tell us in your statement of your

the Inquiry sending information to Vijay. It was

Q. You had also been, we've seen it reflected in some of

a privately-funded Inquiry, very, very limited

A. I gave evidence twice, as a widow and also as

decision should have gone to all haemophiliacs and their

"The actions of your government demonstrate a

You draw attention to the Grenfell Tower tragedy,

not, as I read this, because you're in any sense seeking

to say that what happened there was anything other than

hard-hearted attitude that shows lessons will never be

I think that was at the time at which Government was

1		Then you set out the extract from Rory Stuart's
2		contribution, as follows:
3		"One of the most disturbing scandals has been the
4		infection of thousands of people across the nation with
5		HIV and hepatitis C through contaminated blood. Today
6		Lord Penrose publishes a report that follows nearly
7		25 years of campaigning by Members on both sides of this
8		House to address this scandal. Will the Prime Minister,
9		as the last act of his Government, ensure that there is
10		a full apology, transparent compensation and, above all,
11		proper compensation for the families terribly affected
12		by this scandal?"
13		You then, you and Colette, set out David Cameron's
14		reply, as the then Prime Minister.
15		Then underneath that you say this, beneath the bold
16		print:
17		"Prime Minister, since this declaration, not only
18		has nothing been done to improve the lives of victims
19		and their families but an undemocratic and we believe
20		unethical and allegedly illegal consultation was forced
21		on our community, without the full and proper
22		consultation with ALL campaign groups and in particular
23		with us."
24		You refer there to meetings with Anne Milton (again,
25		I want to come back to those) and to inadequacies in the
		149
1	Α.	Absolutely.
2	Q.	But you're making the point that has rightly led to
3		a public inquiry
4	Α.	Exactly.
5	Q.	investigation, concerns; why hasn't what happened
6		investigation, concerns, why hash't what happened
7		through infected blood products received similar
8	A.	through infected blood products received similar
8 9	A.	through infected blood products received similar attention?
	Α.	through infected blood products received similar attention? Yes, because, I mean, to us I mean, the
9	A.	through infected blood products received similar attention? Yes, because, I mean, to us I mean, the Grenfell Tower was absolutely horrendous. What did
9 10	A.	through infected blood products received similar attention? Yes, because, I mean, to us I mean, the Grenfell Tower was absolutely horrendous. What did happen was quite a quick decision towards a public
9 10 11	A.	through infected blood products received similar attention? Yes, because, I mean, to us I mean, the Grenfell Tower was absolutely horrendous. What did happen was quite a quick decision towards a public inquiry, and we couldn't understand how we were 25 years
9 10 11 12	Α.	through infected blood products received similar attention? Yes, because, I mean, to us I mean, the Grenfell Tower was absolutely horrendous. What did happen was quite a quick decision towards a public inquiry, and we couldn't understand how we were 25 years or so down the line and we couldn't get one. And
9 10 11 12 13	A. Q.	through infected blood products received similar attention? Yes, because, I mean, to us I mean, the Grenfell Tower was absolutely horrendous. What did happen was quite a quick decision towards a public inquiry, and we couldn't understand how we were 25 years or so down the line and we couldn't get one. And I mean, our numbers, you know, of the dead, I'd say
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Because the Government responded by blocking us on lies. Because Lord Archer had given very good recommendations and one of those, the main one, was compensation on

(38) Pages 149 - 152

1		a parity with Eire. The Government then rejected it by	1
2		saying that Eire was different because Eire paid out on	2
3		legal liability. And we knew that that was a lie, so	3
4		Colette and I went to Ireland and we contacted the Irish	4
5		Government, Irish Haemophilia Society, and the Irish	5
6		lawyers that had represented haemophiliacs, and we had	6
7		letters back saying that in Ireland they'd paid out on	7
8		loss and need, that there was no legal liability, and	8
9		they'd done so because they were recognising the	9
10		distress caused to haemophiliacs.	10
11	Q.	And, sorry	11
12	Α.	The term is "extraordinary suffering". They'd paid out	12
13	_	on the grounds of extraordinary suffering.	13
14	Q.	So the recommendation that emerged out of the	14
15		Archer Inquiry on that particular issue was not accepted	15
16		by the Government here, and that was one of the things	16
17		that particularly troubled you about the Government's	17
18		response to the Archer report?	18
19	Α.	Yes, because that was the only objection that they put	19
20		forward, which led us to challenge Bayou decision	20
21	~	review.	21
22	Q.	That's the judicial review that resulted in the judgment	22
23		from I've temporarily forgotten which judge it was	23
24		Mr Justice Holman, thank you, yes.	24
25	Α.	And yes, and the haemophiliac took that. 153	25
			,
1		Again, I don't think I need to read out the letter,	1
2		but this is an example of a letter you wrote to Lord	2
2 3		but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting	2 3
2 3 4		but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to	2 3 4
2 3 4 5	٨	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate.	2 3 4 5
2 3 4 5 6	Α.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes.	2 3 4 5 6
2 3 4 5 6 7	A. Q.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm	2 3 4 5 6 7
2 3 4 5 6 7 8		but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is	2 3 4 5 6 7 8
2 3 4 5 6 7 8 9		but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in	2 3 4 5 6 7 8 9
2 3 5 6 7 8 9		but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about	2 3 4 5 6 7 8 9 10
2 3 4 5 6 7 8 9 10 11	Q.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated?	2 3 4 5 6 7 8 9 10 11
2 3 4 5 6 7 8 9 10 11 12	Q. A.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely.	2 3 4 5 6 7 8 9 10 11 12
2 3 4 5 6 7 8 9 10 11 12 13	Q.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely. Because you wanted to essentially demonstrate that what	2 3 4 5 6 7 8 9 10 11 12 13
2 3 4 5 6 7 8 9 10 11 12 13 14	Q. A.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely. Because you wanted to essentially demonstrate that what was being said to you by the Department of Health was	2 3 4 5 6 7 8 9 10 11 12 13 14
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. A. Q.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely. Because you wanted to essentially demonstrate that what was being said to you by the Department of Health was not correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. A. Q.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely. Because you wanted to essentially demonstrate that what was being said to you by the Department of Health was not correct? Exactly.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. A. Q. A.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely. Because you wanted to essentially demonstrate that what was being said to you by the Department of Health was not correct? Exactly. Now, in terms of other inquiries, the Penrose Inquiry, you tried to engage with the Penrose Inquiry but to little avail, as I understand it; is that right?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A. Q.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely. Because you wanted to essentially demonstrate that what was being said to you by the Department of Health was not correct? Exactly. Now, in terms of other inquiries, the Penrose Inquiry, you tried to engage with the Penrose Inquiry but to little avail, as I understand it; is that right? Yes, I wanted to give evidence and I said I had evidence	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A. Q. A.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely. Because you wanted to essentially demonstrate that what was being said to you by the Department of Health was not correct? Exactly. Now, in terms of other inquiries, the Penrose Inquiry, you tried to engage with the Penrose Inquiry but to little avail, as I understand it; is that right? Yes, I wanted to give evidence and I said I had evidence that was cross-border and some evidence that was very	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. A. Q. A.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely. Because you wanted to essentially demonstrate that what was being said to you by the Department of Health was not correct? Exactly. Now, in terms of other inquiries, the Penrose Inquiry, you tried to engage with the Penrose Inquiry but to little avail, as I understand it; is that right? Yes, I wanted to give evidence and I said I had evidence that was cross-border and some evidence that was very specific to Scotland, and I was basically told that I couldn't give evidence. They weren't interested in hearing from me and I was utterly frustrated.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. A.	but this is an example of a letter you wrote to Lord Warner on this very topic, February 2004, suggesting that the Government line about why there was no need to follow the Irish course was inaccurate. Yes. And we can see, if we look at WITN1055106 again, I'm not going to go through the detail of it, but this is a letter that you received following inquiries in Ireland setting out the basis or more information about the way in which the Irish scheme operated? Yes, absolutely. Because you wanted to essentially demonstrate that what was being said to you by the Department of Health was not correct? Exactly. Now, in terms of other inquiries, the Penrose Inquiry, you tried to engage with the Penrose Inquiry but to little avail, as I understand it; is that right? Yes, I wanted to give evidence and I said I had evidence that was cross-border and some evidence that was very specific to Scotland, and I was basically told that I couldn't give evidence. They weren't interested	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

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1	Q.	Yes. And, indeed, you assisted with the provision of
2	ч.	information in relation to it.
3	А.	We did. We gave that person who had requested help from
4	л.	us, or from myself and then including Colette, we gave
5		information that we collected from Ireland in 2004,
6		because actually when we had discussions, we thought
7		it was better if that JR went in the name of an infected
8		haemophiliac. I had been going to take one as a partner
9		and I thought, "Well, I've got the evidence so I can
3 10		assist with that". So that's what we did and it was
11		a positive result.
12	Q.	In fact, the issue relating to the scheme in Ireland was
13	ω.	a theme you'd been addressing earlier in correspondence
13		with, was it, Lord Warner?
15	А.	I first asked for compensation on a parity with Eire in
16	л.	1996, which was when we learnt of what Ireland had
17		granted their haemophiliacs, and that was when I first
18		wrote to the Haemophilia Society. They looked at it and
19		then they said, "No, we'll go for a hardship fund."
20	Q.	One of the concerns that you voiced, and we can see it
20	α.	WITN1055105
22	Α.	Sorry, just to say, yes, we had challenged Lord Warner
23		in a series of letters and anybody else that came out
24		with the line that Ireland paid out on liability.
25	Q.	Yes, and that was the point you were making.
20	ч.	154
1		was an important inquiry. I mean, it wasn't on this
2		scale but I keep seeing in the media that Archer was
3		a whitewash. It wasn't a whitewash. It you know,
4		Lord Archer did the best that he could with very limited
5		finances in, you know, very different circumstances.
6		Penrose I do believe was a whitewash. You know, he
7		just didn't want to engage at all, wasn't interested in
8		the evidence that I had. But then I later found out
9		that Penrose had accessed a lot of evidence that I'd
10		given to Archer. I found that from Haemophilia
11		Scotland.
12	Q.	I don't think we need to go to the detail of it but we
13		can put the article up on screen, WITN1055178. It's an
14		article by you, posted on 25 March 2015, which I think
15		was the date upon which the final report was published.
16	Α.	Yes.
17	Q.	I think we get the flavour of it, Carol, if I may say
18		so, from the title.
19	Α.	Yes.
20	Q.	"Penrose Inquiry: 'Contaminated Blood', biological
21		terrorism and cover-up under a failed western
22		democracy."
23		You refer there to, well, a number of concerns about
24		both the history and about the Penrose Inquiry.
25	Α.	Yes, I do.
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1	Q.	Can I then ask you on an entirely separate topic from	1	
2		the issues we've been talking about, Carol, about some	2	
3		involvement you had with a family from New Zealand	3	
4		(I'm not going to mention names and I'm going to ask you	4	
5		to do likewise, if that's okay) whose son had been	5	
6		treated whilst on holiday in Scotland.	6	
7	Α.	Yes, yes.	7	
8	Q.	So this was a boy with haemophilia who'd not received	8	
9		factor concentrates in his home country.	9	
10	Α.	That's correct.	10	
11	Q.	On holiday in Scotland, given commercial concentrates at	11	
12		York Hill Hospital.	12	Q.
13	Α.	Yes, and that was 1980.	13	
14	Q.	You provided some assistance, I think, to that family in	14	
15		terms of providing information and helping them ask	15	
16		questions. Again, without giving any details of the	16	
17		family name, what can you tell us about that?	17	Α.
18	Α.	Well, Marcus Evans at The Haemophilia Society contacted	18	
19		me and asked me to help this family. And the gentleman	19	
20		came over and we met up, and obviously he didn't know	20	
21		the system in this country, so I was able to advise him	21	
22		how to apply for medical records for his son. He did	22	
23		that and, accordingly, we were able to establish what	23	
24		treatment, you know, at a particular time. And then	24	
25		after that he got a solicitor involved and he decided to	25	
		157		
1		New Zealand family and there should have been payments	1	
2		made to other families as well. But what happened was,	2	
3		the gentleman basically said, "Wait a while and then,	3	
4		you know, once we've got the payment and it's secure,	4	
5		you can discuss this and we'll give you the documents	5	
6		and you can use them at the appropriate time."	6	
7	MS	<b>RICHARDS:</b> Sir, this is really for your benefit rather	7	
8		than a question for Carol but it's a point that has been	8	
9		raised with me by legal representatives of Core	9	
10		Participants. This may be a case additional to the	10	
11		cases at York Hill listed in the Penrose Report and	11	
12		that's a point which I am merely repeating as	12	
13		a possibility and a possible area for further	13	
14		investigation.	14	
15		<b>BRIAN LANGSTAFF:</b> Thank you. I'll bear that in mind.	15	
16	MS	RICHARDS: Carol, we've talked about, and you've referred	16	
17		to, a meeting that you had with Anne Milton.	17	
18	Α.	Yes.	18	
19	Q.	I wanted to go back to that.	19	
20		So if we could please have WITN1055149.	20	
21		So we can see it's headed:	21	
22		"Haemophilia/contaminated blood: the case for	22	Α.
23		partners/carers/widows and proposals for resolution	23	
24		"Submission to Anne Milton Parliamentary	24	
25		Under Secretary of State for Health	25	
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1		sort of deal with it very directly, and he flew to
2		America and had a meeting directly with the plasma
3		company representatives. I think it was Chicago.
4		There were no other risk factors for that little
5		boy. So it was in a way, I thought it was a very
6		quite an easy, in a sense, a case to argue because there
7		was no other risk factors, and I was able to provide
8		additional information on that particular plasma company
9		and some of their alleged safety violations. So he
10		literally went there and confronted them head on and
11		a payment was made.
12	Q.	Do you know from your discussions with that family
13	·	whether any effort had been made by York Hill Hospital
14		to trace them and inform them of the possibility of
15		infection or was this something they had found out for
16		themselves vears later?
		,
17	Α.	It had taken years of searching on the family's part to
18		get to the point where they reached that concluded
19		that it must be York Hill and that was when they were
20		prepared to fly here and dig around and get as much
21		evidence as they could.
22		Then, of course, there was a cluster of infections
23		at that same hospital of children and, I mean, I felt it
24		was really important that other families knew that,
25		because obviously there was a payment made to the
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1		"by Carol Grayson"
1 2		"by Carol Grayson" Then if we go to the heading "Introduction and
2		Then if we go to the heading "Introduction and
2 3		Then if we go to the heading "Introduction and a little background":
2 3 4 5		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton
2 3 4 5 6		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to
2 3 4 5 6 7		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders
2 3 4 5 6 7 8		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected'
2 3 4 5 6 7 8 9		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved.
2 3 4 5 6 7 8 9		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for
2 3 4 5 6 7 8 9 10		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the
2 3 4 5 6 7 8 9 10 11 12		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same
2 3 4 5 6 7 8 9 10 11 12 13		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same consideration as males in financial terms with regard to
2 3 4 5 6 7 8 9 10 11 12 13 14		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same consideration as males in financial terms with regard to their multiple losses."
2 3 4 5 6 7 8 9 10 11 12 13 14 15		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same consideration as males in financial terms with regard to their multiple losses." Now, I'm not going to read through the detail of the
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same consideration as males in financial terms with regard to their multiple losses." Now, I'm not going to read through the detail of the submission (you provided quite a lot of documentation to her) and there's also a note of the meeting that you and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same consideration as males in financial terms with regard to their multiple losses." Now, I'm not going to read through the detail of the submission (you provided quite a lot of documentation to her) and there's also a note of the meeting that you and Colette had with Anne Milton. We can look at it in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same consideration as males in financial terms with regard to their multiple losses." Now, I'm not going to read through the detail of the submission (you provided quite a lot of documentation to her) and there's also a note of the meeting that you and Colette had with Anne Milton. We can look at it in a moment if we need to, but how did that meeting come
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A.	Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same consideration as males in financial terms with regard to their multiple losses." Now, I'm not going to read through the detail of the submission (you provided quite a lot of documentation to her) and there's also a note of the meeting that you and Colette had with Anne Milton. We can look at it in a moment if we need to, but how did that meeting come about and what was its significance from your perspective?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A.	Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same consideration as males in financial terms with regard to their multiple losses." Now, I'm not going to read through the detail of the submission (you provided quite a lot of documentation to her) and there's also a note of the meeting that you and Colette had with Anne Milton. We can look at it in a moment if we need to, but how did that meeting come about and what was its significance from your perspective? I'm trying to think how we actually got that meeting.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	А.	Then if we go to the heading "Introduction and a little background": "On 22nd July 2010 haemophiliac Colette Wintle and I were grateful to meet with Anne Milton Parliamentary Under Secretary of State for Health to discuss the issues for females with bleeding disorders 'infected' by blood borne viruses and 'affected' partners of haemophiliacs, the carers and the bereaved. We particularly wanted to highlight the need for 'gender justice' as over the years females within the haemophilia community had not been given the same consideration as males in financial terms with regard to their multiple losses." Now, I'm not going to read through the detail of the submission (you provided quite a lot of documentation to her) and there's also a note of the meeting that you and Colette had with Anne Milton. We can look at it in a moment if we need to, but how did that meeting come about and what was its significance from your perspective? I'm trying to think how we actually got that meeting. I think it might have been through Colette. And what we

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1		felt the meeting had actually gone quite well and
2		Anne Milton (herself being, I think, a former health
3		professional) understood a lot of the issues we were
4		talking about and she was actually willing to take some
5		measures but, unfortunately, we later heard that she
6		herself had been blocked on the things that she'd
7		committed that she would do.
8		One of those was to passport those that had been
9		infected and affected so that we didn't have to go
10		through the dreadful DWP system. Also, we had asked her
11		to please look at the evidence and remove the word
12		"inadvertent" infection, which she agreed to do, and
13		that stood. I mean, there's no you know, that went
14		ahead, and we were since able to get apologies from
15		other politicians when they used that word and we
16		reminded them and showed them the minutes and they then
17		removed the word "inadvertent". So from 2010 onwards,
18		we can't refer to the accidental infection of
19		haemophiliacs and some of their partners.
20	Q.	We can just see that set out in the note of the meeting
21		at WITN1055150. We can see the point you've just made
22		picked up in the last five lines or so. Let me pick it
23		up earlier than that.
24		"CW [Colette] passed a vital document (kindly
25		provided by CG [that's you] and her late husband) which
		161
1	Q.	The issue about the issue of language to present
2		a narrative is one of the very points you'd been making
3		in your dissertation, wasn't it?
4	Α.	Absolutely, because in order to come up with a word like
5		that, you've actually got to have investigated, you
6	_	know, to see whether that's an adequate description.
7	Q.	If we go on in this to page 3, there's a number of
8		issues that are raised by you and by Colette. Then here
9		we can see in the third paragraph the issue of widows'
10		and partners' losses:
11		"Loss of loved ones, not being able to have
12		children, and the loss of career. She [that's you]
13		highlighted that in a number of cases the women carers
14		were also often the main wage earners due to husbands
15		being unable to work. This loss of employment resulted
16		in loss of wages and pension rights. Partners were
17		unable to get life insurance, therefore there was no
18 10		financial security. In some cases women were forced to sell their home. The financial losses have been
19 20		
20 21		significant and CG was keen to explain to the Minister
21 22		that widows need to be assessed in their own right and
22		not as an appendage to their husband" Now, I've flagged that up, Carol, because it's
23 24		obviously very timely in relation to the evidence the
24 25		Inquiry is hearing on Monday and Tuesday.

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1		highlighted the misunderstanding within the DoH on state
2		of knowledge of Non A Non B Hepatitis during the 1970s
3		and 1980s, and when it was known to be 'deadly'. The
4		Minister was visibly shocked when she read the statement
5		by Dr Rizzaquoted from HIV the myth"
6		Is that the Rizza quote that's set out in your
7		dissertation?
, 8	Α.	Yes, yes.
9	Q.	The document that you referred to or that this note
10		refers to Colette passing, what document is that? Do
11		you know?
12	Α.	Gosh, I can't remember which one it was.
13	Q.	Don't worry. I think you provided quite a lot of
14		material, not least some extracts from your
15		dissertation, so I'm sure I can find the answer to my
16		own question.
17	Α.	Right.
18	Q.	In any event, you say at the bottom, in this note:
19		"The Minister accepts that a change of language, and
20		understanding, that non A non B was not an inadvertent
21		infection must now be acknowledged which CG [that's you]
22		and CW [Colette] have been challenging the DoH on for
23		many years."
24		So that's the point about that use of language.
25	Α.	Exactly.
		162
1	Δ	Yes absolutely
1	A.	Yes, absolutely. But this has been another feature of yours and Coletta's
2	A. Q.	But this has been another feature of yours and Colette's
2 3		But this has been another feature of yours and Colette's campaigning over the years, the position in particular
2 3 4	Q.	But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members.
2 3 4 5		But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members. Absolutely, and I would say, when I read
2 3 4 5 6	Q.	But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members. Absolutely, and I would say, when I read Robert Francis's report, it's still an issue which I'm
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2 3 4 5 6 7	Q.	But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members. Absolutely, and I would say, when I read Robert Francis's report, it's still an issue which I'm concerned and flagging up, because when it came to
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2 3 4 5 6 7 8 9 10 11 12 13	Q.	But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members. Absolutely, and I would say, when I read Robert Francis's report, it's still an issue which I'm concerned and flagging up, because when it came to partners with men, it was mentioned that they would be looking at loss of earnings. When it came to their partners, there was a mention of looking at carer costs, but we were professionals too. We had jobs. We had careers. We had loss of earnings. So there could be quite a significant
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q.	But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members. Absolutely, and I would say, when I read Robert Francis's report, it's still an issue which I'm concerned and flagging up, because when it came to partners with men, it was mentioned that they would be looking at loss of earnings. When it came to their partners, there was a mention of looking at carer costs, but we were professionals too. We had jobs. We had careers. We had loss of earnings. So there could be quite a significant difference between, you know, applying to get basic carer costs and if you had quite, you know, quite a significant career and the potential to earn quite a lot. So I am concerned about that and I had flagged it up with my lawyers. So, you know, I do think I would
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q.	But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members. Absolutely, and I would say, when I read Robert Francis's report, it's still an issue which I'm concerned and flagging up, because when it came to partners with men, it was mentioned that they would be looking at loss of earnings. When it came to their partners, there was a mention of looking at carer costs, but we were professionals too. We had jobs. We had careers. We had loss of earnings. So there could be quite a significant difference between, you know, applying to get basic carer costs and if you had quite, you know, quite a significant career and the potential to earn quite a lot. So I am concerned about that and I had flagged it up with my lawyers. So, you know, I do think I would ask Sir Robert Francis to consider that this could be seen as misogynist because especially as some of us were the main wage earners.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q.	But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members. Absolutely, and I would say, when I read Robert Francis's report, it's still an issue which I'm concerned and flagging up, because when it came to partners with men, it was mentioned that they would be looking at loss of earnings. When it came to their partners, there was a mention of looking at carer costs, but we were professionals too. We had jobs. We had careers. We had loss of earnings. So there could be quite a significant difference between, you know, applying to get basic carer costs and if you had quite, you know, quite a significant career and the potential to earn quite a lot. So I am concerned about that and I had flagged it up with my lawyers. So, you know, I do think I would ask Sir Robert Francis to consider that this could be seen as misogynist because especially as some of us were the main wage earners.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. A. Q. A.	But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members. Absolutely, and I would say, when I read Robert Francis's report, it's still an issue which I'm concerned and flagging up, because when it came to partners with men, it was mentioned that they would be looking at loss of earnings. When it came to their partners, there was a mention of looking at carer costs, but we were professionals too. We had jobs. We had careers. We had loss of earnings. So there could be quite a significant difference between, you know, applying to get basic carer costs and if you had quite, you know, quite a significant career and the potential to earn quite a lot. So I am concerned about that and I had flagged it up with my lawyers. So, you know, I do think I would ask Sir Robert Francis to consider that this could be seen as misogynist because especially as some of us were the main wage earners. I'm very happy to pick that up in his evidence next week, Carol. Thank you.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q.	But this has been another feature of yours and Colette's campaigning over the years, the position in particular of widows, partners, and other family members. Absolutely, and I would say, when I read Robert Francis's report, it's still an issue which I'm concerned and flagging up, because when it came to partners with men, it was mentioned that they would be looking at loss of earnings. When it came to their partners, there was a mention of looking at carer costs, but we were professionals too. We had jobs. We had careers. We had loss of earnings. So there could be quite a significant difference between, you know, applying to get basic carer costs and if you had quite, you know, quite a significant career and the potential to earn quite a lot. So I am concerned about that and I had flagged it up with my lawyers. So, you know, I do think I would ask Sir Robert Francis to consider that this could be seen as misogynist because especially as some of us were the main wage earners.

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1		One of the seminal documents from the Inquiry's	1		wanted to speak to Dr Galbraith. He wasn't in
2		perspective, and a document that has I think undoubtedly	2		particularly good health, he'd had some health issues
3		been one of your old friends for many years, is the	3		for years, but he was totally on the ball mentally, you
4		letter from Dr Spence Galbraith?	4		know, bright as a button. And we ended up having quite
5	Α.	Absolutely.	5		longer conversations and becoming almost like friends
6	Q.	May 1983	6		and to the point where he invited me to stay with him,
7	Α.	Yes.	7		and I would have gone, but unfortunately he died before
8	Q.	to the Department of Health. We don't need to put it	8		I could make that trip.
9		on screen. You could probably recite it.	9		But he wanted me to help him litigate against
10	Α.	l probably could.	10		a certain individual who he believed was responsible for
11	Q.	You had some interactions with Dr Spence Galbraith?	11		blocking him and in a short note, which you have a copy
12	А.	l did.	12		of, he refers to giving that person a little shock.
13	Q.	How did that come about?	13	Q.	We'll put it on screen. I don't think that there's any
14	А.	I managed to find out where he was and made contact.	14		need to hide the name of the person we're talking
15		I think I probably did it through the Public Health	15		about
16		Laboratory Service (or whatever it was called, because	16	Α.	Right.
17		it changed names) and did manage to get some contact	17	Q.	because I don't think we can understand what you're
18		details. Contacted, and he was delighted to be	18		saying otherwise.
19		contacted because, all these years, he'd sort of held on	19	Α.	Okay.
20		to this fact that he had tried to do the right thing,	20	Q.	We do have a statement from the person you're talking
21		get the US treatment off the shelves, May 1983, and in	21		about setting out his recollection.
22		his eyes had been blocked.	22	Α.	Yes.
23		So he saw me as an ally. And I got in touch with	23	Q.	So he was talking about Joseph Smith, Dr Smith?
24		him because at the time it was 2007, and we were making	24	A.	He was talking about Joseph Smith.
25		a Newsnight (which went out in April 2007) and they	25	Q.	Who
		165			166
1	SIR	BRIAN LANGSTAFF: This is Joseph Smith, not Jim Smith.	1		"Dear Mrs Grayson [or Ms Grayson],
1 2		BRIAN LANGSTAFF: This is Joseph Smith, not Jim Smith. RICHARDS: Joseph Smith, Committee on the Safety of	1 2		"Dear Mrs Grayson [or Ms Grayson], "I found my original letter to the Department of
2		RICHARDS: Joseph Smith, Committee on the Safety of	2		"I found my original letter to the Department of
2 3		<b>RICHARDS:</b> Joseph Smith, Committee on the Safety of Medicines, Biological Subcommittee, yes. And we've got	2 3		"I found my original letter to the Department of Health concerning the withdrawal of American imported
2 3 4		<b>RICHARDS:</b> Joseph Smith, Committee on the Safety of Medicines, Biological Subcommittee, yes. And we've got a statement, I should say, a written statement from	2 3 4		"I found my original letter to the Department of Health concerning the withdrawal of American imported Factor VIII. Enclosed is a copy for your records."
2 3 4 5		<b>RICHARDS:</b> Joseph Smith, Committee on the Safety of Medicines, Biological Subcommittee, yes. And we've got a statement, I should say, a written statement from Joseph Smith which was disclosed, I think, to Core	2 3 4 5	А.	"I found my original letter to the Department of Health concerning the withdrawal of American imported Factor VIII. Enclosed is a copy for your records." Then before we read on, if we can just go over the
2 3 4 5 6	MS A.	<b>RICHARDS:</b> Joseph Smith, Committee on the Safety of Medicines, Biological Subcommittee, yes. And we've got a statement, I should say, a written statement from Joseph Smith which was disclosed, I think, to Core Participants some time ago and I know Carol's seen it. And I responded again to that, I believe. Yes. But it's really the interaction with	2 3 4 5 6	A.	"I found my original letter to the Department of Health concerning the withdrawal of American imported Factor VIII. Enclosed is a copy for your records." Then before we read on, if we can just go over the page.
2 3 4 5 6 7	MS A.	<b>RICHARDS:</b> Joseph Smith, Committee on the Safety of Medicines, Biological Subcommittee, yes. And we've got a statement, I should say, a written statement from Joseph Smith which was disclosed, I think, to Core Participants some time ago and I know Carol's seen it. And I responded again to that, I believe.	2 3 4 5 6 7	A.	"I found my original letter to the Department of Health concerning the withdrawal of American imported Factor VIII. Enclosed is a copy for your records." Then before we read on, if we can just go over the page. So I have two versions of that. I had one which I got
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1		can you give me his address which I think you must have	1	just didn't understand the issue. And then we were
2		in your files. Very best wishes, Spence Galbraith."	2	down, Colette and several other people, and I think it
3	Α.	Yes, I didn't have his address. I didn't have Joe	3	was Mossy, were down for a demonstration in London, and
4		Smith's address.	4	we decided to go to the Met. So we went there and said
5	Q.	But in any event, that's the letter that you got from	5	we wanted to make a complaint and explained, and they
6		Dr Spence Galbraith?	6	said, "Well, you'll all have to go back to your police
7	Α.	Yes, that's the letter.	7	in your area."
8	Q.	He's such an important figure in these events that	8	So we decided on one particular week or two weeks
9	Α.	Absolutely. We had a number of long telephone calls	9	we'd all coordinate our complaints at the same time, so
10	_	with his wife present on the call.	10	they might take us more seriously. And the Newcastle
11	Q.	We can take that down.	11	police said it would need to be referred to excuse my
12		Can I then ask you just a little more now about your	12	pronunciation but Dyfed Powys Police in Wales and
13		experience of trying to go through other avenues, not	13	that they were the police force that had dealt with
14		getting a public inquiry, so you tried to raise concerns	14	corporate manslaughter, which was an issue that we were
15		through other avenues and you mentioned the two main	15	looking at at the time.
16		avenues already: the police and the General Medical	16	So we filed as many documents in there as possible,
17		Council.	17	but it was only meant to be the start. You know, we
18	Α.	Yes, yes.	18	wanted the police to investigate further. We were
19	Q.	You've given us a number of the documents relating to	19	saying, "This is what we've got, this is what we
20		that or we've got them from other sources, but I don't	20	believe, and we would like you to investigate".
21		at the moment propose to look at the documents	21	We've since heard that basically the material was
22		themselves. It would be useful, Carol, to hear your	22	sat on and in fact there was just recently, there was
23		experience of first of all going to the police.	23	a conference at Cumberland Lodge and that was the police
24	Α.	Yes. I mean, initially I went to the police with Pete	24	looking back at historic cases where they hadn't acted.
25		in Newcastle, didn't get anywhere there. I think they 169	25	One of them or they'd not acted appropriately. One 170
1		being Hillsborough, one being contaminated blood, and	1	essentially passed it to Dyfed Powys?
1 2		being Hillsborough, one being contaminated blood, and several other historic investigations.		essentially passed it to Dyfed Powys? Yes, we went to Northumbria Police first, the main
2		several other historic investigations.	2 <b>A</b>	Yes, we went to Northumbria Police first, the main
2 3		several other historic investigations. And it didn't start well because they contacted	2 A 3	Yes, we went to Northumbria Police first, the main headquarters. They didn't really do anything. I think
2 3 4		several other historic investigations. And it didn't start well because they contacted somebody who had not been involved in the police	2 <b>A</b> 3 4	Yes, we went to Northumbria Police first, the main headquarters. They didn't really do anything. I think they thought, you know, it wasn't their area, it was
2 3 4 5		several other historic investigations. And it didn't start well because they contacted somebody who had not been involved in the police complaint and invited him. Those of us that had been	2 <b>A</b> 3 4 5	Yes, we went to Northumbria Police first, the main headquarters. They didn't really do anything. I think they thought, you know, it wasn't their area, it was a sort of medical issue and, you know, they were
2 3 4 5 6		several other historic investigations. And it didn't start well because they contacted somebody who had not been involved in the police complaint and invited him. Those of us that had been actively involved were not invited, and I said, "Well,	2 A 3 4 5 6	Yes, we went to Northumbria Police first, the main headquarters. They didn't really do anything. I think they thought, you know, it wasn't their area, it was a sort of medical issue and, you know, they were I don't think they understand that there could be
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(43) Pages 169 - 172

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1		be investigated.	1
2		So what we had given initially as a starting point,	2
3		and we said, you know, "Could you look here and here?	3
4		This is what we think has happened. Can you	4
5		investigate?" None of that happened.	5
6	MS	RICHARDS: Sir, I note the time. I'd lost track of the	6
7		time in questioning. I can pick up the GMC after the	7
8		break.	8
9	SIR	BRIAN LANGSTAFF: Yes, well, let's do that, then. We'll	9
10		have a break for half an hour, and come back at 3.50.	10
11		3.50.	11
12	(3.2	2 pm)	12
13		(A short break)	13
14	•	9 pm)	14
15	MS	<b>RICHARDS:</b> Carol, before I ask you about the GMC, I was	15
16		asking you about the meeting you'd had with Anne Milton,	16
17		and there was that reference to a vital document. And	17
18		your legal representatives have suggested to me that it	18
19		might have been the 1978 Dr Preston article.	19
20		Does that prompt a memory? Is that the case	20
21	Α.	It might have been that or it might have been	21
22		Preston's could have been his what he compiled for	22
23		Pete, possibly, the litigation. Maybe.	23
24	Q.	Then just one other point of detail. I asked you about	24
25		the New Zealand family, and again, we're not mentioning 173	25
		110	
4	0	Pathor than the substance of whether what Dr. Jones said	1
1	Q.	Rather than the substance of whether what Dr Jones said	1
2		was right or wrong.	2
2 3	A.	was right or wrong. Yes, yes.	2 3
2 3 4		was right or wrong. Yes, yes. So if we just look at the bottom of that page,	2 3 4
2 3 4 5	A.	was right or wrong. Yes, yes. So if we just look at the bottom of that page, paragraph 891, you say this:	2 3 4 5
2 3 4 5 6	A.	was right or wrong. Yes, yes. So if we just look at the bottom of that page, paragraph 891, you say this: "As the complaint progressed it became apparent that	2 3 4 5 6
2 3 4 5 6 7	A.	was right or wrong. Yes, yes. So if we just look at the bottom of that page, paragraph 891, you say this: "As the complaint progressed it became apparent that Dr Jones was privy to all our allegations but his	2 3 4 5 6 7
2 3 4 5 6 7 8	A.	was right or wrong. Yes, yes. So if we just look at the bottom of that page, paragraph 891, you say this: "As the complaint progressed it became apparent that Dr Jones was privy to all our allegations but his responses to them were not disclosed to us throughout	2 3 4 5 6 7 8
2 3 4 5 6 7 8 9	A.	was right or wrong. Yes, yes. So if we just look at the bottom of that page, paragraph 891, you say this: "As the complaint progressed it became apparent that Dr Jones was privy to all our allegations but his responses to them were not disclosed to us throughout the course of the complaint. I feel that this was	2 3 4 5 6 7 8 9
2 3 4 5 6 7 8 9	A.	was right or wrong. Yes, yes. So if we just look at the bottom of that page, paragraph 891, you say this: "As the complaint progressed it became apparent that Dr Jones was privy to all our allegations but his responses to them were not disclosed to us throughout the course of the complaint. I feel that this was procedurally unfair as it gave Pete and I no opportunity	2 3 4 5 6 7 8 9 10
2 3 4 5 6 7 8 9 10 11	A.	was right or wrong. Yes, yes. So if we just look at the bottom of that page, paragraph 891, you say this: "As the complaint progressed it became apparent that Dr Jones was privy to all our allegations but his responses to them were not disclosed to us throughout the course of the complaint. I feel that this was procedurally unfair as it gave Pete and I no opportunity to challenge any information which Dr Jones gave in his	2 3 4 5 6 7 8 9 10 11
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1		any names, is it your understanding that that family or
2		the child later got a payment from the Macfarlane Trust?
3	Α.	Yes, because I actually made a phone call at one point
4		to discuss with Ann Hithersay to make sure that they
5		were registered.
6	Q.	Which would reflect, then, an acceptance that the
7		infection was in the United Kingdom?
8	Α.	Yes, yes. They are registered.
9	Q.	So if we just then turn to the GMC investigation. I am
10		going to take the points I want to explore with you from
11		your statement, so it's WITN1055004.
12		I think it's page 208, yes. You detail in this
13		section of your statement the complaint that was made by
14		you and by Pete to the GMC in 2003. There were a number
15		of issues but probably at the heart of it was the
16		testing for hepatitis C without permission and the not
17		informing Pete of the result until 1994?
18	Α.	Absolutely, and also realising that it wasn't only Pete,
19		you know, at that Centre, and across the country.
20	Q.	Now we're not going to go to the underlying documents
21		because what I wanted to explore with you is your
22		experience of the GMC's decision-making process, and the
23		observations you make in your statement about what you
24		perceive to be deficiencies in that process.
25	A.	Right, okay.
20	74.	174
1		that it was Dr Jones is very important, but in terms of
1 2		that it was Dr Jones is very important, but in terms of the process, whoever the doctor is, your concern is that
2		the process, whoever the doctor is, your concern is that
2 3		the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared
2 3 4		the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the
2 3 4 5		the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no,
2 3 4 5 6	А.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's
2 3 4 5 6 7	А.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"?
2 3 4 5 6 7 8	А.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have
2 3 4 5 6 7 8 9	A.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have been saying absolutely anything, but because we couldn't
2 3 4 5 6 7 8 9	A. Q.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have been saying absolutely anything, but because we couldn't respond or challenge then we felt like we were arguing
2 3 4 5 6 7 8 9 10 11		the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have been saying absolutely anything, but because we couldn't respond or challenge then we felt like we were arguing in the dark.
2 3 4 5 6 7 8 9 10 11 12		the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have been saying absolutely anything, but because we couldn't respond or challenge then we felt like we were arguing in the dark. On the top of the next page, you say:
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have been saying absolutely anything, but because we couldn't respond or challenge then we felt like we were arguing in the dark. On the top of the next page, you say: "I had not seen the full response until far more recently." That then was provided to you by the Inquiry or had you obtained it before then?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have been saying absolutely anything, but because we couldn't respond or challenge then we felt like we were arguing in the dark. On the top of the next page, you say: "I had not seen the full response until far more recently." That then was provided to you by the Inquiry or had you obtained it before then? I think within the last two years I'd made another application since the Inquiry was announced, and I got to see more documents, and I thought: if only I'd seen
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have been saying absolutely anything, but because we couldn't respond or challenge then we felt like we were arguing in the dark. On the top of the next page, you say: "I had not seen the full response until far more recently." That then was provided to you by the Inquiry or had you obtained it before then? I think within the last two years I'd made another application since the Inquiry was announced, and I got to see more documents, and I thought: if only I'd seen these at the time, I could have responded.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have been saying absolutely anything, but because we couldn't respond or challenge then we felt like we were arguing in the dark. On the top of the next page, you say: "I had not seen the full response until far more recently." That then was provided to you by the Inquiry or had you obtained it before then? I think within the last two years I'd made another application since the Inquiry was announced, and I got to see more documents, and I thought: if only I'd seen these at the time, I could have responded. And you say that:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A.	the process, whoever the doctor is, your concern is that whatever they say to the GMC is they're not fully shared with the complainant, or not adequately shared with the complainant, so you can't then say, "Actually, no, that's wrong, or I've got something that proves that's not correct"? Yes, because the way we looked at it, they could have been saying absolutely anything, but because we couldn't respond or challenge then we felt like we were arguing in the dark. On the top of the next page, you say: "I had not seen the full response until far more recently." That then was provided to you by the Inquiry or had you obtained it before then? I think within the last two years I'd made another application since the Inquiry was announced, and I got to see more documents, and I thought: if only I'd seen these at the time, I could have responded. And you say that: "If we had been afforded the opportunity to respond
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1		without the knowledge of their patient complainants."	1		being said was the opposite of what you were saying was
2	Α.	If I could just give one example.	2		the factual position.
3	Q.	Yes, of course.	3	Α.	l mean, l would say this: when we went away you know,
4	Α.	I've since found out that a certain very well-known	4		we're the kind of people who do things properly and, as
5		haemophilia well, l'll name him [redacted] had	5		I mentioned before, we'd been very careful with our
6		written a support letter in support of Dr Jones saying,	6		insurance. We'd paid a lot extra to get special
7		"I know this gentleman, and, you know, basically,	7		insurance for HIV, for haemophilia, for my asthma.
8		I couldn't imagine that he would, you know, do the	8		Everything was laid out. If we had known, why would we
9		things that are being alleged."	9		not have hepatitis C there?
10		And I thought, "Well, how does he know?" He's never	10	Q.	Without going through the detail of it, if we go over
11		seen he's never witnessed a session between Pete and	11		the page, you've set out a number of points. I don't
12		myself, and Dr Jones. So he's only making a very	12		need to go through them. The point here you're making
13		general statement, you know, because he'll know him from	13		is that these are some of the points you would have
14		conferences and you know, I'm sure, but I thought	14		potentially wanted to make to the GMC if you'd had the
15		that was completely unfair that that was used against	15		opportunity as part of the process?
16		us. And then also, Dr Jones had got a support letter	16	Α.	Yes.
17		from a haematologist, I think it was in the US, quite	17	Q.	Then if we go to the bottom of the next page, you said
18		a well known person, and I thought: well, what would	18		at paragraph 898:
19		that person in America know about Dr Jones' day-to-day	19		"I do not know whether there has been any change in
20		interactions with his patients on hepatitis C testing or	20		procedure but if not I hope this is an area in which the
21		not on hepatitis C testing?	21		Inquiry considers making recommendations which suggest
22		So the examples that were used against us were quite	22		that the GMC move towards a fairer, more equitable
23		vague.	23		system which puts patients and clinicians on a more
24	Q.	Then you go on to talk about what was being said in	24		equal footing when complaints are made."
25		response to your complaint, and essentially what was	25	Α.	And I actually have seen more recently the GMC
		177			178
,			,		
1		submission to the Inquiry where I was mentioned by name,	1		any of the complaints or what was or wasn't upheld
2		and I think they had they must have taken on board	2		because that might really be to the margins, if at all,
3		some of what I was saying because there was something,	3		within the Inquiry's terms of reference.
4		I think, in that document which said you know,	4	A.	Right.
5		suggested that we may go back. I'll have to have a look	5	Q.	But do you have any observations about what made that
6 7		at it but I know my name was in that document. That's	6		process of investigation and regulation from your
8	0	more recent, obviously, with the Inquiry.	7 8		perspective different to the GMC or the police or the other avenues you've sought to explore?
9	Q.	In any event, in relation to the procedure as it was in 2003	9	٨	Well, they listened to us, and they didn't immediately
10	A.	Yes.	3 10	м.	make judgments. We were able to see a lot more
10	Q.		10		information, so we could respond properly. We were
12	Q.	concern expressed in your statement, as I understand it,	12		treated fairly, and with some kindness that we were, you
13		is that it was skewed too much in favour of doctors?	13		know, we were well, a patient, you know, and his
14	A.	Totally. I mean, we were arguing in the dark. They	14		wife, and that we hadn't done anything wrong and that,
15	Λ.	knew everything that we had complained about and we	14		you know, we deserved to be listened to. And I am
16		could see hardly anything at all of their response.	16		grateful that they upheld three complaints.
17	Q.	We can take that down.	17	Q.	
18	ω.	It's not in your statement, Carol, but something you	18	ω.	a little about the US litigation in which you had some
19		mentioned before you started your evidence today, that	19		involvement.
20		in terms of making complaints, or asking for matters to	20	Α.	Yes.
21		be investigated, the body which had been perhaps the	20	Q.	You've mentioned it in your statement but, for the
22		most receptive was something I think you called the	21	۹.	benefit of those listening, what was that litigation and
22		Office for the Supervision of Solicitors.	22		what was yours and Pete's involvement?
24	Α.	It was, yes, yes.	23	Α.	What we wanted to do was try and take a case against
25	Q.	Now, I'm not going to ask you to detail the substance of	25		four American pharmaceutical companies and American
		179			180

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1	campaigners were very helpful and gave us the name of	1	
2	the one they trusted because they'd had issues with	2	
3	their representatives in America. As we had had here.	3	
4	So we got the name of a company in San Francisco,	4	
5	Lieff Cabraser.	5	
6	Pete was the only one that had Legal Aid, and so the	6	
7	case was for Pete, but we persuaded the solicitor that	7	
8 9	was representing us here to try to get as many people	8 9	
9 10	there as possible. So I think on the back of Pete's case I think there was about 300 people. I think it was	9 10	
10	about 300 managed to get there.	10	
12	But unfortunately, the judge ruled, you know, forum	12	
13	non conveniens. But it was very useful because the	12	
14	pharmas accepted they did accept well, if you had	13	
15	a certain amount of evidence that you could prove, you	15	
16	were accepted by the pharmas.	16	
17	Now, there was a small token payment, but what was	10	
18	said was really the first line of duty of care was with	18	
19	the authorities here, the Government and the authorities	19	
20	here, so it would have to go back to UK courts. But in	20	
21	that process we were able to trace, you know, Pete's	21	
22	batch numbers back to Arkansas State Penitentiary, and	22	
23	even to an infected donor.	23	
24	So I think what had happened was, as prison donors	24	
25	were identified as being infected, they had a look-back	25	
	181		
1	a prisoner was known to have hepatitis C, they falsified	1	
2	a name using an Arkansas telephone directory. So, you	2	
2	know, prisoner Mr Smith who had hepatitis could sell his	2	
4	blood because he now became Mr Jones, and, you know	4	
5	There were so many safety violations with regard to	5	
6	the fact that the prisoners were doing the admin, and it	6	G
7	was, you know, it was just they turned a blind eve to	7	
, 8	all this.	, 8	
9	And one prisoner's job, which comes across on	9	A
10	Kelly Duda's documentary, was to resharpen needles using	10	ſ
11	sandpaper for reuse, which is just shocking. So we were	10	
12	getting to learn all these things.	12	
13	Another very important point was the use of gay	13	G
14	donors and the delays in preventing gay donors from	14	Ĩ
15	donating. And this wasn't making a judgment on them,	15	
16	you know, they can live how they want to live, no	16	
17	problem, but obviously this was at a time as AIDS was	17	A
18	emerging and there would be plasma wagons outside the	18	
19	bathhouses in San Francisco because they wanted to get	19	
20	hepatitis-rich blood so they could study it in gay men.	20	
21	That's fine, you know, you can do that. You can study	21	
22	people, study hepatitis. Look for a vaccine. But then	22	
23	what they then did was put the surplus in the plasma	23	
24	pools.	24	
25	So collecting outside the gay bathhouses, you know, 183	25	

1		to see if they'd been plasma donors in the prison, and
2		for one particular batch number we even know how many
3		prisoners donated. So there was quite a lot of detail
4		that made very strong evidence.
5		Also, I should say, I think I've mentioned this
6		before, but at the time Pete was given particular batch
7		numbers from the prison, at that point the plasma
8		programme was closed down on the grounds of safety, so
9		he should not have received anything. Well, he
10		shouldn't have received from prisons anyway, but he
11		certainly shouldn't have received after it was closed
12		down on the grounds of safety.
13		That second litigation was sort of known as the
14		"dumped treatment" because basically the treatment was
15		given here that wasn't fit for America and their
16		standards were lower a lot lower than here.
17		I mean, for example, pool sizes, we found out from
18		a congressional hearing that pool sizes could be up
19		to 400,000 donors. Now, I think here they went up to
20		about 25,000 donors so, you know, the risk level and
21		the types of donors. So, you know and also the way
22		the plasma was collected, because and sorry if I'm
23		repeating myself, but the prisoners themselves in
24		America, in Arkansas, were administering the paperwork
25		for the plasma programme. So if, for example,
		182
1		plasma known to be infected. At that time, benatitis B
1		plasma known to be infected. At that time, hepatitis B
2		was seen as an indication that a gay man was likely to
2 3		was seen as an indication that a gay man was likely to also have HIV infection. And then once they'd collected
2 3 4		was seen as an indication that a gay man was likely to also have HIV infection. And then once they'd collected that plasma in the Tenderloin district of San Francisco,
2 3 4 5	0	was seen as an indication that a gay man was likely to also have HIV infection. And then once they'd collected that plasma in the Tenderloin district of San Francisco, it was used to top up the plasma pools.
2 3 4 5 6	Q.	was seen as an indication that a gay man was likely to also have HIV infection. And then once they'd collected that plasma in the Tenderloin district of San Francisco, it was used to top up the plasma pools. You mentioned there Kelly Duda, another journalist with
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1		Treloar and the other being sexual abuse at Treloar.	1		Then there was we saved the documents that went
2	Q.	The last topic I wanted to explore with you is just	2		into the Self-Sufficiency Report. We managed to get
3		a little more about the volume and scale of	3		them freed up and into the public domain. Then we saved
4		documentation that you have considered over the years.	4		documents that were related to the non-A, non-B
5		Just as a rough estimate, for example, you've	5		look-back study. So basically, at one point in 2005 we
6		provided a significant quantity of material to the	6		said, "Please don't you know, there could be an
7		Inquiry, far more than is represented just by the	7		inquiry in the future. Please give us a guarantee that
8		documents referred to in your statements. Do you have	8		you will stop destroying any documents because we're
9		a rough idea of how many documents you've supplied to	9		hoping for a public inquiry". So we did get that
10		the Inquiry?	10		agreement.
11	Α.	I don't. I've lost count. But I would say there's	11		Then I discovered all these copies of the
12		still only a fraction because one of the things that	12		HIV Litigation documents that were shared during the
13		I said to Kevin, who's very kindly helped me at the	13		disclosure process in 1991 and had those returned to NA,
14		Inquiry to get a lot of this information together, was	14		Kew, and this is what people are now able to access
15		that I didn't send anything that we saved, or very	15		through, you know, through Freedom of Information.
16		little that we saved at the National Archives at Kew,	16		But then, to my dismay, I discovered that the
17		because there was two things. There was in 2005	17		Department of Health Legal Department had destroyed my
18		[Lord] Patrick Jenkin and myself worked hard to find out	18		letters of return. Now, I'd kept copies, fortunately.
19		more about what documents were available and we then	19		So if you go to The National Archives Kew, there is
20		managed to get an agreement by Government not to destroy	20		nothing whatsoever that indicates all these documents
21		any further documents. So basically, anything that's	21		that I saved and returned, which I'm furious about. At
22		there blood policy-wise in NA, Kew, has been saved	22		the time, I did want to find a neutral place for these
23		because we fought to save it and could have been	23		documents and I went to The Haemophilia Society at that
24		destroyed. So I have a letter, you know, from	24		particular time and said, "Would you be prepared to hold
25		[Lord] Patrick Jenkin on that.	25		these documents?" and they said no. So we had no choice
		185			186
4		for them to go hook to the Department of Health	4		Covernment's destroyed the return desuments". You know
1		for them to go back to the Department of Health.	1 2		Government's destroyed the return documents". You know,
2		Because they'd destroyed their copies, of the	2		if I hadn't kept them there'd be no evidence whatsoever
3		HIV Litigation documents, most of them. They found out that we had found these copies and they wanted to see	3	0	I ever sent these documents back. We talked about a number of ministers earlier. Someone
4 5					we taked about a number of ministers earlier. Someone
6			4	ω.	with whom you chored decuments who then I think made
U U		what we had because bearing in mind obviously it's	5	α.	with whom you shared documents, who then I think made
		what we had because bearing in mind obviously it's many years since the original litigation, so current	5 6	ч.	some use of them after leaving office in calls for
7		what we had because bearing in mind obviously it's many years since the original litigation, so current Government would not necessarily have any idea what were	5 6 7	ч.	some use of them after leaving office in calls for a public inquiry, was Andy Burnham from whom the Inquiry
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24		what we had because bearing in mind obviously it's many years since the original litigation, so current Government would not necessarily have any idea what were in them, because they'd never seen them. So as I say, these were documents that the press they're going into the press now but, unfortunately, a lot of the mainstream press are doing a really bad job because they are saying these documents were newly discovered from 2016 and '17 onwards, and these were the same documents that we presented to ministers 20 years ago, that are referred to in letters, referred to in the dissertation. So it's utterly frustrating. And one of the things that I want is I want NA, Kew, to properly reference the return. I mean, I've even written, and my lawyers sent it to NA, Kew, I've written a page giving the background history so it can go down for everybody to understand. Because one of the things as well is I get accused of not sharing anything. It's unbelievable. You know, "Oh well, you didn't do this, you didn't do that." I say, "I have, I've shared	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24		some use of them after leaving office in calls for a public inquiry, was Andy Burnham from whom the Inquiry is hearing next week? Yes, yes. I initially wrote to Andy and I wrote a letter entitled something like "The Broad Street Pump" which is about John Snow and his investigative work. I wrote in 2009 and I was angry with Andy for quite some time because I felt he hadn't listened and, you know, there was press articles where other campaigners had camped outside his door and couldn't get a response. And then at some point I sent a message to Andy, and I more or less said, "If you don't speak out, I will go back to court" basically and try and establish a case in court. And at one point I got a letter from Andy, and he which I've submitted to the Inquiry, and he was basically told from civil servants that there was nothing further to do with haemophiliacs and contaminated blood. So in his eyes, you know, he didn't
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23		what we had because bearing in mind obviously it's many years since the original litigation, so current Government would not necessarily have any idea what were in them, because they'd never seen them. So as I say, these were documents that the press they're going into the press now but, unfortunately, a lot of the mainstream press are doing a really bad job because they are saying these documents were newly discovered from 2016 and '17 onwards, and these were the same documents that we presented to ministers 20 years ago, that are referred to in letters, referred to in the dissertation. So it's utterly frustrating. And one of the things that I want is I want NA, Kew, to properly reference the return. I mean, I've even written, and my lawyers sent it to NA, Kew, I've written a page giving the background history so it can go down for everybody to understand. Because one of the things as well is I get accused of not sharing anything. It's unbelievable. You know, "Oh well, you didn't do this,	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23		some use of them after leaving office in calls for a public inquiry, was Andy Burnham from whom the Inquiry is hearing next week? Yes, yes. I initially wrote to Andy and I wrote a letter entitled something like "The Broad Street Pump" which is about John Snow and his investigative work. I wrote in 2009 and I was angry with Andy for quite some time because I felt he hadn't listened and, you know, there was press articles where other campaigners had camped outside his door and couldn't get a response. And then at some point I sent a message to Andy, and I more or less said, "If you don't speak out, I will go back to court" basically and try and establish a case in court. And at one point I got a letter from Andy, and he which I've submitted to the Inquiry, and he was basically told from civil servants that there was nothing further to do with haemophiliacs and

(47) Pages 185 - 188

1         hum shif. But when be did any was that he mailed         1         A         Yee, yee.           2         through Prail Coggins, an MP, that clearly it was a vey off         2         C. Cand. there's selly just one indiquestion I want to any separabilities to the years between OP3 and Petal Coggin. Nosay and I, and hano car         2         C. Struct. there's selly just one indiquestion I want to any separabilities to the years between OP3 and Petal Coggins. Any Nosay and I, and hano car           6         evidence with hir because obviously i was supporting         6         A         Yes.           7         Mossy with hir in Liverpool and try and         6         A         Yes.           8         explain the studied.         1         Back in the 1980 and Petal Coggins. Any Nove the or thy and to educate         10         Back in the 1980 and Petal Coggins. Any Nove the or thy and the educate         10         Back in the 1980 and Petal Coggins. Any Nove theory may an inquiry, for any or the distribution. Think it distribution and the PE and the PE and Coggins. Any Nove, for any think were, you know, for any any inquiry, had set up an ore competense would have made to be the the observation. Think it distribution and the PE and the PE and the or the PE and the PE and the the the PE and the the the PE and the PE and PE and the the the PE and the PE and the the PE and the the the PE and the the the PE and the PE and the the the PE and the PE and the th						
a     adiment picture     3     ask you. You've been carreging wither in the first of the second indication of the second is second indicatis second indication of the second indicati	1		him stuff. But what he did say was that he realised	1	Α.	Yes, yes.
4         Now, Measy had Paul Goggins as his MP and ve would         4         alongside obviously the caring responsibilities for the years between 1984 and Paels death.           7         Measy with his legal case and I would go to his, you         A         Yea           8         know, braiters with him in Lorpool and try and         B         A           9         explain the situation.         B         C         Because you're been trying to push for an inquiry. for recognition, for financial support.           10         Fault Coggins, bit you know, then got passed on a course, he warn into Patiarrent and used         12         but fithe Covenment had respond difference would hat have made to the fault in the fault	2		through Paul Goggins, an MP, that clearly it was a very	2	Q.	Carol, there's really just one final question I want to
5       meet with Paul Goggins, Mossy and I, and share our       5       years between 1994 and Pee's death.         6       evidence with Im because obviously in was supporting       6       A         7       Mossy with be lead case and I vouid go to he, you       6       A         8       explain the situation.       6       A         9       explain the situation.       6       A         10       So I flink because of the work weight of aducate       10       Back in the 1990s, the infections having happened.         11       Paul Goggins, that, you know, them got passed on       11       Back in the 1990s, the infections having happened.         12       but find. Overments which were, you know, from my       13       au an inquiry, had set up a more complementer financial         13       a couple of documents which were, you know, from my       13       au an inquiry, had set up a more complementer financial         14       think for one was the Gabraith, I think he used, and than       16       A       Will think for mende signed think for member is satered, and adi. You         14       the was hight on adia signed think is satered, and adia. You       10       the was hight on adia. You         15       1 think he used the 75, but 1 think       18       the way hight on adia. You         16       0. Whon he was hight on adia sing	3		different picture.	3		ask you. You've been campaigning, writing, since 1994
6       evidence with him because obviously I was supporting       6       A       Yes.         7       Mosey with his geal case and I would go to his, you       7       C       That dominated your IIE, I think, since then.         9       explain the situation.       A       Absolutely, Yes.       C       Because your been trying to push for an inquiry, for recognition, for financial support.         11       Paul Goggins, that, you know, then got passed on       11       Back in the 1980s, the infections having happened, but if the Goverment had responder financial support.         12       ba Andy. So of course, he went into Parlament and used       12       but if the Goverment had responder financial support.         13       a couple of docurments which were, you know, from my       13       up an indivir, Mad set up a more comprehensive financial         14       dissertation. I think it do reginate them in 2009.       14       support scheme, what difference would have had some peace of mind.         17       Chimps?       Certainal cover-up on an industrial       16       A       Weil. I think here was in incredibly forging. And I think if membedly         18       twas wo fina docurreup on an industrial       20       meant we would have had some comprehension.'. involut have         19       to sole.       11       meant we would have had some comprehension.'. involut have         20 <t< td=""><td>4</td><td></td><td>Now, Mossy had Paul Goggins as his MP and we would</td><td>4</td><td></td><td>alongside obviously the caring responsibilities for the</td></t<>	4		Now, Mossy had Paul Goggins as his MP and we would	4		alongside obviously the caring responsibilities for the
7       Messy with his legal case and I would go to his, you       7       Q.       That's dominated your life. I think, since then.         8       explain the situation.       A. Absolute/, Yes.       Q.         10       So I think because of the work we did to ducate       D.       That's dominated your life. I think, since then.         11       Paul Goggins, that, you know, then got passed on       D.       Back in the 1980s, the infections having happened.         12       but No, So of course, he went into Parliament and used       D.       D.       D.         13       a couple of documents which were, you know, from my       D.       D.       D.         14       the Gabrathi, I think he used, and then       D.       Pau's file and to your life, do you think?       D.         15       I think he used her The apper Than       D.       A.       Will, I think Peter would tha heve made to provide the above were able so remoted to your life, do you think?       D.         14       It was two of thobe documents, and said, You       Pae's life and they are genume's stratement, and said, You       Pae's life and they are genume's stratement and used to provide the was trigg to make his statement, and said, You       Pae's life and they are genume's stratement and used to provide they were able so pr	5		meet with Paul Goggins, Mossy and I, and share our	5		years between 1994 and Pete's death.
<ul> <li>know, baristers with him in Liverpool and try and</li> <li>explain the situation.</li> <li>So think because of the work we did to educate</li> <li>Paul Coggins, that, you know, then grip passed on</li> <li>to Andy. So of course, he went him Pariament and used</li> <li>to Andy. So of course, he went him Pariament and used</li> <li>to Andy. So of course, he went him Pariament and used</li> <li>think because you're been trying to push for an inquiry, for responded differently, had set</li> <li>upont schement, what difference would have had some passe of mind.</li> <li>think he</li></ul>	6		evidence with him because obviously I was supporting	6	Α.	Yes.
9       explain the situation.       9       0.       Because you've been trying to push for an inquiry, for recognition, for financial support.         10       So 1 think because of the work we did to educate to b Ardy. So of course, he went into Parliament and used to b Ardy. So of course, he went into Parliament and used to b Ardy. So of course, he went into Parliament and used to b Ardy. So of course, he went into Parliament and used to the Ardy some comprehensive financial support scheme. What difference would have had some pace of mind.         11       Back in the 1990s, the infections having happened, but if the Government had responded differently, had set up a more comprehensive financial support scheme. What difference would have had set to the Value the Ycheap of the was bing to make this statement.         12       Uhink new use the Calbardh. Ithink the used, 11 think, the was bing to make this statement, and scid. "You would have had some comfort and we could have had s	7		Mossy with his legal case and I would go to his, you	7	Q.	That's dominated your life, I think, since then.
10       So I think because of the work we did to educate       10       recognition, for financial support.         11       Paul Googins, that, you know, then got passed on       11       Back in the 1990s, the infections having happened, but if the Coverment had responded differently, had set         13       a couple of documents which were, you know, from my       13       up an inquity. had set up a more comprehensive financial         14       dissertation. I think if d originally send them in 2009.       14       support scheme, what difference would have them made to         16       I think or was the Gabriel. I think is used, and then       15       The was tho differently, had set up a more differently, up out iffe, do you think?         16       I think he I think did he uses the 70-beaper Than       16       A       Weil, I think Pete would have thad some pace of mind.         17       Champs <sup>17</sup> , Octanity I think he used the 75, but I think.       17       The and pace scheme, what differently, and where         21       scale.*       21       scale.*       21       scale.*       21         22       Veis is a criminal cover-up on an industrial       20       the very ond he was togginy and an industrial       20         23       K. Which is what i absolutely believe.       23       relaxed and enipoyed out time together, you know, what         24       Q. Obviousiy well be able to pick that	8			8	Α.	-
11       Paul Goggins, that, you know, then got passed on       11       Back in the 1990s, the infections having happened,         12       to Andy. So of ocurse, he went into Parlament and used       12       but if the Government had responded differently, had set;         13       a couple of docurnes two, from my       13       up an inquir, had set up a more comprehense financial         14       disseration. I think if d originally send them in 2009.       14       support scheme, what difference would have had some passe of mind.         15       Lithink one was the Gabraith. I think he used, I think.       16       M. Well, think Peter would have had some passe of mind.         16       Lithick one was try to those documents that he used, I think.       16       M. Well, think Peter would have had some comfort and we could have         17       Chimps*7. Certainly L think he used, I think.       18       the vary on the was torg toing. All think if somebody         18       the vary on the was torg toing. All think if somebody       the adad. "Cock", you know, we made some comfort and we could have         20       C Yes.       22       meant we wold have had some comfort and we could have         21       C. Yes.       23       meant we wold have had some comfort and we could have         22       O brokoly well be able to pick that up with him when he       24       0         23       D bab to pick			explain the situation.	9	Q.	
12       b Any. So of course, he went into Parliament and used       12       but if the Government had responded differently, had set         13       a couple of documents which were, you know, from my       13       the parling into the parline	10			10		
13       a couple of documents which were, you know, from my       13       up an inquiry, had set up a more comprehensive financial support scheme, what difference would that have made to 14         14       discertation. If think to exit, and then in 2009.       14       support scheme, what difference would that have made to 24         16       I think new ass the Galarith, think is used, and then 15       Pete's life and to your life, do you think?         17       Chimps? O catalnyl think he used the 75, but I think       17       I heave an incredially togring man. Even at the very end he was forging, And I think if somebody when he was trying to make his statement; and said, "You 19       had said, "Look, you know, we made some terrible         18       twas two of those documents that he used, think, 18       the very end he was forging, And I think if somebody when he was trying to make his statement; and said, "You 19       had said, "Look, you know, we made some terrible         20       Q. Yes.       20       Yes.       18       meant we would have had some comfort and we could hav						
14       dissertation. I think fd originally send them in 2009.       14       support scheme, what difference would that have made to         15       I think one was the Calbrath, I think he used, and then       15       Peters life and to your link?         16       It hink he uset he 'Cheaper Than       16       A.       Well, I think he was how pages of mid         17       Chimps'? Certainly I think he used, and said, 'You       19       had said, 'Look, you know, we made some bentible         18       it was two of those documents that he used, I think,       18       the very end he was toging. And I think if somebody         19       when he was tying to make his statement, and said, 'You       19       had said, 'Look, you know, we made some terrible         20       Q. Yes.       20       Yes.       21       going to give you some compensation'', it would have         21       ssale.*       22       meant we would have had some comfort and we could have         22       Q. Yes.       22       The after Pete died, I mean, I was unable to move         23       A. Which is what I absolutely believe.       23       Then after Pete died, I mean, I was unable to move         24       Q. Obvicusly well be able to pick that up with him when he       24       doors, and they can see I'm not just somebody who is,         25       truth and justice, and - I mean, for exampl						
15       I think one was the Gabraith, I think the used, and then       15       Pete's life and to your life, do you think?         16       It hink he						
16       I think he – I think did he use the "Cheaper Than       18       A.       Well, I think Pele would have had some peace of mind.         17       Chimps": Certainly I think he used the 75, but I think,       18       Imean, Pele was an incredibly forgiving man. Even at the very end he was forgiving. And I think if somebody         18       when he was tying to make his statement, and said, "You       19       had said, "Look, you know, we made some terrible         20       Know, this is a criminal cover-up on an industrial       20       ging to give you some compensation", it would have         21       scale."       21       ging to give you some compensation", it would have         21       scale."       22       gives evidence a week today.       23         22       Q. Yes.       23       Then after Pele died, I mean, I was unable to move         23       A       Which is what I absolutely believe.       23       Then after Pele died, I mean, I was unable to move         24       Q. Obviously well be able to pick that up with him when he       24       24       26         25       Tuth and justice, and – I mean, for example, I was       2       doors, and they can see I'm not just somebody who is, you know, distanced from loss and suffering. I've been         3       headhunted to do a PhD. I was offered an opportunity, relay worked through the day, Maverage       1       they know that						
17       Chimps*? Certainly I think he used the 75, but I think,       17       I mean, Pete was an incredibly forgiving man. Even at it was two of those documents that he used, I think,         18       it was two of those documents that he used, I think,       18       the very end he was brighting. And I think if somebody         19       when he was bying to make his statement, and said, "You       19       that said, "Look, you know, we made some terrible         21       scale."       21       going to give you some compensation if, thould have         22       Q. Yes.       22       meant we would have had some comfort and we could have         23       A. Which is what I absolutely believe.       23         24       Q. Obviously we'll be able to pick that up with him when he       24         25       Then after Pete diad, I mean, I was unable to move         189       189       they know that I've suffered as well, and that opens         26       uthand justice, and – I mean, for example, I was       2       doors, and they can see I'm not just somebody who is,         27       really wanted to do it. I was going to do it, and then       5       because at least I can use some of that experience         26       I had to look at it seriously and I though, "How can       6       elswhere, I know, and that's been accepted more – more         180       PD bwhen I'm workinn gift at and da						
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1	be taken care of. And I believe and I do believe that	1	A. Yes, that's fine, thank you.
2	that's possible, and I know what's going on behind the	2	SIR BRIAN LANGSTAFF: It'll be about that, if counsel is
3	scenes, and, you know, I want to say to the Government:	3	normally pretty accurate on this. We'll say not
4	just listen. Give people a chance. Things are going to	4	before 4.30. It may be a little later if there are more
5	improve there but don't punish the population.	5	questions than she anticipates, but after that, we'll
6	Another thing I want to say very strongly is in	6	come back and see what questions the Core Participants
7	some countries they still don't get treatment for	7	want to put through her to you in the light of what
8	haemophilia. I mean, here people are infected through	8	you've been saying.
9	the treatment. In other countries, you know, they don't	9	A. Thank you.
10	have access. Still don't have access to treatment.	10	SIR BRIAN LANGSTAFF: 4.30. Not before 4.30.
11	In places like Israel there's Apartheid medical	11	(4.20 pm)
12	treatment, and I'm in touch with haemophiliacs there,	12	(A short break)
13	and I just want to say to them, haven't forgotten you.	13	(4.30 pm)
14	You know, I spoke to one person couple of weeks ago, and	14	MS RICHARDS: Carol, there's just one matter that those
15	I will do everything I can to fight for you to have	15	representing you have suggested I ask you about, and
16	proper treatment.	16	that's Alf Morris, Lord Morris's Contaminated Blood
17	So, you know, I use my experience in ways like that.	17	Bill.
18	MS RICHARDS: Carol, those are the questions I've got but,	18	A. Yes.
19	sir, if we could have a short break, I'd like to check	19	<b>Q</b> . What was that and what happened to it?
20	with Carol's representatives whether there's anything	20	A. He was trying to put the recommendations of the
21	further they'd like me to raise, it'll give Carol	21	Archer Inquiry into law, really, so they could be, you
22	a short break, and then we can come back for a final	22	know, carried through and sadly, again, he was blocked
23	hearing. I think ten minutes will be sufficient.	23	again in Parliament. And also, he didn't particularly
24	SIR BRIAN LANGSTAFF: Let me just ask Carol, will ten	24	get the support. I do feel quite angry with the APPG on
25	minutes be enough? 193	25	that, because I thought they could have done a lot more, 194
			104
1	and I feel that the APPG, which was originally for	1	treatment strikes.
2	haemophilia, was hijacked after he died, and that wasn't	2	And I want to thank the blood donors who, you know,
3	carried on. And that was a shame.	2	that give their blood and encourage people to be blood
4	<b>Q.</b> So the Bill didn't, in any event, come to fruition?		
		/	donors because Listill believe you know in the blood
5		4	donors, because I still believe, you know, in the blood
5	A. It didn't, yeah. And it would have been, you know,	5	donor system with volunteer donors and I would like to
6	A. It didn't, yeah. And it would have been, you know, really good because the recommendations were sound from	5 6	donor system with volunteer donors and I would like to see that all across the world. And again, I pay tribute
6 7	A. It didn't, yeah. And it would have been, you know, really good because the recommendations were sound from Archer. We were happy with the recommendations. We	5 6 7	donor system with volunteer donors and I would like to see that all across the world. And again, I pay tribute to Afghanistan because they have managed to get
6 7 8	A. It didn't, yeah. And it would have been, you know, really good because the recommendations were sound from Archer. We were happy with the recommendations. We were happy in the context that it was a limited inquiry,	5 6 7 8	donor system with volunteer donors and I would like to see that all across the world. And again, I pay tribute to Afghanistan because they have managed to get a volunteer blood donor system. They've worked really
6 7 8 9	A. It didn't, yeah. And it would have been, you know, really good because the recommendations were sound from Archer. We were happy with the recommendations. We were happy in the context that it was a limited inquiry, but, you know, he did listen to us, and actually echoed	5 6 7 8 9	donor system with volunteer donors and I would like to see that all across the world. And again, I pay tribute to Afghanistan because they have managed to get a volunteer blood donor system. They've worked really hard to get that.
6 7 8 9 10	A. It didn't, yeah. And it would have been, you know, really good because the recommendations were sound from Archer. We were happy with the recommendations. We were happy in the context that it was a limited inquiry, but, you know, he did listen to us, and actually echoed my recommendations with regard to Ireland. And Alf, in	5 6 7 8 9 10	donor system with volunteer donors and I would like to see that all across the world. And again, I pay tribute to Afghanistan because they have managed to get a volunteer blood donor system. They've worked really hard to get that. I want to pay tribute to my mum because she spotted
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1	this should now go to everybody, you know. There should	1	wealth of documents which you have made available to the
2	not be any more divisions. It's about time there was	2	Inquiry. It's really appreciated. It's, I think, what
3	something cohesive that brought us together, and I want	3	being a participant, a Core Participant, is partly
4	everybody to get that interim payment.	4	about.
5	I think, after everything that's happened, that they	5	THE WITNESS: Thank you very much.
6	deserve it.	6	SIR BRIAN LANGSTAFF: Thank you very much.
7	MS RICHARDS: Thank you, Carol, and that's an issue we'll	7	THE WITNESS: Thanks.
8	undoubtedly be exploring when Sir Robert gives evidence	8	[Applause]
9	at the beginning of next week.	9	SIR BRIAN LANGSTAFF: Carol, you've done what you might have
10	THE WITNESS: Thank you. Thanks.	10	waited for but we're just going to hear what's going to
11	MS RICHARDS: Sir Brian.	11	happen next week.
12	SIR BRIAN LANGSTAFF: Well, I won't take long, because I'm	12	MS RICHARDS: Don't worry.
13	sure you must be quite tired, particularly with the	13	SIR BRIAN LANGSTAFF: You don't have to go back.
14	sleep you get. And it's been for you what will have	14	MS RICHARDS: You can go back and sit with Colette.
15	been quite a long and emotional day.	15	SIR BRIAN LANGSTAFF: Please, sit.
16	THE WITNESS: Yes.	16	MS RICHARDS: Next week, we have the evidence of
17	SIR BRIAN LANGSTAFF: But I would like to say just this:	17	Sir Robert Francis on Monday and Tuesday, so obviously
18	that I'd read your dissertation more than once, in many	18	exploring the issue of compensation, some of the themes
19	parts, and, having read it, first of all, fully	19	and issues that Carol has talked about today. We then
20	understood why it won a prize, but more importantly,	20	hear from Rowena Jecock, Alan Milburn and Andy Burnham
21	perhaps, I was looking forward with interest to hear	21	the rest of the week.
22	what you had to say. And you certainly haven't	22	SIR BRIAN LANGSTAFF: It is going to be an interesting week.
23	disappointed.	23	Monday, ten oʻclock.
24	THE WITNESS: I'm glad. Thank you.	24	(4.37 pm)
25	SIR BRIAN LANGSTAFF: I'd also like to thank you for the 197	25	(The hearing adjourned until 10.00 am on Monday) 198
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Website. 11         161/13         16	W	111/6 126/13 143/16	119/17 123/24 124/16	99/8 101/4 101/18	124/22 125/9 131/20
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17/17       180/1       189/12       164/10       167/16       17/18       138/25       140/19       142/12       166/2         198/21       198/21       198/21       17/28	112/19 164/23 170/8				
19/79 1980/1 1980/1         were (263)         17/2 8 175/23 1783         143/16 144/25 142/20         100/16 (6) 47/8 58/4           weeken (1)         17/2 7 33/26 47/14         189/24 199/17 197/8         153/23 156/14 156/15 159/12         100/6 (6) 47/8 58/4           40/3 55/24 10/9         17/3 32/6 47/14         189/24 199/17 197/8         153/23 156/14 156/15 159/12         100/6 (2) 13/7           143/25 170/8 172/13         139/14 145/23         139/14 145/23         23/5 26/15 31/3 31/24         16/11 2 161/25 162/12         116/21 169/15 13/6           143/25 170/8 172/13         139/14 146/15 15/33         32/7 32/14 33/1 34/11         162/11 162/1 168/7         168/7         166/71 167/5 168/7           48/1         139/14 146/15 15/3         136/23 33/4 43/14         166/11 167/5 168/7         166/14 167/5 168/7         166/14 167/5 168/7           12/22 14/10 14/11         14/14 15/23         36/23 33/4 43/14         166/11 167/5 168/7         166/14 167/5 168/7         166/14 167/5 168/7           12/22 14/10 14/11         17/16 17/16 17/8         18/82 148/81         169/1 170/14 172/9         88/12 100/15 138/14         169/17 161/1         166/11 16/7         168/7         169/17 161/1         166/11 16/7         168/7         16/7         16/7         16/7         16/7         16/7         16/7         16/7         16/7         16/7					
136/21         werkend [1] 727         werkend [1] 727         werkend [1] 727         13/2 17/3 32/6 47/14         18/2 4 19/1 7197/8         150/3 150/7 153/20         12/2 7 14/3 5 152/18           63/25 90/25 140/9         49/3 55/24 123/25         18/2 4 19/1 7197/8         150/3 150/7 153/20         12/7 14/2 12/7 13           13/2 17/3 32/6 47/14         18/92 19/2 12/4 12/8         150/3 150/7 153/20         152/2 14/2 12/7 13         156/1 156/1 159/1 2         156/1 156/1 159/1 2         156/1 156/1 159/1 2         156/1 156/1 159/1 2         16/1 16/7 1518/7         176/2					
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Weeks [0] 5//25         9/3 55/24 123/25         where [47] 12/4 12/8         156/14 156/15 159/12         who's [2] 36/5 155/13           13/25 00/25 10/9         127/12 127/13 136/5         23/5 26/15 31/3 31/24         161/12 161/25 162/12         who's [2] 36/5 155/13           13/314         13/314         13/314         13/314         13/31         162/15 164/16 165/25         176/2           13/314         13/31         13/44         15/25         16/16 613/65 158/17         16/16 64/6 7/17 680/2         6/116 66/16 7/17 680/2         6/116 66/16 7/17 680/2         6/116 66/16 7/17 680/2         6/116 66/16 7/17 680/2         6/116 66/17 678/2         6/116 66/17 678/2         6/116 64/4 67/17 680/2         6/116 64/4 67/17 680/2         6/116 64/4 67/17 680/2         108/1 170/14 172/9         88/12 100/15 103/11         108/1 18/2 <td>weekend [1] 72/7</td> <td></td> <td></td> <td></td> <td></td>	weekend [1] 72/7				
03/23 90/20 14/09         127/12 127/13 138/5         23/5 26/15 31/3 31/24         161/12 161/25 162/12         whoever [2] 89/12           13/3/14         136/6 136/15 136/15         23/5 26/15 31/3 31/24         162/11 162/25 162/12         whoever [2] 89/12           13/3/14         136/6 136/15 136/15         36/23 34/31/4         166/11 167/5 168/7         whoever [2] 59/1 61/1           weil [3] 2/1 3/15         West [1] 64/1 156/21         6/16 64/4 67/17 68/2         166/1 1170/1 41729         88/12 100/15 108/11           12/22 14/10 14/11         West [1] 64/18         wita [21]         77/18 80/22 88/21         17/4/6 175/11178/20         108/11 100/15 108/11           12/22 14/10 14/11         West [1] 64/18         wita [21]         77/18 80/22 88/21         17/4/6 175/11178/20         108/11 100/15 108/11           12/22 14/10 14/11         West [1] 64/18         wita [21]         109/1 120/14 14/5         108/11 108/11 31/20         138/11 186/11         94/11 12/19 184/1           12/23 35/16         62/11 108/11 33/14         135/20 13/20         139/11 98/11 98/11         94/11 12/19 184/1         146/15           13/18 08/20         91/14/15 13/11         13/20 12/14         198/11 108/11 38/11         13/11 88/11 188/11         94/11 12/19 184/1           11/25 13/15 /14 108/11         13/11 86/14 16/16         13/11 86/14         13/11 88/1					
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193/14         139/1         146/4         155/2         36/23         34/34         43/14         166/11         167/5         168/7           48/1         weight [3]         21/3         1/16         1/11/11/6         1/11/6         1/11/6					
Weight [3]         S1/4 S1/3         T/1/8 171/16 171/17         48/2 49/9 59/2 59/4         168/8 168/12 168/25         64/15 69/15 74/20           weil [81]         21/3 1/5         West [1]         16/21 64/16         64/6 77/17 68/2         169/1 170/14 172/2         88/21 200/15 108/11           12/22 14/10 14/11         what [213]         77/18 80/22 88/21         178/6 73/22         174/6 17/14 178/20         88/21 200/15 108/11           15/15 15/22 16/5         what you [1] 198/9         91/1 94/15 98/13         179/21 180/16 183/23         178/21 178/21 178/23 179/4         146/15           29/9 31/23 35/16         62/11 108/7 133/14         135/20 135/20 135/20 139/19         191/10 192/10 195/1         188/5 188/7           37/20 39/14 39/18         135/9 184/10 192/14         142/23 158/18 165/14         196/11 189/1         173/10 157/5           50/19 53/20 54/4 55/3         56/16 61/70 24 179/1         165/16 176/3         whether [3] 53/11         188/1 188/11 86/11         196/11 189/1         73/17 103/2 13/17 103/2           56/18 66/19 68/12         10/5 125 17/3 17/14         10/5 125 67/17 706/2         white [6] 41/9 57/23         10/5 12/2 11/2 12/2         47/23 53/20 56/12           71/19 19/17         3/13 3/15 7/14 10/13         10/5 12 56/17 106/2         10/5 12 56/17         10/5 12/2 11/2 10/14         10/5 12/2 11/2 10/14         10/2 12/2 13/2<					
4401         West [1]         12/22         13/15         West [1]         16/16         6/1/6         6/1/7         6/2/2         16/2         17/14         10/19         11/12/2         13/11         11/12/2         13/11         11/14/2         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14/25         13/21         11/14         11/14/25         13/21         11/14 <th11 14<="" th=""> <th11 14<="" th="">         11/14&lt;</th11></th11>					
Weil [81] 21/31,         western [1] 156/21         68/5 73/16 73/22         174/8 175/11 178/20         108/19 114/25 132/1           12/21 4//10 14/11         what [213]         what [213]         77/18 80/22 88/21         178/21 178/23 179/21         146/15           16/23 17/4 18/5 20/8         what [21] 14/9         91/1 94/15 98/13         179/21 180/18 183/9         146/15           25/13 25/15 28/17         what [21] 14/9         91/1 108/1 108/1         183/11 186/21 188/11         186/14 186/21 188/11           29/9 31/23 35/16         62/11 108/7 133/14         135/20 135/20 139/19         191/10 192/10 195/1         73/10 157/5           37/20 39/14 39/18         135/18 18/10 192/14         142/23 158/18 165/14         198/11 188/1         198/21 189/13         188/5 188/7           56/13 50/19 50/14         135/11 108/1 135/1         188/14 192/21         55/8 65/3 77/2 99/7         3/22 36/10 38/2           109/15 12/6 12/11         166/6 170/24 179/1         198/11 188/13 163/1         157/16         103/17 103/24 104/13           109/15 12/6 12/11         166/2 10/22 /3 3/9         178/19 193/20         whiste [1] 37/10 151/21         103/17 103/24 104/14           109/15 12/6 12/11         156/21         13/17 11/2 17/12         3/4 3/32 3/17 7/12         105/17 137/14           109/15 12/16 14/0/13         31/15 7/14 10/13					
12/12         13/15         15/16         15/17         15/16         15/16 <th< td=""><td>well [81] 2/1 3/15</td><td></td><td></td><td></td><td></td></th<>	well [81] 2/1 3/15				
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22/13 22/15 26/17       16/24 48/20 56/23       109/7 120/4 124/5       188/21 189/13 189/23       188/5 188/7         37/20 39/14 39/18       62/11 109/7 133/14       135/20 135/20 139/19       19/1/10 192/11       196/10 195/1       mose [3] 62/24         37/20 39/14 39/18       135/9 184/10 192/14       142/23 158/18 165/14       196/11 198/1       196/10 195/1       mose [3] 62/24         50/19 52/20 60/4       165/14 108/7 133/14       142/23 158/18 165/14       196/11 198/1       196/11 198/1       73/10 157/5         66/18 66/19 68/25       matever [3] 53/11       166/20 182/2       108/1 118/8 128/6       89/7 137/10 151/21       105/21 3/23 1/24 10/18         7/4 92/9 92/25 104/9       196/20 188/2       108/1 118/8 128/6       197/13 170/10 151/21       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 102/2 12/31       105/12 10/12/2 12/2 12/31       105/12 10/12/2 12/2 12/31       105/12 10/2 12/31       105/12 10/12/2 12/2 12/31       105/12 10/12/2 12/2 12/31       105/12 10/12/2 12/2 12/31       105/12 10/12/2 12/2 12/31       105/12 10/12/2 12/2 12/31       105/12 10/12/2 12/2 12/31       105/12 10/12/2 12/2 12/31       105/12 10/12/2					
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37/20       39/14       39/12       39/14       39/14       39/12       39/14       39/14       39/12       39/14       39/14       39/12       39/14       39/12       39/14       39/14       39/12       39/14       39/12       39/14       39/12       39/14       39/14       39/12       39/14       39/14       39/12       39/14 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
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17/0/6       17/1/3       17/1/2       22/12       26/9       26/22       who [76]       1/9       1/1/7       123/4       123/4       122/1       123/4       122/1       123/4       122/13       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       123/4       126/15       14/25       11/5       11/5       11/5       11/5       11/5       11/5       11/5       11/5       126/12       123/4       126/15       14/25       11/5       11/5       11/5       11/5					
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