

Thursday, 6 October 2022

(10.00am)

(Proceedings delayed)

(10.58 am)

**SIR BRIAN LANGSTAFF:** Welcome to you all.

Elisabeth, I think, Brenda and Linda, and that's how you would wish to be known. Tell me if that's not right.

You're nodding, thank you.

Can I first, though, say something to you.

Apologies for starting a little bit later this morning -- logistical reasons -- but we have the rest of the day to concentrate on what we are about to hear.

The last witness today, not on this panel, will be anonymous, and in due course I will make an anonymity order. He will be present in this room but, because of the nature of his evidence and the likelihood that he may mention matters which could potentially identify him, there will be no YouTube and there will be no live stream. So those who are watching online, I'm afraid you will not be able to access that evidence, though of course there will in due course be a transcript. You will appreciate, those of you who are here, that I'm saying that for the benefit of others, but they are likely to number rather more than we have

1

Elisabeth, you're here to talk about the treatment of your three sons at Birmingham Children's Hospital?

**MS BUGGINS:** I am.

**MS RICHARDS:** Your first son, Richard, was born in 1978.

**MS BUGGINS:** He was.

**MS RICHARDS:** How did it come about that Richard was diagnosed with severe haemophilia A?

**MS BUGGINS:** Richard wasn't diagnosed until the [redacted] of 1978, so when he was eight months old. He had become very unwell, and the GP referred him to the local hospital, who then shipped him from where we lived, near Birmingham, up to Alder Hey Hospital in Liverpool with a police escort and staff on board because he was so poorly. And there was something wrong with his brain but they didn't know what, and it took three days for Richard to be scanned, and then they realised that he'd got a lot of bleeding in his brain and there was so much blood they couldn't see where it came from.

So they operated and excised a large part of his brain and he just about pulled through, and began to get a little bit better, and then a following week I recognised the same look on his face as the week previously. And so they scanned again and realised that he'd bled again, and took him back to theatre. He was very, very, very ill, obviously, at that point. And

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in this room, sizeable though the day's audience is.

Now, in a moment or two, I'm going to ask Sapna to invite each of you in turn to take the oath, and then Ms Richards will ask the questions. If at any time you want a break or you want people to speak more loudly -- because I think, Linda, you may have some difficulties of hearing on occasions --

**MS WOOLLISCROFT:** Yes, I've just turned it up a bit.

**SIR BRIAN LANGSTAFF:** You can hear me all right, can you?

**MS WOOLLISCROFT:** I can hear you better now.

**SIR BRIAN LANGSTAFF:** All right. Well, we'll take it slowly, I hope, and if I ask anyone to slow down, it is so that you can follow and have -- haven't to strain too much.

So Sapna.

**ELISABETH MARY BUGGINS (affirmed)**

**BRENDA HADDOCK ( sworn)**

**CHRISTINE LINDA WOOLLISCROFT (sworn)**

**SIR BRIAN LANGSTAFF:** Now, we know from what you've just said that your first given name is Christine but you are normally known as Linda?

**MS WOOLLISCROFT:** Linda.

**Questioned by MS RICHARDS**

**MS RICHARDS:** I'm going to start by asking Elisabeth some questions.

2

I think the second bleed had resulted from a subdural tap, which they'd done at Alder Hey before moving him to Walton Hospital. And it was only two days after that, when it looked as if it was happening again, that I was told that Richard had been found to have severe haemophilia and that was the cause of the bleeding. It wasn't an aneurysm that had broken or a cancer which had tapped into a major blood vessel in his brain.

**MS RICHARDS:** And Richard was left with some cognitive and physical difficulties following the events you've described?

**MS BUGGINS:** He was. When he came back from Liverpool, which was four months later, he had -- he was more or less paralysed on one side. His sight was very, very poor. But he could hear, and the joy for me was that every time I went into a room where he was, he'd put his hand up. And he was always pleased to see me.

**MS RICHARDS:** You had two further sons, Jonathan --

**MS BUGGINS:** I did.

**MS RICHARDS:** -- and Edward. Jonathan born in 1980.

**MS BUGGINS:** (Witness nodded)

**MS RICHARDS:** And what year was Edward born in?

**MS BUGGINS:** 1981.

**MS RICHARDS:** And they too were diagnosed with severe haemophilia A.

4

1 **MS BUGGINS:** They were.  
 2 **MS RICHARDS:** Did you have any family history of haemophilia  
 3 that you were aware of?  
 4 **MS BUGGINS:** None. And we can go back many decades, nobody  
 5 has any sign of haemophilia. But once genetics came  
 6 along, it seems that I'm the start of the tree rather  
 7 than having a history.  
 8 **MS RICHARDS:** We've got some photos of the boys that we'll  
 9 just show at this stage of your evidence.  
 10 So if we could have those up on screen, please,  
 11 Lawrence, Elisabeth's photos.  
 12 So ...  
 13 **MS BUGGINS:** This was Jonathan sitting on the homemade  
 14 truck, and Edward, his younger brother, pulling him.  
 15 And it's probably about the age Jonathan was when he  
 16 acquired HIV.  
 17 And this was Richard, probably about four or  
 18 five years into his life, yeah.  
 19 And this is the three boys a few months before  
 20 Richard died.  
 21 **MS RICHARDS:** And one more photo, which shows ...  
 22 **MS BUGGINS:** And then after Richard died I had a daughter,  
 23 and she was quite keen that I showed this photo because  
 24 it shows how young I was.  
 25 **[Laughter]**

5

1 a mix?  
 2 **MS BUGGINS:** I think they were almost exclusively -- well,  
 3 I know they were almost exclusively American  
 4 concentrates because he needed so much volume of  
 5 treatment.  
 6 **MS RICHARDS:** We'll look shortly at when Jonathan began to  
 7 be treated, but at this point in time, with Richard  
 8 being treated and then Jonathan, what, if anything, did  
 9 you know at the outset, about risks of transmission of  
 10 viruses from the concentrates?  
 11 **MS BUGGINS:** I don't remember anything from the outset. We  
 12 were just hugely relieved that there was something that  
 13 could stop this bleeding that was so traumatic for  
 14 Richard.  
 15 Once we arrived at the Children's Hospital, and  
 16 I don't know which year this was -- it's just too long  
 17 ago -- but somewhere, I would say, between --  
 18 before 1984, I remember having a conversation about the  
 19 risks of hepatitis in Factor VIII of -- and that there  
 20 was a -- more of a risk with concentrate, although  
 21 I never remember that being quantified, but that was the  
 22 extent of it, really.  
 23 **MS RICHARDS:** At this point in time, whichever year it was  
 24 in the first years of the 1980s, were you told anything  
 25 about the seriousness or otherwise of hepatitis?

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1 **MS RICHARDS:** Thank you, Lawrence.  
 2 So the ongoing care of Richard, Jonathan and  
 3 Edward's haemophilia took place at Birmingham Children's  
 4 Hospital and the consultant was Dr Frank Hill.  
 5 **MS BUGGINS:** It was.  
 6 **MS RICHARDS:** Your husband was working full time, you had  
 7 been working in the Health Service in a managerial role,  
 8 a role you later went back to, but you gave that up to  
 9 look after the children at this point in time?  
 10 **MS BUGGINS:** I did.  
 11 **MS RICHARDS:** So, as a result, you were dealing with the  
 12 vast majority of the hospital appointments and the  
 13 treatments?  
 14 **MS BUGGINS:** I was.  
 15 **MS RICHARDS:** And so with three children with haemophilia A,  
 16 were you at the hospital a lot?  
 17 **MS BUGGINS:** A huge amount, yes. I lived there for a month  
 18 at a time, because Richard had -- he was a high  
 19 responder, inhibitors, with Factor VIII, and so -- and  
 20 the bleeding was very difficult to control.  
 21 **MS RICHARDS:** Richard was treated from a very young age with  
 22 Factor VIII concentrates.  
 23 **MS BUGGINS:** Yes.  
 24 **MS RICHARDS:** Do you know, in Richard's case, whether they  
 25 were commercial concentrates, NHS concentrates, or

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1 **MS BUGGINS:** No, I don't think so. It seemed a much lesser  
 2 risk, and it wasn't really talked about  
 3 explicitly until, I think, 1985, when the boys were  
 4 given hepatitis B vaccine.  
 5 **MS RICHARDS:** Now, Jonathan began to be treated with  
 6 concentrates also at a very young age.  
 7 **MS BUGGINS:** Yes.  
 8 **MS RICHARDS:** We can pick that up from a report from  
 9 Professor Savidge which details Jonathan's treatment.  
 10 Lawrence, could we please have WITN1021004.  
 11 If we go to the second page, we can see it's  
 12 a report concerning Jonathan's treatment. It's dated --  
 13 this is on the last page, we don't need to go to it now,  
 14 2 June 1992, from Professor Savidge, and is it right to  
 15 understand this was a report prepared in the context of  
 16 legal proceedings that you were bringing against the  
 17 Health Authority?  
 18 **MS BUGGINS:** It was.  
 19 **MS RICHARDS:** We can pick it up towards the bottom of this  
 20 first page on the screen. There's reference to Richard  
 21 and the complications of inhibitors. Then we can see,  
 22 the last ten lines or so on the screen, it says in  
 23 relation to Jonathan:  
 24 "The child experienced his first clinically  
 25 significant haemorrhage on 13.02.81 with a bleed into

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1 the left ankle joint. He was treated at the hospital  
2 with 3 packs of cryoprecipitate with good effect. On  
3 27.03.81, the boy sustained an injury to the left leg  
4 with bruising of the upper third and from treatment  
5 records it would seem that the child was given 234 units  
6 US commercial factor VIII ..."

7 Just pausing there, just to get a sense of it, and  
8 without giving details of dates of birth, Jonathan would  
9 have been in the region of a year old at this point in  
10 time?

11 **MS BUGGINS:** He was.

12 **MS RICHARDS:** So Professor Savidge continues:

13 "As cryoprecipitate treatment of infants was the  
14 recommended policy of the hospital and indeed  
15 nationally, the administration of this large donor pool  
16 commercial material in preference of cryoprecipitate or  
17 NHS concentrate without authorisation was negligent."

18 There's then a reference to a further administration  
19 of Armour Factor VIII concentrate in March '81, another  
20 one in May '81, and Professor Savidge continues, and  
21 this is five lines from the top:

22 "As before, there is no evidence that authorisation  
23 was given to depart from hospital policy, and it is  
24 remarkable that a different batch of US material was  
25 given."

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1 if we just look further down the page, we can see  
2 Professor Savidge expressing an opinion about the way in  
3 which Jonathan had been treated, he says -- just above  
4 the heading, "1. Use of large pool US commercial  
5 concentrates", we'll see that Professor Savidge says:

6 "There are several issues in this case which are  
7 divergent with established clinical practice:-

8 "1. Use of large donor pool US commercial  
9 concentrates"

10 And we can see Professor Savidge reiterates that  
11 cryoprecipitate would have been the recommended form of  
12 treatment.

13 And top of the next page he explains why, when he  
14 says:

15 "Cryoprecipitate was of particular benefit in such  
16 cases since it was derived from single voluntary donor  
17 plasma collections in the UK and thus carried  
18 a substantially lower hepatitis B and  
19 non-A, non-B hepatitis risk ..."

20 He explains then further down, about 12 or so lines  
21 down:

22 "Factor VIII concentrates, on the other hand, and  
23 particularly US commercial material from paid donors,  
24 were derived from large donor pools ..."

25 Then he gives some figures.

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1 There is then a bleed treated with cryoprecipitate  
2 and then a similar bleed treated with Armour  
3 concentrate, further details of Armour concentrate being  
4 given, and then further occasions in which Jonathan was  
5 treated with cryoprecipitate.

6 If we look towards the bottom of the page -- yes,  
7 I'll pick it up about seven lines from the bottom,  
8 Professor Savidge says this:

9 "On many of the occasions when cryoprecipitate was  
10 given, the patient was not admitted to a ward indicating  
11 that convenience of administration of factor VIII  
12 concentrates over cryoprecipitate possibly obviating  
13 IP admission was not a cogent argument for their usage.  
14 During 1983, the boy was treated on 26 occasions,  
15 exclusively with Armour factor VIII ... both as an  
16 [inpatient] and [outpatient]. During this year,  
17 9 different batches of the Armour product were used.  
18 During 1984 the boy was treated on 17 occasions,  
19 initially until [and then there's a date in May] with  
20 ... Armour ... and then exclusively with NHS  
21 factor VIII ..."

22 And it was suggested that was due to an allergic  
23 reach to Armour in May of 1984, and then in 1985 only  
24 NHS material was used.

25 Come back to the issue of the HTLV-III testing, but

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1 "... and imparted a substantially higher risk of  
2 hepatitis."

3 That's the first observation Professor Savidge  
4 makes.

5 Over the next page, picking it up about six lines  
6 down, he says in relation to the administration of  
7 Armour Factor VIII in March of 1981:

8 "No explanation whatsoever was given as to why  
9 cryoprecipitate or even NHS factor VIII concentrate were  
10 not used or even if they were not available in the  
11 hospital at the time. Furthermore, there's no  
12 documentation as to whether advice in the choice of  
13 therapeutic product was sought from a senior colleague,  
14 or whether authorisation was requested or given to  
15 administer this US material. Treatment of the child  
16 with US product, in view of the prevailing  
17 recommendations and hospital policy, the lack of  
18 suitable documentation and in the absence of  
19 authorisation was negligent."

20 And towards the bottom, then, of the next page, I'll  
21 just pick it up in the last few lines -- having  
22 described the ongoing use of Armour concentrates,  
23 Professor Savidge says this in the last four lines:

24 "This policy was pursued, with no reference to the  
25 availability of NHS concentrate at the hospital in the

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face of growing concern and increasing information in the public and medical press, that AIDS was transmitted by blood products."

Then if we go to page 9 last of all, there is this observation from Professor Savidge:

"It would seem that Armour was the sole supplier of commercial factor VIII to Birmingham Children's Hospital at that time, and Dr Hill was purchasing large amounts ... of low unitage ... vials at any one time. However, instead of allocating an individual small group of patients on any one batch to ensure long-term continuity of management of such cases on the same batch, it would seem that, with a few exceptions, the vast majority of Dr Hill's patients received the same batch over a few months until the batch was used up. This rather bizarre approach to patient management resulted in the child receiving a relatively large number of batches of vials of material containing few units in a remarkably short time.

"The therapeutic management of this child during 1981-1984, but particularly during 1981 and 1982 was negligent, and undoubtedly the ill-conceived use of Armour factor VIII must be held responsible for the infection of the child with the AIDS virus."

So that's Dr Savidge's -- Professor Savidge's

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**MS BUGGINS:** No.

**MS RICHARDS:** Edward's treatment at this time, I think, was with cryoprecipitate; is that correct?

**MS BUGGINS:** It was, although he did have a mix of treatment in his early life too. I have little information about that. Yes, so I don't think there's a different pattern.

**MS RICHARDS:** Now -- so a meeting then took place and I think, doing the best you can, you think it was autumn of 1984?

**MS BUGGINS:** Yes.

**MS RICHARDS:** What can you recall about that meeting?

**MS BUGGINS:** Well, I remember there were a lot of parents there. That was -- it was a -- sort of overwhelming walking into the room and seeing how many people were affected. And I can remember still where I was sitting in relation to the platform. There are some things that are burnt on my mind. And we were told that -- there was sort of preamble about HTLV-III and what it was and what the understanding was, from the -- from Dr Hill, at the time, and I think there were a few others from his team there, but I can't remember who. And he told us that they had been testing the stored samples, of which they had many, because they'd been doing research on other issues to do with immunosuppression, and that they

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report. And we can see from this that Jonathan was treated sometimes with cryoprecipitate -- it would appear perfectly satisfactorily; is that your recollection?

**MS BUGGINS:** Yes.

**MS RICHARDS:** But then treated with Armour Factor VIII for no obvious reason.

**MS BUGGINS:** Mm-hm, yes.

It's interesting that -- there's one thing in that report which is contrary to what Dr Hill said was his policy -- told to me was his policy, which is that children were kept to the same batch wherever possible. It doesn't seem to have happened in this case. The only way I can explain it to myself is that -- I think it was Sister Marion who consistently gave cryo, although I haven't been back through the records to check, but out-of-hours treatment, the management of junior doctors and their prescription of treatment seems completely random.

**MS RICHARDS:** And we're going to come shortly to a meeting that you attended at the hospital in, I think, 1984, late 1984. But before we get to that, had you at any point during these years been given any advice or information about the possible risks in terms of transmission of AIDS?

14

knew which boys had acquired HTLV-III and which hadn't. But my memory is quite clear that they didn't -- they encouraged us not to ask unless they felt we really needed to know, because they were worried that we would treat the boys differently if we knew that they had HTLV-III, and that wouldn't be good for them.

**MS RICHARDS:** So is it right to understand that the message you recall is that, as parents, it would be better not to know?

**MS BUGGINS:** That was what I took away from it.

**MS RICHARDS:** And you put it this way in your statement:

"We were invited to ask for a personal meeting with Dr Hill if we wanted to know whether or not our children had HIV. However, we were discouraged from asking as he said that he was concerned that our knowing of a positive diagnosis would change our relationship with our child. There was no treatment and nothing could be done about the results."

**MS BUGGINS:** Yes.

**MS RICHARDS:** Now, a few days after that meeting you went into one of the treatment rooms, and you saw a list of names on the refrigerator. What can you tell us about that?

**MS BUGGINS:** I'd taken one of the boys in for some treatment, and it was a very small treatment room with

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1 couple of big fridges in -- my colleagues will  
 2 remember -- and on the tall fridge door there was a list  
 3 pinned to the outside of the fridge door with a list of  
 4 boys' names on. And because I had spent so much time in  
 5 the previous few years at the hospital and most of the  
 6 boys weren't on prophylactic treatment, so they were  
 7 there too, I knew which boys were big users of  
 8 Factor VIII and which weren't, and I had understood from  
 9 the meeting that Richard would have been infected with  
 10 HTLV-III, as it was, because of the volume he was  
 11 getting through. I think he had over  
 12 450,000 international units during his short time at the  
 13 Children's Hospital before he died.

14 So -- and when his name was there, that sort of  
 15 confirmed what that might be. But then I saw Jonathan's  
 16 name, and that was completely unexpected.

17 **MS RICHARDS:** And you understood this to be a list of the  
 18 boys who had tested HTLV-III --

19 **MS BUGGINS:** Who were positive. Yeah, I was pretty certain.  
 20 So I then asked to see Dr Hill.

21 **MS RICHARDS:** What did Dr Hill tell you?

22 **MS BUGGINS:** He told me that both boys were infected but  
 23 Edward wasn't.

24 **MS RICHARDS:** And Edward had not --

25 **MS BUGGINS:** He'd not been on the list.

17

1 carrying a lot of information out with me. I don't  
 2 think there was much information available at the time.  
 3 Certainly the only advice we had was at home to wash  
 4 everything in the hottest possible wash and use a 10%  
 5 bleach solution, which was completely impractical in  
 6 a household setting, because you don't live in  
 7 a hospital environment at home, and I had little boys  
 8 and home furnishings. And I even went back and asked  
 9 what to do about that, and was told that it wasn't  
 10 important.

11 **MS RICHARDS:** You learned from the retrospective testing of  
 12 stored samples that were undertaken that Richard was  
 13 infected, in all likelihood, between August and November  
 14 of 1983, is that right?

15 **MS BUGGINS:** Yes.

16 **MS RICHARDS:** And that Jonathan was infected between  
 17 February 1981 and May 1983?

18 **MS BUGGINS:** Yes. So that first Armour transfusion may have  
 19 carried the virus, when he was 1.

20 **MS RICHARDS:** And as you have described in your statement  
 21 and referred to a moment ago, you had particular  
 22 concerns about how to manage in a home environment with,  
 23 at that point, three children, one of whom, of course,  
 24 was not infected with HIV, and in circumstances in  
 25 which, is this right, Richard in particular had very

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1 **MS RICHARDS:** Is it right to understand that you hadn't been  
 2 aware before the October meeting that there was testing  
 3 being undertaken on the boys?

4 **MS BUGGINS:** Um, it's a difficult one, that. I don't think  
 5 I knew that there was testing going on. It didn't  
 6 surprise me when we were told they had been tested,  
 7 because there was, you know, frequent blood tests being  
 8 taken -- quite often, we didn't know what they were  
 9 being taken for -- and repeatedly of about 100ml, which  
 10 out of little boys is quite a lot, because there was  
 11 research going on in the unit. And I was comfortable  
 12 with that, because I wanted them to find out how to make  
 13 things better, but we weren't told what they were being  
 14 tested for.

15 **MS RICHARDS:** So you knew the blood was being taken and you  
 16 knew there were a variety of tests but you don't think  
 17 you were specifically told and invited to consent to an  
 18 HTLV-III test?

19 **MS BUGGINS:** No. I'm almost certain of that.

20 **MS RICHARDS:** When you were told this by Dr Hill, do you  
 21 have any recollection of how the information was  
 22 communicated and the extent to which you were given  
 23 advice or guidance on what to do?

24 **MS BUGGINS:** In that initial meeting, no. I think the  
 25 emotions just -- were enough to take out without

18

1 heavy bleeds, so there would be blood in the home  
 2 environment?

3 **MS BUGGINS:** Almost every morning Richard had had  
 4 a nosebleed overnight and he would wake up with a cowpat  
 5 of blood on his pillow and it would be all matted in his  
 6 hair and face. He used to drink from a feeder beaker  
 7 and put it down and his smaller brothers would pick it  
 8 up -- you know, with blood trickling down his face, from  
 9 time to time. So we lived in an environment where, if  
 10 HIV was easy to transmit in a family setting, it would  
 11 be likely to be transmitted in ours.

12 **MS RICHARDS:** And again, just picking up on the evidence you  
 13 gave a minute or two ago, you say you recall going back  
 14 to the hospital -- this is in your statement -- and  
 15 asking if Persil would kill HIV.

16 **MS BUGGINS:** Mm-hm.

17 **MS RICHARDS:** And the nurse said, "There are far more  
 18 important things to research than that"?

19 **MS BUGGINS:** Yes.

20 **MS RICHARDS:** You said in your statement that the nursing  
 21 sister was very helpful.

22 **MS BUGGINS:** Yes, Marion Gregory was an absolute treasure  
 23 and I think -- I don't know how I would have coped with  
 24 these particular three small boys and their difficulties  
 25 had it not been for her. The boys called her

20

1 Aunty Marion. And she had a cupboard full of toys that  
2 were refreshed all the time, so the boys went to the  
3 hospital to see what the new toys were rather than for  
4 treatment. And in that way just normalised our  
5 experience to an extent, as well as giving me huge  
6 personal support.

7 **MS RICHARDS:** And in that time, after you had learnt that  
8 both Richard and Jonathan had been infected with HIV, so  
9 October '84, over the next couple of years, to what  
10 extent did you have ongoing dealings with Dr Hill prior  
11 to Richard then becoming ill in the last couple of weeks  
12 of Richard's life?

13 **MS BUGGINS:** Dr Hill was a very assiduous doctor, I would  
14 say. We had -- and I used to be annoyed about it at the  
15 time. We used to have quarterly outpatient appointments  
16 for all three boys that would always run over. And to  
17 manage three boys in an outpatient clinic setting,  
18 especially one with disabilities who I couldn't keep in  
19 his wheelchair, was really hard work. And I thought --  
20 because we were being seen at the hospital so often --  
21 it was more than necessary to keep a tab on what was  
22 going on.

23 So we saw him often. And when Richard was at the  
24 hospital, he would be there all hours, round the day and  
25 night, weekends and weeks. So we didn't have any lack

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1 **MS BUGGINS:** It felt very unreal at the time, because  
2 Richard had been so desperately ill through brain bleeds  
3 and encephalitis and so on through his life, that it  
4 wasn't really until some months after he died I'd  
5 emotionally accepted that he wasn't coming back.

6 But the hospital looked after us really well through  
7 that period. I think he was the first child to die,  
8 thought to be dying with AIDS in the hospital. And we  
9 never felt that there was anything untoward about them  
10 caring for him. So gloves and aprons and masks would be  
11 worn, but never spacesuits. People would come in and  
12 talk to us without gowning up. Yeah, it was exemplary,  
13 the way they looked after us.

14 **MS RICHARDS:** The trauma of Richard's death was exacerbated  
15 by events in the immediate aftermath of the death.

16 **MS BUGGINS:** It was.

17 **MS RICHARDS:** Can you tell us about that, please?

18 **MS BUGGINS:** Well, the Children's Hospital at the time --  
19 it's since moved -- didn't have facilities to do a  
20 postmortem on an infected child, and so they needed to  
21 use the facilities at the coroner's office. Dr Hill got  
22 in touch with the coroner and asked to do the postmortem  
23 there, and the coroner, in Dr Hill's words, became very  
24 "excited" at the idea that an HTLV-III positive boy had  
25 died on his patch. And he released a -- Richard died at

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1 of attention.

2 **MS RICHARDS:** At the end of April 1986 Richard became  
3 very ill and he was admitted to hospital.

4 **MS BUGGINS:** Mm-hm.

5 **MS RICHARDS:** And is it right to understand that the  
6 thinking was that this was HIV and that Richard was  
7 dying from AIDS?

8 **MS BUGGINS:** It was, yeah. It was a bit early. They  
9 couldn't find a reason for his unconscious state, so  
10 Dr Hill had heard about a patient in France that had  
11 toxoplasmosis of the brain as a result of HIV infection,  
12 and he -- his theory was, his thesis was that that was  
13 what was happening to Richard.

14 **MS RICHARDS:** And Richard was then in hospital for about  
15 a couple of weeks?

16 **MS BUGGINS:** Yes.

17 **MS RICHARDS:** And his condition deteriorated?

18 **MS BUGGINS:** It did.

19 **MS RICHARDS:** And then he died mid-May of 1986?

20 **MS BUGGINS:** Yes.

21 **MS RICHARDS:** You have described how he was during those  
22 last couple of weeks in your statement. Is there  
23 anything you want to tell us about it? It is entirely  
24 a matter for you the extent to which you want to talk  
25 about it.

22

1 8.50 in the morning, and he released a statement to the  
2 press, the coroner, that morning before the postmortem  
3 was done to say that a child known to be HTLV-III  
4 positive had died and thought to have died of AIDS in  
5 Birmingham Children's Hospital.

6 The media loved it at the time because it was still  
7 a very stigma-oriented illness, and so there was a  
8 feeding frenzy around the fact. And because Richard --  
9 well, boys with haemophilia don't die every day when  
10 they are eight, and Richard's age was given, everybody  
11 who knew us knew that Richard had HTLV-III.

12 **MS RICHARDS:** We can see, if we just look at WITN1021009.  
13 If we go to the second page, we can see some  
14 examples of press reporting. We don't need to look at  
15 the text, but the headlines tell us the story: "Hospital  
16 AIDS probe on little boy's death"; "AIDS theory over  
17 death". And then there is what effectively is then  
18 a correction, "AIDS virus not to blame", because, as  
19 I understand it, the postmortem revealed that Richard  
20 had died of a bleed on the brain.

21 **MS BUGGINS:** It was a clot down in the stem of his brain,  
22 yes.

23 **MS RICHARDS:** We can take that down. Thank you.  
24 How did the boys' schools react to their infection?  
25 I think you had a range of experiences.

24

1 **MS BUGGINS:** I did. All three boys were at different  
 2 schools. Richard was at a special school, and his  
 3 headteacher had lost her child at 15, and so phoned,  
 4 when she heard Richard had died, with severe -- sincere  
 5 condolences. It was about midday. And then when the  
 6 first edition of the lunchtime news came out, she phoned  
 7 me back and was so abusive on the phone that I'd put,  
 8 you know, everybody's lives at risk in the school  
 9 because I hadn't told them -- for very good reason,  
 10 which I do mention in my statement -- and I just had to  
 11 put the phone down. It was just shocking.  
 12 Then Jonathan's school didn't say anything. But the  
 13 headmaster asked me some weeks later if Jonathan was all  
 14 right, and I knew -- I thought I knew what he was asking  
 15 me, but I answered the question he actually asked, and  
 16 I said, "Yes, he's fine," because I didn't want to talk  
 17 about I, and I didn't think it was necessary because he  
 18 wasn't bleeding at school.  
 19 And Edward's school, the headmistress got in touch  
 20 with me and said the parents had been asking questions  
 21 and were quite concerned about having Edward in the  
 22 class, whether it was safe for their children. And she  
 23 agreed with me what she should say and that she should  
 24 call a meeting to the parents, and it completely calmed  
 25 it down. And they wrote to me a lovely composite letter

25

1 And, thereafter, we moved the boys' schools to a primary  
 2 school ten-ish miles away where nobody would recognise  
 3 our history, and they could carry on their childhood as  
 4 normal.  
 5 **MS RICHARDS:** And you also observe in your statement that  
 6 there was -- there were known to be a number of other  
 7 children treated at Birmingham Children's Hospital also  
 8 infected with HIV, and obviously we'll be hearing  
 9 further evidence about that today. And then there would  
 10 be deaths and funerals.  
 11 **MS BUGGINS:** It sort of increased the -- sort of stepped up  
 12 the frequency of them. And because we as parents knew  
 13 each other very well, we went to the funerals, and it  
 14 just felt like there was this wave of death, and every  
 15 time I went to funeral, we would all be in tears. And  
 16 we would be anticipating our children -- our own  
 17 children dying. But there was quite a lot of mutual  
 18 support between parents who were in that group, which  
 19 was very helpful and continued for a while.  
 20 **MS RICHARDS:** Just one observation, if I can pick up on in  
 21 your statement. I'll just read a paragraph from your  
 22 statement. You say this:  
 23 "One question in my mind is what incentives, if any,  
 24 doctors were given to limit product use or to use  
 25 a particular product. On one occasion, I remember a set

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1 and sent a donation to Richard's memorial fund, which,  
 2 you know -- so you couldn't have a wider range of  
 3 responses, really, in one town.  
 4 **MS RICHARDS:** More broadly, how did you, as a family,  
 5 experience the stigmatising effect of AIDS and HTLV-III?  
 6 **MS BUGGINS:** We didn't really feel the stigma too much.  
 7 I mean it was a frightening thing, and we knew we  
 8 wouldn't talk about it outside a very, very tight circle  
 9 when we first heard about it, but it wasn't difficult  
 10 for the family, really, because our friends were  
 11 fabulous, until the publicity. And then everything  
 12 changed because there were no -- the play dates just  
 13 stopped coming for the boys. We'd send invites out for  
 14 the boys' birthday parties and nobody would turn up, or  
 15 one or two. The school stopped stimulating Jonathan,  
 16 and he was a bright, you know, very, very capable boy  
 17 and was just allowed to daydream because they felt sorry  
 18 for him.  
 19 Edward's mental health was really, really badly  
 20 affected by Richard dying, and there was no help at all  
 21 for that. And immediately on the death, we -- the media  
 22 were trying to find out from the hospital who we were,  
 23 and we got these little boys who were four and six. So  
 24 we went to friends on the south coast who provided us  
 25 respite for two weeks while the media frenzy died down.

26

1 of white leather suitcases appearing in the treatment  
 2 room, and someone mentioned that these had been provided  
 3 by a drug representative. I wondered what really  
 4 influenced treatment choices."  
 5 **MS BUGGINS:** Mm. It's still a question. I don't know the  
 6 answer.  
 7 **MS RICHARDS:** Now, Jonathan, at this point in time when  
 8 Richard died, didn't know his own diagnosis.  
 9 **MS BUGGINS:** No.  
 10 **MS RICHARDS:** And it was a few years later, I think, when  
 11 Jonathan was about ten, that you decided that he should  
 12 be told.  
 13 **MS BUGGINS:** Mm-hm.  
 14 **MS RICHARDS:** And your husband told Jonathan the position.  
 15 **MS BUGGINS:** Mm (*Witness nodded*).  
 16 **MS RICHARDS:** You described that in your statement as  
 17 watching your husband and Jonathan in the garden --  
 18 **MS BUGGINS:** Yeah.  
 19 **MS RICHARDS:** -- how agonising that discussion was.  
 20 **MS BUGGINS:** Yes. Jonathan had started to ask for grown-up  
 21 conversations, and we knew we needed to tell him at some  
 22 point, and there was stuff around in the media that  
 23 Jonathan was picking up, so we decided it was probably  
 24 the best time to tell him before he got into  
 25 adolescence. And so, as one of these sort of man-to-man

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1 conversations he was asking for, Phil took him into the  
2 garden and had a chat about it.  
3 **MS RICHARDS:** Before I ask you a little more about Jonathan  
4 and Edward, you brought litigation on Jonathan's behalf  
5 against the Health Authority, and that went -- the  
6 global HIV Haemophilia Litigation having settled, and  
7 the Inquiry has heard evidence about that, the  
8 individual case against the Health Authority actually  
9 went to court.  
10 **MS BUGGINS:** It did.  
11 **MS RICHARDS:** And you gave evidence to the court on the  
12 second day of the hearing.  
13 **MS BUGGINS:** Yes.  
14 **MS RICHARDS:** And on the third day of the hearing, Dr Hill  
15 was due to give evidence. What happened before Dr Hill  
16 gave evidence?  
17 **MS BUGGINS:** Well, first thing in the morning, my QC  
18 approached me and said that they'd had an offer to  
19 settle with the children's hospital. And he said it was  
20 a total gamble because he had no idea how Dr Hill would  
21 respond to questions. And the settlement that they'd  
22 offered was £75,000, and my intent in taking the action  
23 was really to make sure that Jonathan could have a home  
24 if he was to be lucky enough to grow up, and at that  
25 point, £75,000 would have been enough to have bought him

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1 treatment was managed.  
2 **MS RICHARDS:** And the reason he thought that you shouldn't  
3 have settled was -- shouldn't have settled for that sum  
4 because, in reality, Jonathan should have been awarded  
5 a much greater --  
6 **MS BUGGINS:** Substantially more, yes.  
7 **MS RICHARDS:** And then, again, just before we look at the  
8 statement from Dr Hill, not long after, so 1993, you've  
9 told us you -- one of the reasons you also thought  
10 favourably of the settlement offer was you didn't want  
11 to impair the relationship with Dr Hill because you had  
12 two children who continued to be treated under Dr Hill.  
13 **MS BUGGINS:** Yes. Yes.  
14 **MS RICHARDS:** But you then got a letter from Dr Hill  
15 refusing to continue to treat the children.  
16 **MS BUGGINS:** Yes. It was early in -- very early in 1993, so  
17 the year after the court case, and he asked us to take  
18 our children for treatment to another centre.  
19 **MS RICHARDS:** And did he explain why?  
20 **MS BUGGINS:** I have copies of the letters at home which  
21 I could supply, but I don't have that in my mind.  
22 I know there was some allegation made, I think, by my  
23 lawyers that there was a note in Jonathan's notes,  
24 a handwritten note, that looked as if it may have not  
25 been added contemporaneously, and that really upset

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1 a small house of his own. So I decided I'd achieved my  
2 objective, and because we were so hugely dependent on  
3 the Children's Hospital for treatment, and I respected  
4 Dr Hill at that time, and I didn't want him to be  
5 cross-questioned -- I wanted to protect that  
6 relationship -- I decided that we should settle. And so  
7 he was never cross-questioned in the High Court.  
8 **MS RICHARDS:** We'll look in a moment at the statement he  
9 provided for that litigation. Just before we do that,  
10 however, can I ask you about something, again, you say  
11 in your statement. It was a time later you or the  
12 family encountered someone who had also worked at the  
13 Children's Hospital in a more junior capacity.  
14 **MS BUGGINS:** Yes. Well, it was my father-in-law. He used  
15 to repair antique clocks as a hobby after he retired,  
16 and he went to a house near to where he lives, and the  
17 owner of the clock said to him, "Are you related to  
18 Elisabeth Buggins?" And so he said, "Yes." He said,  
19 "I was a junior doctor at the hospital when Elisabeth  
20 took the court case, and she should never have settled."  
21 Now, I only have that from my father-in-law, so it's  
22 secondhand information, and I tried to find the doctor  
23 concerned, who I think has retired since, but he told my  
24 father-in-law, so I understand that he went abroad to  
25 work because he felt so uncomfortable about the way

30

1 Dr Hill. And there's a letter back from me following  
2 Dr Hill's letter saying, "I'm really sorry that that  
3 allegation was made."  
4 Then I spent the next year trying to persuade him  
5 that we still did trust him, because it was -- it turned  
6 into an issue of how much did we trust him to treat the  
7 boys and, I think, how much he trusted us. And  
8 I involved a huge range of people, because I -- having  
9 worked in the Health Service, I knew how the structures  
10 hung together.  
11 So I went first to the hospital management and asked  
12 them to intervene and mediate. I then went to the local  
13 Area Health Authority. Dr Bernard Crump was the lead  
14 there. He refused to get involved. The Children's  
15 Hospital supported Dr Hill and said, "No, you have to  
16 find somewhere else". I went to  
17 Professor Rod Griffiths, who was the regional director  
18 of public health, and I think the regional arrangements  
19 held the doctors' -- consultants' contracts at that  
20 time. And he worked with us really hard to try to  
21 mediate and make arrangements. But by Christmas of that  
22 year, so a whole year, we hadn't had outpatient  
23 appointments for the boys. We had emergency treatment  
24 only. And I'd arranged, through my professional  
25 contacts, for the HIV specialist at Heartlands Hospital

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1 to do blood tests on Jonathan so that we could keep  
2 track of how HIV was affecting him under a pseudonym so  
3 that it wouldn't be recognised.

4 Yes, so it was a hugely difficult time. And because  
5 we weren't on prophylaxis, we were at the hospital every  
6 few days. And I couldn't imagine with three children --  
7 because Rosie had been born by that time -- how we could  
8 manage going to Liverpool or Oxford, which was where we  
9 were trying to be persuaded to go, and still manage any  
10 sort of life or any sort of education for the children,  
11 and so I felt completely stuck.

12 And because Dr Hill had done -- Dr Savidge had done  
13 the expert report, and we came across the clinical nurse  
14 specialist from there at a Haemophilia Society  
15 conference, it was suggested that we should go and see  
16 Dr Savidge, which we did.

17 And I thought it was going to be really, really hard  
18 to manage life like that and we would probably need to  
19 move house, and in actual fact, because they had  
20 prophylaxis, because the factor was delivered to our  
21 house, because they only wanted to see them every  
22 six months, life became substantially easier and much  
23 less painful and traumatic for the children.

24 **MS RICHARDS:** I'm going to look now at the statement that  
25 Dr Hill provided in Jonathan's litigation. And as well

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1 haemophilia A the Factor concentrates available for the  
2 use were cryoprecipitate, NHS or commercial Factor VIII  
3 concentrates. The amounts of these available at any  
4 point in the time was variable with supplies of NHS  
5 Factor VIII being the least available. Cryoprecipitate  
6 is a product that was suitable for use in the  
7 haemophilia unit but not faced for use at home because  
8 many patients, particularly children, can have  
9 anaphylactic reactions to this product. Cryoprecipitate  
10 was therefore used only for treatment on demand in the  
11 haemophilia unit particularly for newly presented  
12 patients until it was clear whether or not they would  
13 require regular treatment, as it was known that  
14 infrequently treated or mildly affected haemophiliacs  
15 were more at risk of contracting hepatitis B and  
16 becoming hepatitis B carriers if treated with  
17 Factor VIII concentrates rather than cryoprecipitate.  
18 Patients of younger age prior to training for home  
19 therapy were therefore likely to be treated more  
20 frequently with cryoprecipitate. However, if  
21 cryoprecipitate of an appropriate ABO blood group or if  
22 the patient had had reactions to cryoprecipitate or one  
23 was treating a major bleed or required a smaller volume  
24 product, Factor VIII concentrates were more likely to be  
25 used. The type of concentrate would be determined by

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1 as dealing with aspects of Jonathan's care, it is  
2 Dr Hill's perspective on his approach to treatment and  
3 therefore of wider interest and importance as well for  
4 those children who were treated at the Children's  
5 Hospital.

6 Lawrence, could we have WITN1021024.

7 We can see it's a statement from Dr Hill. The date  
8 of the statement is 11 April 1992. That's later in the  
9 document. He gives some background about the paediatric  
10 centre. Paragraph 2 refers to it being the largest  
11 paediatric centre for haemophiliacs in the country,  
12 between 50 and 70 severe haemophiliacs registered. And  
13 then he describes regular medical cover being provided  
14 by senior house officers in paragraph 3.

15 Then if we go to the top of the next page, there is  
16 reference at the top of the page to the quarterly  
17 assessments that you have referred to, Elisabeth. Then  
18 he says this:

19 "The treatment policy of the unit was to provide  
20 a treatment service that allowed replacement therapy to  
21 be given as early as possible to treat spontaneous  
22 haemorrhages so that the potential short term and  
23 long term damage to joints and muscles could be  
24 minimised. Our means to do this was dependent on  
25 supplies of Factor concentrates. With regard to

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1 availability but the unit tried if possible to maintain  
2 a given patient on either NHS or commercial concentrate.  
3 In late 1976 in an attempt to control haemophilia bleeds  
4 and to give patients a better quality of life home  
5 therapy programmes were introduced. This therefore  
6 required increased amounts of Factor concentrate and  
7 commercial concentrates were more available than NHS  
8 concentrates."

9 Then he says this about his knowledge of risk:

10 "I was well aware of the existence of viruses  
11 causing serum hepatitis from the time that I came to the  
12 Birmingham Children's Hospital."

13 That was in 1976, he says elsewhere in the  
14 statement.

15 "I was aware that concentrates made from pooled  
16 plasma carried a greater risk of hepatitis than blood  
17 products made from single donors and we closely  
18 monitored our patients for jaundice. Tests for  
19 screening for hepatitis B were introduced in the UK in  
20 the mid-1970s and these tests were conducted on our  
21 patients.

22 "7. I was aware of the AIDS syndrome in homosexuals  
23 from 1979/1980. From my dealings with other patients,  
24 I became aware of the possibility of AIDS being  
25 a condition encountered in haemophiliacs in early 1983

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but I had no knowledge of whether the condition was associated with a virus infection or could be associated with imported Factor VIII concentrates. I was certainly conscious that there was a similarity between haemophiliacs and homosexuals in that both had an increased risk of hepatitis but there were many theories about its cause including that it might be related to an increased antigen load. It was not thought that there was any call for any treatment alteration because of the association between haemophilia and AIDS based on information available in 1983 and to withhold treatment of acute haemorrhages was considered more dangerous."

There's then a reference in the next paragraph to a tuberculosis outbreak in the Children's Hospital. I'm not going to read through that.

If we go to the bottom of the next page, please. Last paragraph. He says this:

"The treatment policy that I had in the Unit for severe haemophiliacs was to treat newly diagnosed infants initially with cryoprecipitate."

Then he refers to what he'd set out above.

Then top of the next page he makes this statement:

"Cryoprecipitate was not appropriate for use at home because it had to be stored under strict temperature conditions in a deep freeze or it would be dangerous to

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to cryoprecipitate that cannot be controlled.

If we then go over the page he then details Jonathan's treatment and puts forward thoughts about the treatment. If we pick up -- I'm not going to read it all but we can see, about eight lines into this paragraph, eight or nine lines, he refers to Jonathan being given Factor VIII, Armour Factorate, on 27 March 1981, and he says this:

"I cannot decipher the signature of the SHO who treated the Plaintiff and there is no indication on the note as to why Factor VIII concentrate was given on this occasion. It could have been that no cryoprecipitate was available or it was felt more convenient to give Factor VIII concentrate or to ensure a predicted therapeutic response."

Then he looks at a number of other occasions upon which Jonathan had been given Armour Factor VIII.

If we then go over to the bottom of -- I think it's page 8, Lawrence, please -- he makes this assertion, again going to the generalities of the approach to treatment:

"The Birmingham Children's Hospital never had sufficient supplies of NHS Factor VIII concentrate to meet its needs. The supply position for the hospital in relation to blood products between 1981 and 1985

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use and the risk of anaphylaxis occurring without immediate medical help. These risks outweigh the advantage of cryoprecipitate of reduced donor exposure and making Factor VIII concentrate the treatment of choice for children once they were on home treatment. Factor VIII concentrate was also the treatment of choice if a patient had any anaphylactic reaction to cryoprecipitate or when one wished to be certain of a definite rather than expected rise in Factor VIII units."

Then paragraph 14 tells us that:

"Normally we would consider a patient for home therapy at about 3 years of age although it was not uncommon for it to be earlier particularly as our unit was very skillful at training patients and their parents to be able to administer Factor VIII at home."

He then refers in the next paragraph to on-the-job training for senior house officers and a written instruction on protocol, and he refers to attaching that document. And indeed we have that document, which we'll look at in a moment.

He asserts that it, the document, sets out the fact that cryoprecipitate is the most frequently used material and that freeze-dried Factor VIII is reserved for patients who have had severe anaphylactic reactions

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was ..."

Then he refers to an attached schedule. Then he says this:

"It was my view at the time that the NHS material was safer because of the lower transmission rate of hepatitis. It was a product I would have preferred for all my patients if I could have received enough. Given the difficulty in supply, I made efforts to ensure that the commercial product which we received limited potential exposure from hepatitis infected donors to the patients. I attempted to purchase entire batches of concentrate so that the batches could last much longer and I also aimed for bottles with smaller numbers of units which were better for the size of our patients."

Then he refers to setting up a priority system for the use of the very limited supplies of NHS concentrate that he says he had available. And it seems essentially to be if there was an anaphylactic reaction to concentrate.

We then have a heading "Advice to Parents of the Risk", and he says this, and obviously we'll be picking this up with Brenda and Linda in due course as well:

"It was always my practice to keep parents informed of risks as we knew them. As stated earlier in this statement however, we had no reason to suppose that the

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1 treatment being given exposed the patients to an AIDS  
2 risk at the relevant time. However, we were aware of  
3 the potential risk of the transmission of hepatitis  
4 virus by all blood products. This risk had to be set  
5 against the risk of leaving the Haemophiliac bleeds  
6 untreated."

7 Then he refers to aspects of Richard's treatment.

8 Then if we go over the page, the assertion in the  
9 second line is:

10 "The risks of treatment and balancing these risks  
11 against not managing the haemophilia bleed by treatment  
12 with concentrate was always discussed."

13 Then he refers later to meetings, including,  
14 I think, possibly the 1984 meeting that we've already  
15 referred to.

16 Can we then go to the next page briefly. I don't  
17 propose to read this out but, if we could just turn it  
18 round, this is the schedule that Dr Hill refers to. And  
19 it gives the product usage.

20 Sir, I haven't had an opportunity yet to match that  
21 up against information in the annual returns but we'll  
22 certainly do that.

23 **SIR BRIAN LANGSTAFF:** Well, the -- the presentation which  
24 you provided on the Birmingham Children's Hospital,  
25 amongst the -- well, of the two Birmingham hospitals,

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1 the annual returns.

2 Then just briefly, if we go to the next page, we see  
3 the written protocol which his statement says was  
4 a document issued to senior house officers.

5 I'm not going to go through the detail of it, but it  
6 may be that in terms of -- it's undated, but it may be  
7 describing a state of affairs in the 1970s rather  
8 than 1980s. I say that because, if we go to the next  
9 page, please, under the heading "Dose of Replacement  
10 Therapy", paragraph 3 says:

11 "Type of therapeutic material available:-

12 "(a) Cryoprecipitate - most frequently used  
13 material.

14 "(b) Freeze-dried preparations of Factor VIII -  
15 small amounts only available ..."

16 So that certainly isn't the position either  
17 described by any of the witnesses we'll hear from today  
18 by the time we get beyond the second half of the 1970s,  
19 nor is it the position that the annual returns reveal.  
20 So although it is an undated protocol, it really does  
21 look as though it must be referring to the position in  
22 the 1970s.

23 **SIR BRIAN LANGSTAFF:** Yes, Dr Hill suggested it was the  
24 relevant protocol at the time, in his statement.

25 **MS RICHARDS:** He does, yes.

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1 showed that in 1981 the product mainly used for  
2 inpatients was mainly NHS product with some Factor VIII,  
3 and home treatment was mainly commercial.

4 1982, it was mainly Factorate, Armour product, some  
5 NHS, and a little cryoprecipitate. Those who were home  
6 were mainly on Factorate.

7 1983, some cryoprecipitate, some -- more -- NHS, but  
8 mainly Factorate.

9 And in 1984 there was somewhere between 20 % and 25%  
10 of the total product used was NHS, 70-75% was  
11 commercial, and about -- less than 1/16th was  
12 cryoprecipitate.

13 In 1985, the -- what you observed at the time, there  
14 was never enough NHS Factor VIII for all the patients.

15 1985, the Armour supplies were said to be steady.

16 There was some unheated National Health Service product,  
17 but the demand for cryoprecipitate had then increased.

18 That's what I was told.

19 **MS RICHARDS:** Yes, and that was information drawn from the  
20 annual returns.

21 **SIR BRIAN LANGSTAFF:** Yes.

22 **MS RICHARDS:** So what we'll need to do -- Elisabeth having  
23 very kindly been able to provide us with this  
24 document -- is to see whether the information that  
25 Dr Hill was giving the court matches up with what was in

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1 **SIR BRIAN LANGSTAFF:** He may be wrong.

2 **MS RICHARDS:** He may be wrong.

3 **SIR BRIAN LANGSTAFF:** But that's what he says.

4 **MS RICHARDS:** Yes, it is.

5 So our thanks, Elisabeth, to you and to Jonathan for  
6 providing us with that information, which is of great  
7 assistance as we didn't have a full statement from  
8 Dr Hill.

9 Can I just ask you a little, then, about  
10 hepatitis C. You didn't recall discussions with Dr Hill  
11 about hepatitis C. You told us in your statement  
12 Jonathan asked himself to be tested in around 1994,  
13 1995, and learnt he was hepatitis C positive.

14 In relation to Edward, at the time you drafted your  
15 statement you couldn't recall being told by Dr Hill that  
16 Edward had tested positive for hepatitis C, but as  
17 I understand it, in the course of preparing for your  
18 evidence today, you found some material which suggests  
19 that you may have been told?

20 **MS BUGGINS:** Yes, and this is the difficulties of memories  
21 over so many decades, and the fact that HIV was the big  
22 worry and hepatitis was always presented as something  
23 not to worry about at the moment, I think.

24 But yes, there were letters in Edward's treatment  
25 record of -- certainly letters to the GP that explain

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1 that he has discussed hepatitis with me, because Rich --  
 2 Edward -- let's get the name right -- Edward had periods  
 3 where he was really lethargic and not very well for some  
 4 weeks and I was quite concerned about that and talked  
 5 Dr Hill about that, and he had abnormal liver function  
 6 test results. And so it was likely that it was  
 7 non-A, non-B, and then he -- we were told before he left  
 8 the Children's Hospital that he was HCV positive,  
 9 I think in 1992.

10 **MS RICHARDS:** Now you hadn't told Edward, who had been  
 11 profoundly distressed by Richard's death --

12 **MS BUGGINS:** Yes.

13 **MS RICHARDS:** -- you hadn't told him that Jonathan was HIV  
 14 positive.

15 **MS BUGGINS:** No.

16 **MS RICHARDS:** How did Edward learn of Jonathan's diagnosis?

17 **MS BUGGINS:** It's very difficult to know what to say when,  
 18 but we went to St Thomas's Hospital for treatment  
 19 following eviction from the Children's Hospital. And it  
 20 wasn't our first clinic there, it was some months in.  
 21 We went -- I took them to a clinic. And a new doctor  
 22 appeared and he walked in the room with both sets of  
 23 notes and he said to me, "Let me get this straight:  
 24 Jonathan has HIV and Edward has hepatitis C?" In front  
 25 of Edward. I think Jonathan was sitting outside, but

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1 of the emotion of the first time. And it was me who  
 2 needed to go and see him at St Thomas' when he was  
 3 admitted for PCP, it wasn't him that needed me. But  
 4 I just had to get the train straight down and be there.  
 5 And I just kept going for walks along the Thames to cry,  
 6 because I didn't want to cry in front of Jonathan.

7 But we were very fortunate in that in a couple of  
 8 weeks he was well enough to come home and we -- he is  
 9 still here.

10 **MS RICHARDS:** You described in your statement your focus  
 11 throughout these years was trying to focus on the  
 12 positive, trying to keep life normal, and you said in  
 13 your statement, looking back now, you don't think you  
 14 realised the full extent of the emotional and physical  
 15 impact on you all?

16 **MS BUGGINS:** I don't think we could have coped or had any  
 17 sort of sensible life if we'd have -- "wallowed" is the  
 18 wrong word, but if we'd have spent too much time  
 19 thinking about the difficulties. And I've been a very  
 20 optimistic person all my life and, I think because I had  
 21 such good support around me, it was always just another  
 22 challenge to deal with.

23 **MS RICHARDS:** You also observe in your statement you wish  
 24 there'd been access to professional help --

25 **MS BUGGINS:** Absolutely, yes.

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1 heard the conversation. And what do you do in that  
 2 situation?

3 So I confirmed that he was correct. I think he  
 4 couldn't understand why Jonathan had got HIV and not  
 5 hepatitis C as well, and yet Edward had hepatitis C.

6 Then after we'd had the consultation, I went out and  
 7 found the doctor and explained to him that Edward hadn't  
 8 known before. And he was profoundly sorry. I mean, it  
 9 was just one of those things: he was thinking hard and  
 10 not thinking straight, I think, yeah.

11 But I think it helped us because it breached that  
 12 difficult decision about when to tell, and Edward was  
 13 old enough at that time to be able to keep a secret and  
 14 to have a conversation with.

15 **MS RICHARDS:** Jonathan, in terms of his own health, suffered  
 16 PCP in 1987 --

17 **MS BUGGINS:** Yes.

18 **MS RICHARDS:** -- pneumocystis carinii pneumonia. You,  
 19 because not least, I think, of having lost Richard, you  
 20 feared that was the end for Jonathan?

21 **MS BUGGINS:** Yes. I know there's number of people here who  
 22 have lost more than one child, and I just can't imagine  
 23 how they deal with that. I listened to Sue last week,  
 24 from Alder Hey, and my heart went out to her, because  
 25 the second time it's happening it sort of reawakens all

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1 **MS RICHARDS:** -- to enable you and your family --

2 **MS BUGGINS:** Particularly for Edward, who was just  
 3 devastated. He wouldn't leave my side after Richard  
 4 died. He wouldn't go to school, he just wanted to take  
 5 some toys and play with Richard in his box, his coffin,  
 6 because at four you don't have a concept of death,  
 7 really, and he was the one who always tried to make  
 8 Richard feel better. They were similar mental age,  
 9 I think. And from being a happy-go-lucky little boy who  
 10 was always sunshine, Edward became morose, difficult,  
 11 depressed. He started wetting the bed again at night,  
 12 which distressed him for years afterwards. And I tried  
 13 very hard to get help for him. In fact, one of the  
 14 letters from Dr Hill in the notes talks about me asking  
 15 for psychiatric help, and he didn't think that was  
 16 appropriate, and he wrote to the GP and told her and  
 17 said that he'd discussed some strategies with me and  
 18 he gave me a chart to -- a sort of gold star chart for  
 19 when Edward was dry at night and -- things like that, to  
 20 try to encourage him.

21 And I found a friend who was a lay counsellor who  
 22 said that she would try to talk to him to try to help  
 23 him, because at 4 you don't have the language to  
 24 describe how you're feeling. And she spent quite some  
 25 time with him over a period of months, taking him for

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1 walks in the park and playing games with him and trying  
2 to get him to talk. And she said to me, "This isn't --  
3 I can't do this". She said, "I've been trained to work  
4 with adults on a lay basis, and I don't think I'm making  
5 any progress."

6 So I went back to the hospital and asked for some  
7 help. But there was just none available. And we saw  
8 Edward from being this confident little boy just fluff  
9 nearly all of his exams, his piano exams as well as  
10 school things, because as soon as there was any sort of  
11 test, he froze. He just couldn't do it. He wasn't  
12 confident. And he took that into his adolescent years,  
13 which, you know, were then compounded by treatment for  
14 hepatitis C and so on. And I don't think he's now the  
15 same person that he would be had that not -- had he had  
16 the help that he needed at that point.

17 **MS RICHARDS:** You've told us about Richard's post-mortem and  
18 the consequences in terms of the media activity and so  
19 on. But you've also recently seen a letter in Richard's  
20 medical notes. Are you content for us to look at that?

21 **MS BUGGINS:** Yes.

22 **MS RICHARDS:** It's WITN1021012. Second page, please.  
23 It's from a neuropathologist, May 1987, to Dr Hill,  
24 refers to the Home Office pathologist, Dr Acland, and  
25 says in relation to Richard:

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1 knowing, and having understood from the Bristol Inquiry  
2 the consequences of samples being everywhere. I guess  
3 it's no longer there, but I don't know.

4 **MS RICHARDS:** Elisabeth, I'm not going to ask you in detail  
5 about matters relating to Jonathan and Edward's ongoing  
6 health. They are both, I think, going to be able to  
7 provide their own statements to the Inquiry, and we have  
8 a statement from your daughter too --

9 **MS BUGGINS:** Mm.

10 **MS RICHARDS:** -- which describes the impact upon the family  
11 from her perspective. I just wanted to pick up on  
12 a couple of points, though, if I may.

13 The first is, in your statement you've referred to  
14 your guilt at giving the boys haemophilia.

15 **MS BUGGINS:** Mm. I don't think I'm alone in that with  
16 carriers of haemophilia. Not that I could do anything  
17 about it. But it is -- you would never wish something  
18 like that on your children, particularly because  
19 I wasn't certain I was a carrier until I'd had the  
20 two -- you know, I couldn't have prevented it. And  
21 Edward I felt very embarrassed about when he was  
22 diagnosed with it. But yes. So I felt an added  
23 responsibility, I think, to try to make life as good as  
24 I could for them, despite that.

25 **MS RICHARDS:** Then the final point I just wanted to ask

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1 "He died last year and Dr Acland kindly let me have  
2 the brain as I understand he was HIV Positive. I have  
3 got sections which are really quite interesting but  
4 difficult to interpret and I wondered if it is possible  
5 to have a look at the notes as I have only a scanty  
6 clinical history."

7 Now you'd given consent for there to be a limited  
8 post-mortem.

9 **MS BUGGINS:** Yes.

10 **MS RICHARDS:** But is it right you did not know that there  
11 were organs or tissue elsewhere?

12 **MS BUGGINS:** We thought, because the coroner wanted a more  
13 extensive postmortem, and we wanted to support the  
14 learning about what this disease was, thinking it was  
15 HIV at the time, I don't think we would have objected.  
16 But not knowing that his whole brain went somewhere  
17 else, particularly to the place where the consultant  
18 paediatrician in [redacted] wouldn't send Richard when  
19 he first had a brain problem -- he sent him to  
20 Alder Hey, which was hundred miles away, instead,  
21 because he hadn't got confidence in their capability of  
22 neurology in children, it just jumped out at me when  
23 I saw it in the notes.

24 **MS RICHARDS:** And it's the lack of consent?

25 **MS BUGGINS:** It's the lack of consent, it's the lack of

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1 about, for present purposes, was about an issue relating  
2 to the Skipton Fund and Richard.

3 You made an application to the Skipton Fund,  
4 obviously a number of years after Richard's death, which  
5 was turned down --

6 **MS BUGGINS:** It was.

7 **MS RICHARDS:** -- because having died such at a young age and  
8 before tests were available for hepatitis C, you  
9 couldn't prove that he had been infected with  
10 hepatitis C.

11 **MS BUGGINS:** Mm.

12 **MS RICHARDS:** You then, I think, after you heard some of the  
13 evidence given to this Inquiry about the Skipton and  
14 EIBSS from Nick Fish and from Professor Thomas, you made  
15 a further application. Can you just tell us about that?

16 **MS BUGGINS:** Yes. I applied in 2011, when it became  
17 possible to apply for people who'd deceased, and that  
18 was turned down, as you say. And I was so upset when it  
19 was turned down, I can remember scrumpling all the paper  
20 up and putting it on the fire because it was just like  
21 you sort of raise your expectations, and then swipe,  
22 that's it. And I didn't know what more I could do  
23 because the evidence isn't there. And yet it had been  
24 presented to me as: if they were HCV positive or had  
25 been exposed to HCV, then you were eligible for the

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20,000, not that you had to have evidence of chronic illness.

So I thought, "Oh, that's it." You know, didn't pay any more attention to it until I heard the evidence that you mentioned. And then I thought, "Well, this isn't right." So I got the information again that I -- that's right. I'd applied for the notes, Richard's medical records, and I saw copies of the application in Richard's notes, and Dr Williams' letter to Skipton on my behalf that you had to supply as part of the pack originally. So I thought I would write to Mr Fish and say, "You said this to the Infected Blood Inquiry, and this is the application that I made, and please will you reconsider?"

And I had a letter back from the support scheme saying, "You need to fill in a new form, and you need to send it to the Children's Hospital, and they need to write to us again, otherwise we can't consider it; we can't deal with it as an appeal."

And so I didn't want to trouble the Children's Hospital again. We were in the middle of Covid, and they were far too busy anyway, and there was no new information because I'd had a look at the records by then, so I couldn't see any point in reapplying. So it sort of sits like that, really, in that I'm no further

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prolonged period of time, they worked on the assumption that you would have been infected with hepatitis C.

**MS BUGGINS:** Mm.

**MS RICHARDS:** And yet Richard, having been treated with very significant quantities as well as the blood transfusions during his short life, they have rejected the application.

**MS BUGGINS:** Yes.

**MS RICHARDS:** Thank you, Elisabeth.

I'm going to turn next to Brenda and ask Brenda to tell us about Andrew.

So Andrew was born in 1972; is that right?

**MS HADDOCK:** That's right, yes.

**MS RICHARDS:** Diagnosed with severe haemophilia A from birth.

**MS HADDOCK:** Not from birth; from around six months old.

I've got haemophilia in my family. My grandfather was a haemophiliac. My brother, two cousins. So I knew the likelihood of me being a carrier, although it had never been confirmed, because I don't think in those days there were any tests to tell you whether you were a carrier or not.

So when Andrew became six months and he started to move around a bit more, rolling on the floor and things like that, I wanted to know. So I went to a family

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forward. They won't consider it until there's further evidence. There is no further evidence to have. And yet Richard, through his life just at Birmingham Children's Hospital -- so this isn't around the brain operations -- had, I reckon, from my best translation of the medical notes, at least 104 units of blood in his life through the period where hepatitis C was being acquired through blood transfusions, not blood products, as well as all of this commercial Factor VIII. From the evidence that you mentioned, it's a hundred per cent likely he would have had HCV. And I feel guilty again because I'm not desperately poor, and I don't need the 20,000 to be able to get by next week, but it's just this -- it's a sense of injustice, you know. If they were clear about that.

And I only found out about the ability to apply because other mothers had said they'd all applied, and I didn't know about it until I heard from them. So I actually applied late in the first place. It was just really poorly managed.

**MS RICHARDS:** And so that others follow, the evidence that you refer to from Mr Fish and from Professor Thomas was evidence to the effect that the approach taken by Skipton was: if you were a haemophiliac who had been treated with factor concentrates, certainly for any

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doctor, and he sent us to the Children's Hospital to have some blood tests taken because my theory was, if he is a haemophiliac, I want him to have records. So if he needs treatment, there's going to be no delay; he can have the treatment. So that was when we found out, when he was six to seven months old.

**MS RICHARDS:** And he was under the care of Birmingham Children's Hospital, and Dr Frank Hill was the consultant.

**MS HADDOCK:** Yes. Yes.

**MS RICHARDS:** Now, to start with in the 1970s, Andrew was treated with cryoprecipitate.

**MS HADDOCK:** He was -- yes. He had the cryo when he was a baby for so long. I'm not sure whether that was before the Factor VIII was so readily available. Because I do remember the Factor VIII becoming a thing, and we all thought, "Oh, this is wonderful," you know. "A breakthrough treatment. We're all going to be able to live a more normal life."

But mainly I remember Andrew having Factor VIII rather than the cryo. So I think -- I don't think he had the cryo for that long before he was changed on to the Factor VIII. And in the beginning, he was given the NHS Factor VIII for quite a while, I believe. And then the one day we went for treatment, and he was given this

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1 Armour Factor VIII. And I remember the doctor on  
2 duty -- I think it was an out-of-hours doctor, because  
3 we'd be there day or night any time, really. And the  
4 doctor said, "This is something new. This Factor VIII  
5 is new, and some of the boys have had a reaction to it.  
6 And if he gets a slight reaction, don't worry; it's  
7 nothing to worry about."

8 So that sort of sticks in our mind, that that was  
9 when changed over. And I think after that, I think he  
10 was mainly given the Armour, the Armour Factor VIII,  
11 but, I mean, I can't say for sure about that.

12 But when it comes to batch numbers, I don't think  
13 they ever seemed to take any care about giving the same  
14 batch numbers. You were just given what was in the  
15 fridge, weren't you, really, as far as I could remember.  
16 I don't remember them trying to keep them on the same  
17 batch numbers.

18 **MS RICHARDS:** And what, if anything, were you told by  
19 Dr Hill or anyone else at the hospital about risks of  
20 hepatitis from concentrates?

21 **MS HADDOCK:** I don't remember hepatitis being mentioned at  
22 all, to be quite honest, when Andrew was a small child.  
23 I honestly don't remember that being mentioned. I was  
24 quite shocked to hear that they knew about it, back  
25 then. That, to me, was something that came after --

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1 Did I actually administer the dose that infected him?  
2 It's quite possible. So as well as the guilt of being  
3 the carrier that gave him haemophilia in the first  
4 place, there's the guilt of I could have been the one  
5 that actually administered the dose.

6 **MS RICHARDS:** And at the meeting that you did attend,  
7 possibly in the autumn of 1984, but whenever it was, it  
8 was a meeting, was it, that involved other parents as  
9 well?

10 **MS HADDOCK:** Yes, just a general meeting that parents were  
11 invited to. And quite a few went because obviously  
12 everyone was concerned about things we'd been hearing,  
13 about what was happening or what could be happening with  
14 the AIDS virus. So it was well attended.

15 **MS RICHARDS:** And in your -- sorry?

16 **MS HADDOCK:** No, no, carry on.

17 **MS RICHARDS:** In your statement you say this about the  
18 meeting:

19 "We were told categorically by Dr Hill that the boys  
20 would be better off continuing to take the Factor VIII  
21 treatment and that the Hospital would not be stopping  
22 anyone's treatment."

23 **MS HADDOCK:** Yes, that's right. Yes.

24 **MS RICHARDS:** Do you feel that -- in relation to the  
25 treatment that Andrew had received over the years, do

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1 came into our lives after the HIV, you know, quite a few  
2 years after.

3 **MS RICHARDS:** And what, if anything, were you told about the  
4 risks of transmission leading to AIDS?

5 **MS HADDOCK:** Nothing, really, that I can remember. When it  
6 all started to blow up, there were two meetings that  
7 Dr Hill called at the hospital. We could only attend  
8 one because we were on holiday for the second one.  
9 I think it was in the autumn, but we always used to go  
10 away in the October half term, and I think the second  
11 one was then. So we went to the first meeting, which  
12 I remember Dr Hill stressing that it's in the boys' best  
13 interests to carry on with the treatment. And in those  
14 days we all -- you know, we believed doctors. We'd put  
15 our faith in doctors. We'd got a child with an ongoing  
16 account, we followed what the doctors said. So, you  
17 know, we blindly carried on giving the treatment.

18 But I do wonder, afterwards, why couldn't they just  
19 temporarily stop the Factor VIII treatment while they  
20 investigated exactly what was going on, and give us some  
21 more information? You know, why did we have to sort of  
22 blindly carry on?

23 And, I mean, Elisabeth was talking about the guilt  
24 as well. There's also the guilt of having home  
25 treatment and me giving Andrew the Factor VIII at home.

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1 you feel that you were ever given a choice of what  
2 treatment to have?

3 **MS HADDOCK:** No, I don't believe we did ever have a choice.  
4 Of course we were all just so grateful to have  
5 treatment. We just -- you know, we just -- you know, we  
6 wanted the better life for our boys, didn't we? And the  
7 Factor VIII was giving our boys a better life.

8 **MS RICHARDS:** How did you find out that Andrew had been  
9 infected with HIV?

10 **MS HADDOCK:** Well, it's really difficult. We -- I don't  
11 think we were at the meeting where Dr Hill -- where  
12 Elisabeth refers to Dr Hill as saying, "If you want to  
13 know, make an appointment and come and see me". I don't  
14 remember that, so that was probably the meeting we  
15 couldn't attend.

16 Round about -- when Andrew was around about 13,  
17 12 or 13, when we took him to the clinic at the  
18 Children's Hospital, Dr Hill suddenly started saying,  
19 you know, "The boys are getting older now, we need to  
20 prepare them for moving on to the Queen Elizabeth  
21 Hospital. You know, we'll see the boys alone in the  
22 clinic. You know, you wait in the waiting room".  
23 I thought, "That's a bit strange", but I thought, "Okay,  
24 obviously the doctor knows best". So Andrew started  
25 going in to see Dr Hill himself.

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1 And all of a sudden Andrew's behaviour changed, and  
 2 he started becoming really sort of depressed and -- his  
 3 behaviour changed completely, and he started losing  
 4 interest in school. I think it was in his probably  
 5 second year at secondary school, and we couldn't  
 6 understand why this change in him. But it turned out  
 7 that Dr Hill had told him his HIV status at one of these  
 8 meetings that we weren't there -- you know, one of the  
 9 clinic meetings that we weren't there. And Andrew  
 10 didn't tell us what he'd been told for quite a while.  
 11 So we didn't know.  
 12 But I found out because when Andrew was an  
 13 inpatient, I can't remember exactly how long after he  
 14 was an inpatient in hospital, probably overnight couple  
 15 of nights, I think it was dental. Sitting by the bed,  
 16 you just look through the notes, you know, to see what's  
 17 going on. And there it was written at the top of the  
 18 page: "HIV positive". And that was the first official  
 19 thing that I'd seen on, you know, or been told about it.  
 20 **MS RICHARDS:** So you learnt that your child had been  
 21 infected with HIV accidentally --  
 22 **MS HADDOCK:** Yes, yes.  
 23 **MS RICHARDS:** -- because you were looking through the notes?  
 24 **MS HADDOCK:** Yes.  
 25 **MS RICHARDS:** When you learnt that Andrew had been told by

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1 they were always taking blood samples. So, you know,  
 2 obviously Elisabeth said they probably had blood stored,  
 3 which apparently they did.  
 4 And I think they were conducting some kind of test  
 5 at the hospital, and looking into families with  
 6 haemophilia [... redacted ...]. I can't remember the  
 7 dates and how it all fits together, it's just such  
 8 a long time ago.  
 9 So, you know, they had blood from the whole family,  
 10 because they were looking at the connections of, like,  
 11 the family relationships and -- I'm not sure exactly  
 12 what it was for, but I wasn't surprised that they got  
 13 blood samples because, as I say, they were always taking  
 14 it for one purpose or another.  
 15 **MS RICHARDS:** And I think it must also follow from your  
 16 evidence that there was a period of time when the  
 17 hospital knew that Andrew was HIV positive.  
 18 **MS HADDOCK:** Mm-hm.  
 19 **MS RICHARDS:** You didn't?  
 20 **MS HADDOCK:** No.  
 21 **MS RICHARDS:** Were you still involved in his home treatment?  
 22 **MS HADDOCK:** Oh, yes, yes.  
 23 **MS RICHARDS:** So you have a son who is a haemophiliac,  
 24 you're administering treatment?  
 25 **MS HADDOCK:** Mm-hm.

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1 Dr Hill that he was HIV positive without you knowing,  
 2 and without you being there, what did you think of that?  
 3 **MS HADDOCK:** Well, I was disgusted, to be quite honest,  
 4 because Andrew had -- he became very, very depressed.  
 5 He lost interest in everything.  
 6 When he started secondary school, we were -- at the  
 7 first parents evening we were told that he was a very  
 8 intelligent boy, great academic future, you know, he  
 9 could do really well. And then all of a sudden he could  
 10 see no point in working hard at school because he  
 11 thought he was going to die. He wasn't going to have  
 12 a future, "So what's the point in me working hard?"  
 13 And he stopped going to school. I didn't even  
 14 realise he wasn't going to school -- he was being taken  
 15 to school, and apparently coming out of school and  
 16 hanging round the streets in the daytime, which we  
 17 didn't know about for so long.  
 18 **MS RICHARDS:** And I think it must follow from what you've  
 19 told us that you didn't know that he was being tested  
 20 for HIV?  
 21 **MS HADDOCK:** No.  
 22 **MS RICHARDS:** You didn't consent for him being tested  
 23 for HIV?  
 24 **MS HADDOCK:** No. Well, they were always taking blood for  
 25 various reasons. When we went for treatment, you know,

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1 **MS RICHARDS:** You're at risk yourself?  
 2 **MS HADDOCK:** Mm-hm.  
 3 **MS RICHARDS:** And you didn't know that?  
 4 **MS HADDOCK:** No. Well, when we started on home treatment  
 5 they automatically give you some plastic gloves to  
 6 handle the Factor VIII and, I mean, I was always under  
 7 the impression that that was to protect Andrew from  
 8 germs from me, really. Because, you know, you are  
 9 punching in their skin, you don't want to pass anything  
 10 on to them. I never even dreamt that it would work the  
 11 other way around.  
 12 **MS RICHARDS:** You touched on the impact on Andrew, now in  
 13 his early teens, from what you describe --  
 14 **MS HADDOCK:** Mm-hm.  
 15 **MS RICHARDS:** -- withdrawn, stopping trying at school and so  
 16 on.  
 17 **MS HADDOCK:** Mm, mm.  
 18 **MS RICHARDS:** In terms of hepatitis C, how did that  
 19 diagnosis come about?  
 20 **MS HADDOCK:** Well, that -- by the time we knew about the  
 21 hepatitis C, Andrew had moved on to the Queen Elizabeth  
 22 Hospital, so he was no longer under the care of the  
 23 Children's Hospital, and life was quite difficult  
 24 because it was a time that all the stories were in  
 25 Eastenders and one thing and another, about AIDS, and

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1 the -- you know, the news, the information on the  
2 television and everything. So Andrew found that quite  
3 difficult to cope with.

4 And then, because he was at the Queen Elizabeth, he  
5 was considered an adult now, so, as parents, we weren't  
6 involved at all, really. And one morning a letter came  
7 for Andrew from the Queen Elizabeth, and I passed it  
8 over to him, thinking it was an appointment or  
9 something, and it was a letter stating that he was  
10 positive for hepatitis. I mean, that just came off like  
11 a time bomb, really. It just went -- it exploded. We  
12 just -- you know, we just couldn't believe that someone  
13 would just be told like that, in a letter, without any  
14 face-to-face.

15 **MS RICHARDS:** And you went to the appointment because Andrew  
16 now could no longer face going to the hospital?

17 **MS HADDOCK:** No, he became very withdrawn. He didn't want  
18 to mix with people. And he did start -- for a time he  
19 refused to go to the hospital, and he had an appointment  
20 with some liver specialists at the hospital and he  
21 just -- he just wouldn't go. So I went to this  
22 appointment, because I wanted them to know what was  
23 happening: that he wasn't just not turning up, you know,  
24 that -- just what had happened to him.

25 I mean, they were very nice and they listened to me

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1 **MS RICHARDS:** And you and your family felt as though you  
2 were walking on eggshells, you don't know what would set  
3 him off?

4 **MS HADDOCK:** Yeah, that's right.

5 **MS RICHARDS:** And of course you had your daughter who was  
6 also affected by this.

7 **HEATHER:** Well, we tried to protect [redacted] as much as we  
8 could, because she was [redacted] younger than Andrew,  
9 and I didn't want this tragedy to affect two children's  
10 lives, so we would encouraged her to do normal things,  
11 and, to be perfectly honest, we didn't tell her about  
12 Andrew's HIV status or the hepatitis. But obviously she  
13 must have picked up that something was going on because  
14 it was not sort of a normal behaviour in the household.  
15 But we did try to keep her, you know, protected as much  
16 as we could.

17 But with Andrew he wouldn't even tell anyone he was  
18 a haemophiliac, because he didn't want it associated  
19 with the HIV, and he thought if anyone knew he was  
20 a haemophiliac they would automatically think he was  
21 affected with the stigma that was attached to it. So he  
22 just would not make any firm friendships. He'd got lots  
23 of sort of friends but they weren't close friends,  
24 because he was frightened of everyone sort of finding  
25 out, you know. And he wouldn't let us tell any of our

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1 but obviously they didn't divulge any medical  
2 information or anything. But I just felt it was  
3 something that I had to do, so that they knew exactly --  
4 or tried to tell them exactly what was happening.

5 **MS RICHARDS:** Sir, I'm conscious of the time. I'm very  
6 happy to continue but I know the stenographers require  
7 breaks from time to time. So I'm in your hands.

8 **SIR BRIAN LANGSTAFF:** Well, I think I'm going to ask the  
9 stenographers to bear with this evidence. It's not  
10 being given at a very fast speed so we'll go on until  
11 the usual time for breaking, I think.

12 Let me just say that if the stenographers take  
13 a different view, they should indicate through the usual  
14 channels.

15 **MS RICHARDS:** You have told us in your statement that there  
16 was a complete change in Andrew. He went from your  
17 sociable, funny boy to someone who was withdrawn and  
18 depressed?

19 **MS HADDOCK:** Yes, yes.

20 **MS RICHARDS:** He didn't want to talk to people?

21 **MS HADDOCK:** No.

22 **MS RICHARDS:** He had mood swings?

23 **MS HADDOCK:** Yes.

24 **MS RICHARDS:** He became paranoid?

25 **MS HADDOCK:** Hm-mm.

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1 friends. So we had no support, we had to pretend  
2 everything was all right with our friends, you know, and  
3 put on a happy smile.

4 My mother knew because she is the daughter of  
5 a haemophiliac and she was of great support to me. But  
6 my husband's family didn't know all the full facts,  
7 again because Andrew didn't want them to know. So we  
8 were living in, like, this isolated world with this  
9 volatile -- well, not a child but he was a teenager, he  
10 was a big -- a big -- big teenager. And we didn't know  
11 who we were going to get when he came in the door, how  
12 he would be. When he got up in the morning we didn't  
13 know how he would be. Sometimes he'd get so pent up and  
14 frustrated that he'd punch the doors and punch the wall,  
15 put his fist through plasterboard and door panels, just  
16 out of sheer frustration of the situation that he  
17 was in.

18 Towards his latter years he was an inpatient in  
19 the QE, and he became really agitated in the ward, and  
20 he had a drip into his arm, and he was just so agitated  
21 and -- because his mental state was terrible -- and he'd  
22 pull the drip down, but he'd left the -- the needle was  
23 in his arm and the -- you know, it was hanging out, and  
24 he'd just got up and marched out of the ward. You know,  
25 he just -- "I'm going, I'm going, I've got to get out of

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1 here, I'm going". He marched out of the hospital and  
 2 security people were following him, and I was following  
 3 them, we were all following him down the road trying to  
 4 keep him safe. And he went down to the bottom of the  
 5 road, and he was walking up and down.  
 6 Eventually managed to get him back into the  
 7 hospital. And they couldn't calm him down at all. He  
 8 was just totally, totally, distressed and disturbed,  
 9 that he was taken from the ward to the psychiatric unit  
 10 of the Queen Elizabeth Hospital, where he was forcibly  
 11 kept overnight to -- for his own safety, I think, to  
 12 just sort of try to calm him down.  
 13 And the next morning I had to go and -- they did let  
 14 me -- he'd calmed down and they did let me bring him  
 15 home.  
 16 **MS RICHARDS:** You told us in your statement that from around  
 17 the late teens, his physical health started to  
 18 deteriorate.  
 19 **MS HADDOCK:** Yes, yes.  
 20 **MS RICHARDS:** He became very fatigued.  
 21 **MS HADDOCK:** Yes, yes.  
 22 **MS RICHARDS:** He would experience hallucinations?  
 23 **MS HADDOCK:** Yes, yes, he did have hallucinations. We'd be  
 24 in the car, he'd be sitting the back of the car and  
 25 suddenly, "Oh, what's that? What's that?" You know, he

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1 realise how things actually were. I mean, I rang up on  
 2 the morning, and I was just told, "Oh, you can go easy.  
 3 He's had a comfortable night." And so I said, "Oh,  
 4 right. I'll be coming up."  
 5 And I went and picked my mother up. If I'd have  
 6 known it was so close to the end, I would have just gone  
 7 straight there. And I went and picked my mother up, and  
 8 she came with me, and when we got to the hospital, we  
 9 were too late. But I didn't realise from what they'd  
 10 told me that I was actually going -- you know, it was  
 11 going to be so close to the end.  
 12 **MS RICHARDS:** And how old was Andrew when he died?  
 13 **MS HADDOCK:** Twenty-four.  
 14 **MS RICHARDS:** He didn't, as I understand it from your  
 15 statement, receive treatment for HIV or HCV.  
 16 **MS HADDOCK:** No. I think it was a little bit before the  
 17 anti-virals became, you know, in use, so there was no  
 18 treatment.  
 19 **MS RICHARDS:** Did he ever receive any counselling?  
 20 Psychological support?  
 21 **MS HADDOCK:** No. No.  
 22 **MS RICHARDS:** And what about you and the rest of the family?  
 23 **MS HADDOCK:** No. No. I did ask my GP, a while after Andrew  
 24 died, that I felt I could do with some counselling. But  
 25 he just sort of, "Well, you know, time's gone by now,

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1 was sort of seeing things. I think it was all to do  
 2 with his liver. He just totally unpredictable, really,  
 3 of what, you know ... it was just really difficult.  
 4 Really difficult. He also started having really bad  
 5 nosebleeds as well towards the end. And I mean really,  
 6 really bad nosebleeds.  
 7 **MS RICHARDS:** And there came a point when he was under the  
 8 care of the Queen Elizabeth Hospital, and you were  
 9 called to the hospital, and you were told he was  
 10 terminally ill.  
 11 **MS HADDOCK:** We weren't actually told he was terminally ill  
 12 by the hospital. That was a bit weird. We had a  
 13 meeting at the QE, where our GP was invited to, and  
 14 everyone else in his care -- myself and my husband, and  
 15 our GP. And it was our GP that referred to him as being  
 16 terminally ill. And that was the first time we'd heard  
 17 it, you know, put into those words. And I always  
 18 thought that was a bit strange, really.  
 19 **MS RICHARDS:** And then you weren't actually able to see  
 20 Andrew the day that he died because you tell us in your  
 21 statement you're not -- concerned you weren't given the  
 22 most accurate and up-to-date information by the  
 23 hospital, so you weren't able to get there to be with  
 24 him.  
 25 **MS HADDOCK:** I wasn't with him at the end because I didn't

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1 and it's not really appropriate," and there was nothing.  
 2 **MS RICHARDS:** What can you tell us about the longer term  
 3 impact on you, as Andrew's mum, of what happened?  
 4 **MS HADDOCK:** Well, you'll never get over what we've been  
 5 through. And I think, you know, we could all probably  
 6 say we're a different person to what we would have been.  
 7 I think I've sort of lived my life since Andrew died,  
 8 um -- I've sort of compartmentalised it, and I've just  
 9 got on with things because I was always frightened that  
 10 if I thought about it too much, the floodgates would  
 11 open, and I'd never shut them.  
 12 So you try to just carry on. I mean, I had  
 13 a 15-year-old daughter. Wanted her life -- I wanted her  
 14 to enjoy her life and live her life and not be -- you  
 15 know, have her life spoilt. So we concentrated on her.  
 16 It has all been bottled up inside, but I just didn't  
 17 know what else to do.  
 18 **MS RICHARDS:** And we've got some photos of Andrew. Is it  
 19 okay if we look at those?  
 20 **MS HADDOCK:** Yes. Yes.  
 21 **MS RICHARDS:** Lawrence, could we have those photos, please.  
 22 And just tell us about them. So what's this one?  
 23 **MS HADDOCK:** That's us when we were happy, Boxing Day, at  
 24 Nan's. Andrew smiling. Michelle -- there's eight years  
 25 difference between them. But that was before

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1 everything -- you know, everything. Life was great.  
 2 Everything was -- everyone was happy. A nice little  
 3 happy family.  
 4 And that, again, is holiday. We were on holiday,  
 5 happy. Michelle a toddler; Andrew eight, nine years  
 6 old, enjoying himself and just living a lovely life.  
 7 That was Andrew, his first year at secondary  
 8 school -- again, just before everything started to blow  
 9 up -- in his school uniform, all proud and, you know,  
 10 the whole future in front of him.  
 11 Now, that's later on, when Andrew had started to  
 12 become ill. I think if you look at his face, you can  
 13 see that he is -- you know, he is quite ill there. And  
 14 that was the day when we'd gone down to visit Grandad  
 15 who was staying in a caravan, so we went for the day.  
 16 And it was on the way back from there that he started  
 17 having hallucinations in the car as we were driving home  
 18 which were really quite frightening. And as you can  
 19 see, he was quite a big chap and could be quite sort of  
 20 frightening, you know, when he started having these  
 21 episodes.  
 22 But that's -- I don't really like to look at that  
 23 photograph because, to me, he just looks so ill on there  
 24 and not like himself.  
 25 **MS RICHARDS:** Thank you.

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1 **MS RICHARDS:** I'm told the stenographers need a break, I'm  
 2 afraid.  
 3 **SIR BRIAN LANGSTAFF:** Well, that determines it, then. May  
 4 I thank the stenographers for going on to make sure that  
 5 they captured all of Brenda's evidence. So we'll start  
 6 at 1.45, and then you have a free run through, right  
 7 until you finish.  
 8 **MS RICHARDS:** Just to say, I'll be inviting, obviously,  
 9 Elisabeth to return and sit with Linda, and once we've  
 10 heard from Linda, I'll just want to pick up some general  
 11 issues about the Birmingham Children's Hospital with all  
 12 three of you.  
 13 **SIR BRIAN LANGSTAFF:** Yes. I was going to say, there are  
 14 general themes which Ms Richards is likely to pick up  
 15 with and take the views of the three of you. It's one  
 16 of the great advantages of having three people who have  
 17 such similar experiences, although there will be slight  
 18 differences between them. So 1.45.  
 19 (12.44 pm)  
 20 (The Luncheon Adjournment)  
 21 (1.45 pm)  
 22 **MS RICHARDS:** Linda, can you hear me okay?  
 23 **MS WOOLLISCROFT:** Yes.  
 24 **MS RICHARDS:** I'm going to ask you to tell us about your son  
 25 Michael and his treatment at the Birmingham Children's

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1 Sir, we now have the evidence from Linda. What  
 2 would you wish to do?  
 3 **SIR BRIAN LANGSTAFF:** Well, let me ask Linda. We can take  
 4 a break now and come back at 1.45, if you'd like, and  
 5 then hear your evidence then, or you can start now if  
 6 you want.  
 7 **MS WOOLLISCROFT:** I don't mind carrying on. I was just  
 8 getting a bit upset listening to them, sorry.  
 9 **SIR BRIAN LANGSTAFF:** Well, I wondered.  
 10 **MS WOOLLISCROFT:** But I'd rather carry on, I think.  
 11 **SIR BRIAN LANGSTAFF:** Okay. We will be taking a break in  
 12 the middle, that's the only thing. Are you happy about  
 13 that?  
 14 **MS WOOLLISCROFT:** Taking a break?  
 15 **SIR BRIAN LANGSTAFF:** In the middle of your evidence.  
 16 **MS WOOLLISCROFT:** Right.  
 17 **SIR BRIAN LANGSTAFF:** So you might prefer to have it all in  
 18 one go.  
 19 **MS WOOLLISCROFT:** I'd rather do it all in one.  
 20 **SIR BRIAN LANGSTAFF:** If you'd rather do it all in one go,  
 21 we'll take a break now.  
 22 **MS WOOLLISCROFT:** I'd rather just carry on and get it over  
 23 with, if I can.  
 24 **SIR BRIAN LANGSTAFF:** Yes, well, I think that would eat into  
 25 everyone's lunch hour.

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1 Hospital. So Michael was born in 1969; is that right?  
 2 **MS WOOLLISCROFT:** Yes, that's right.  
 3 **MS RICHARDS:** And he was diagnosed with severe haemophilia A  
 4 when he was about 3 years old?  
 5 **MS WOOLLISCROFT:** No, 2. About 2.  
 6 **MS RICHARDS:** What can you tell us about that?  
 7 **MS WOOLLISCROFT:** Um, well, you know when they start to  
 8 crawl when they're little and everything, he was getting  
 9 these bad bruises with lumps and things. Well, our GP  
 10 who I took him to see, he'd been a family doctor and  
 11 we've never known haemophilia in our family. So, you  
 12 know, that's what -- he didn't suspect that. And he  
 13 used to give him vitamin C and stuff like that, and he  
 14 even asked me if I was knocking him about, and he said,  
 15 "I've got to ask you this", and I said, "Good lord, no".  
 16 Anyway, he retired and -- Michael would be about 2 -- we  
 17 had a new doctor, a young doctor, and we went through  
 18 it -- he had a swollen knee, I think it was, and I took  
 19 him to the doctors, and he said -- well, he just looked  
 20 back at the records and he asked me the questions and he  
 21 said, "I want to send you straight up to the hospital",  
 22 and he wrote a letter and he said, "I want you to take  
 23 this to the hospital in Wolverhampton".  
 24 So that's what I did. And I was just amazed because  
 25 they said, "We've got to keep him in", and he was just

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1 taken away and I had to go home. And it was like that  
 2 in those days. They didn't let you hang about, you  
 3 know.  
 4 So I went home and I did nothing but weep, you know.  
 5 I didn't know what was going on. Anyway, when I had to  
 6 go back they took me to one side and they said that he'd  
 7 got haemophilia. And I've got to be honest, I'd never  
 8 heard of it before. So I don't know whether it missed  
 9 a generation, because they say it can, I don't know.  
 10 We've never, even to this day, found out. [... redacted  
 11 ...] and yet we'd never heard of it before. But anyway,  
 12 that's how we found out that he was haemophilia -- he'd  
 13 got haemophilia.  
 14 Then I had him transferred from Wolverhampton to the  
 15 Birmingham Children's, to the haemophilia department,  
 16 and then we just had to keep going up. Every time he  
 17 hurt himself in some way we would have to go up the  
 18 hospital. And when they're little they're always  
 19 falling or doing something, aren't they? So it was  
 20 quite a journey every time, you know. But it had to be  
 21 done.

22 **MS RICHARDS:** Initially, Michael was treated with  
 23 cryoprecipitate?

24 **MS WOOLLISCROFT:** Yes.

25 **MS RICHARDS:** Then I think a time when he had NHS

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1 during the 1970s and the early 1980s, so before that  
 2 meeting, did anyone ever tell you that the concentrates  
 3 might transmit hepatitis?  
 4 **MS WOOLLISCROFT:** No. I was told by Sister Marion that they  
 5 would be stopping the British one because it -- it was  
 6 a lack of supply. So she said we're having it from  
 7 America, and that's all she said. So you just accept  
 8 that that's it, you see. So he was put on that  
 9 treatment. And I can't remember how long it was from  
 10 then to when we had the meeting.  
 11 **MS RICHARDS:** We can look at a document which you've  
 12 exhibited to your witness statement, and it was  
 13 a document filled in, I think, at the time of the  
 14 haemophilia litigation, and it's been filled in by  
 15 a doctor by reference to Michael's records.  
 16 So if we look at WITN1616003. And if we go to the  
 17 next page, it's described as "Preliminary medico-legal  
 18 report on Michael Anthony Price", and then if we go  
 19 to -- or we can see it refers to documents, letter of  
 20 instruction, and then records from the hospitals,  
 21 uncertified copies of batch numbers from the Children's  
 22 Hospital. Then if we go down towards the bottom of the  
 23 page, we can see there that the doctor who has filled  
 24 this in had Michael's records, and then we can see the  
 25 words:

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1 concentrate?  
 2 **MS WOOLLISCROFT:** Yes, that's right.  
 3 **MS RICHARDS:** But then, and your recollection was that it  
 4 was perhaps the early 1980s -- we can look at a document  
 5 in a moment, but it was switched to US commercial  
 6 concentrates?  
 7 **MS WOOLLISCROFT:** Yes.  
 8 **MS RICHARDS:** And it was the Armour concentrate, I think,  
 9 that you'd mainly remembered?  
 10 **MS WOOLLISCROFT:** Right, okay. I know it was the -- I can't  
 11 remember the name -- now you've said it I recognise it,  
 12 but ...  
 13 **MS RICHARDS:** Were you told anything, whether by Dr Hill or  
 14 anyone else at the Children's Hospital, about the risks  
 15 associated with the factor concentrates?  
 16 **MS WOOLLISCROFT:** With the American? No.  
 17 Well, I went to the meeting that you mentioned  
 18 earlier. To me, when they were on about this virus,  
 19 I hadn't really heard of that before. So it was like,  
 20 you know, taking it all in and knowing what was going  
 21 on, really. And I knew it was a worry. They were just  
 22 talking as though they'd only just sort of found out,  
 23 that's the way I felt at the time.  
 24 **MS RICHARDS:** Before we get to that meeting, though, which  
 25 was probably 1984, your son had been being treated

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1 "Haemophilia A. Severe ...  
 2 "Diagnosed at 3 years old.  
 3 "Cryoprecipitate 1973-77."  
 4 **MS WOOLLISCROFT:** Yes.  
 5 **MS RICHARDS:** Then if we go to the next page and look at the  
 6 bottom of the page, the very bottom, we've got there:  
 7 "The date the client was first given Factor VIII or  
 8 IX concentrate, 23.05.77."  
 9 Then if we go over the page, we can see it says,  
 10 under the paragraph (b) at the top:  
 11 "Armour 1977-83 and 1986  
 12 "NHS 1978-86 (including Scottish 1984)  
 13 "Alpha [which is a different commercial product]  
 14 1986-87"  
 15 **MS WOOLLISCROFT:** Yes.  
 16 **MS RICHARDS:** So it looks from this as though Michael was  
 17 treated sometimes with NHS product, but certainly also  
 18 with the Armour product, and that's what you remember  
 19 from the conversation with Sister Marion: that they were  
 20 going to have to switch to that --  
 21 **MS WOOLLISCROFT:** Yes.  
 22 **MS RICHARDS:** -- because they didn't have enough NHS?  
 23 **MS WOOLLISCROFT:** And that's all I was told.  
 24 **MS RICHARDS:** Do you feel you were ever given a choice about  
 25 what treatment Michael would receive?

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1 **MS WOOLLISCROFT:** Not at that point, no, no. She just said  
 2 that's what was happening. So I just accepted it, you  
 3 know.  
 4 **MS RICHARDS:** And Michael, according to this document, was  
 5 on home treatment from about 1977. Do you recall that?  
 6 **MS WOOLLISCROFT:** Yes, yeah.  
 7 **MS RICHARDS:** Prior to that when he'd received  
 8 cryoprecipitate in the hospital, had he had any  
 9 difficulties with the cryoprecipitate?  
 10 **MS WOOLLISCROFT:** No, none.  
 11 **MS RICHARDS:** We can take that down, thank you. Can you  
 12 then tell us what you remember about a meeting at the  
 13 Birmingham Children's Hospital in 1984?  
 14 **MS WOOLLISCROFT:** Yes. I can't remember too many details  
 15 because it was such a lot to take in, all evening, but  
 16 they were just telling us about this virus, which I'd  
 17 never heard of before, I've got to be honest. They were  
 18 showing you things on boards, you know, like diagrams  
 19 and things of this virus and -- right, you know. And it  
 20 was a lot to take in, but -- I knew it sounded bad but  
 21 I didn't know exactly -- I mean, it wasn't in the news  
 22 either, then. It came on the news after about it. It  
 23 built up on, you know, the AIDS and that, and then it  
 24 sinks in how really bad it is, but ...  
 25 **MS RICHARDS:** If we look at your statement -- I'll just read

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1 they came down with any illnesses. And Michael had  
 2 glandular fever and it worried me after -- because they  
 3 did mention that at the meeting, something about  
 4 glandular fever. So on our next visit to the Children's  
 5 Hospital, we had to go and see Sister Marion, and so  
 6 I asked her then if Michael was all right, because it  
 7 was worrying me. And she said, "Don't worry about  
 8 Michael, he's fine."  
 9 So after that we just took it he was fine. And if  
 10 I can go on?  
 11 **MS RICHARDS:** Yes, please.  
 12 **MS WOOLLISCROFT:** A year and a half -- that's a rough guess,  
 13 I think he was about 15 or something then -- about  
 14 a year and a half later, probably when he was in his --  
 15 late 16, um, he was given the bombshell that he was  
 16 infected. And yet I thought, seeing as he was all right  
 17 then, going back, how come he was given it after that?  
 18 Why wasn't they careful? Because if they say he's all  
 19 right, then they should try and keep him all right. And  
 20 yet he wasn't. And for a year and a half, we just  
 21 thought it was fine, he was all right.  
 22 **MS RICHARDS:** You told us in your statement that this  
 23 occasion when you were told the bombshell came about --  
 24 you'd got a letter from Dr Hill.  
 25 **MS WOOLLISCROFT:** Yeah.

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1 out what you say about it in your statement, Linda.  
 2 So you say:  
 3 "I believe ... in or around 1984, a special meeting  
 4 was held at the BCH. I attended this meeting without  
 5 Michael, taking my sister with me. I recall it was  
 6 Dr Hill who ran the meeting in a big hall that was full  
 7 of a mixture of doctors and parents of children who were  
 8 being treated at the BCH. Dr Hill delivered  
 9 a presentation detailing information about HIV. He went  
 10 into depth saying that the outbreak was caused because  
 11 the blood had been obtained from Americans who were on  
 12 drugs or were otherwise diseased. It was never  
 13 explained why this was allowed to happen. The meeting  
 14 was directed at letting the parents and patients know  
 15 that some people may be at risk of infection. They said  
 16 if you want to know whether your child was infected, to  
 17 ask. This was the first time I had ever heard of HIV or  
 18 AIDS so it was very worrying. They told us to look out  
 19 for certain symptoms."  
 20 So does that remain your memory of that meeting?  
 21 **MS WOOLLISCROFT:** Mm, yes. Yeah.  
 22 **MS RICHARDS:** Now you told us in your statement that you  
 23 recognised some of the symptoms or thought you did.  
 24 What can you tell us?  
 25 **MS WOOLLISCROFT:** Well, they did mention to watch out if

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1 **MS RICHARDS:** And you understood it was about Michael  
 2 transferring to the adult haemophilia centre?  
 3 **MS WOOLLISCROFT:** Mm, yes.  
 4 **MS RICHARDS:** And so you went to the meeting thinking that  
 5 it was about that.  
 6 **MS WOOLLISCROFT:** Yeah.  
 7 **MS RICHARDS:** And at the end of the meeting, Dr Hill, as you  
 8 say in your statement, dropped the bombshell that  
 9 Michael had HIV.  
 10 **MS WOOLLISCROFT:** Yes. And there was only me and Michael in  
 11 the room. My husband waited in the car because he  
 12 thought it was just to do with moving hospitals, see.  
 13 And -- well, it was -- we both went silent. I wish now  
 14 I'd have said more, but I just lost it, really. I just  
 15 went ... we both went quiet. You know. And I had to go  
 16 and tell my husband. And we drove from Birmingham to  
 17 [redacted] and nobody spoke. We were just silent.  
 18 **MS RICHARDS:** And I think it follows from your evidence that  
 19 you hadn't been told that Michael was being tested  
 20 for HIV?  
 21 **MS WOOLLISCROFT:** No. Well, I hadn't been told, but  
 22 I suppose -- I suppose they must check them but --  
 23 I don't know. It's complicated, really, because I just  
 24 thought -- he'd been -- obviously been tested for him to  
 25 be told that he was all right, "Don't worry about him,

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1 he's fine". So you just carry on then thinking he's all  
 2 right. And for that whole year and a half, we just  
 3 thought everything was fine. And yet they'd  
 4 obviously -- were still giving him the treatment with  
 5 the infected blood -- you know, the infected treatment.  
 6 **MS RICHARDS:** If we go back to that medico-legal report we  
 7 looked at a few moments ago, so WITN1616003, and if we  
 8 go to page 5, and I'm looking at this because we don't  
 9 have Michael's records but we have this report that  
 10 you've exhibited to your statement that was based on  
 11 Michael's records.  
 12 Then the question at the top of the page is about --  
 13 on the date on which the first blood test carried out  
 14 that produced an HIV positive result. And the answer is  
 15 given:  
 16 "First sample '1984' retrospectively tested but  
 17 report date not given.  
 18 "First fully dated result, 21.2.86 sampled ..."  
 19 So I think that's the date the sample is taken and  
 20 then the report comes back 13 March '86.  
 21 "Sero-conversion occurred in or before 1984."  
 22 Then question 10:  
 23 "On what date do the records show that the client  
 24 was notified of his HIV [positive] condition?"  
 25 "24.10.86."

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1 Well, for some time I thought, well, I was told he  
 2 was all right. Was that a fib? I don't know. If it  
 3 was, well, that was wrong, obviously. And then if it  
 4 was the truth, then why did they carry on giving it him?  
 5 And that's what was going in my mind all the while.  
 6 **MS RICHARDS:** Michael was also infected with hepatitis C.  
 7 **MS WOOLLISCROFT:** Yes.  
 8 **MS RICHARDS:** But you learnt about that rather later. How  
 9 did that come about?  
 10 **MS WOOLLISCROFT:** Well, it was just by -- after Michael had  
 11 passed away, I had to go back to the Children's -- back  
 12 to the QE for some reason, I can't remember now, but  
 13 I was on the car park, just walking across, and one of  
 14 the doctors that knew Michael, a lady doctor -- I don't  
 15 know her name -- she saw me and come over to give her  
 16 condolences and that, you know. And in the conversation  
 17 she just said, "Well, of course he was hepatitis C  
 18 positive as well". Well, I never knew. If I hadn't  
 19 have met her on that car park, I wouldn't have known.  
 20 **MS RICHARDS:** Can you tell us how Michael's health  
 21 deteriorated as he got older?  
 22 **MS WOOLLISCROFT:** Well, he used to have fatigue, lack of  
 23 energy. He used to get bouts of diarrhoea a lot, and  
 24 occasional sickness. And he always used to say he ached  
 25 as though he'd got the flu all the while. That sort of

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1 First of all, Linda, that reference there to  
 2 October 1986, that's consistent with your recollection  
 3 of it being a year and a half or more after that meeting  
 4 at which you were told?  
 5 **MS WOOLLISCROFT:** Right.  
 6 **MS RICHARDS:** This document suggests that testing at some  
 7 point was carried out on a sample of Michael's blood  
 8 from 1984, suggesting that he -- that the result was  
 9 positive as at 1984. Was that something you were ever  
 10 told at the time?  
 11 **MS WOOLLISCROFT:** No. No, I wasn't told.  
 12 **MS RICHARDS:** When you were given this bombshell news, and  
 13 in the weeks and months that followed, did you receive  
 14 any support or advice from the hospital?  
 15 **MS WOOLLISCROFT:** No. No, not concerning that, no. We  
 16 moved to a different hospital, then.  
 17 **MS RICHARDS:** So you moved to the Queen --  
 18 **MS WOOLLISCROFT:** When he dropped the bombshell I never saw  
 19 him again. We went to the Queen Elizabeth and we was  
 20 under, um -- we was under Dr Wilde for quite a while.  
 21 **MS RICHARDS:** You say in your statement, reflecting on the  
 22 way in which you were told about Michael's diagnosis in  
 23 the way in which you've described, that you felt and  
 24 still feel as though you'd been lied to.  
 25 **MS WOOLLISCROFT:** Well, I do, yeah.

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1 feeling all the while. And he gradually started to lose  
 2 weight, you know, and wasn't eating as he used to. As  
 3 it got nearer to when he was really, really poorly, he  
 4 used to keep being sick. Diarrhoea was bad. He just  
 5 felt really ill all over. But he did have a lot of  
 6 things before that. Certain things cropped up.  
 7 He had pancreatitis, which I just presumed it was to  
 8 do with the HIV. But thinking about it after, it could  
 9 have been connected to the hepatitis C. But I didn't  
 10 know he'd got it then, did I? So I just assumed it was  
 11 to do with the HIV.  
 12 And he had a bout of terrible headaches for, ooh,  
 13 well over a year. They were so bad he was on morphine,  
 14 morphine tablets every day, quite high, to take these  
 15 pains away. And then the one day his head just swelled.  
 16 It was twice the size of what it should have been, and  
 17 he had to stay in the hospital. And I didn't think --  
 18 I think that they thought that he wasn't going to last  
 19 very long, but he did get over that, actually. I don't  
 20 know how, but he did. And that gradually went down.  
 21 He had psoriasis in his scalp, you know, through  
 22 stress and worry. So he had a lot of things, really.  
 23 The headaches, and then he -- he did get meningitis at  
 24 the end; passed with meningitis.  
 25 **MS RICHARDS:** What had been the effect on him, a teenage

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1 boy, 16 years old, learning that he had this diagnosis?  
 2 How did that impact upon him mentally?  
 3 **MS WOOLLISCROFT:** Well, at first, you can tell it just  
 4 knocked him for six, really. And he -- that's when he  
 5 had the psoriasis, not long after that. He went very  
 6 quiet. And he never really told me exactly how he felt.  
 7 He sort of kept it in, you know. But he said he didn't  
 8 want anybody in the family to know, at first. And he  
 9 said he definitely didn't want his nan know. They were  
 10 very close. And she was -- she was nearly in her 80s,  
 11 you know.

12 So anyway, we did tell the close family in the end,  
 13 but he never told any friends, and that's the way he  
 14 wanted to keep it. But the family were very good, and  
 15 they kept it in the family, you know. But as time went  
 16 on, he did seem to cope in his own way, and I'm very  
 17 proud of him in that way, of how he coped.

18 **MS RICHARDS:** Was he able to work?

19 **MS WOOLLISCROFT:** He did have one job. He didn't really  
 20 want to do it. He couldn't see the point. But he did  
 21 go. He worked for the -- in the council offices at  
 22 Codsall. I think he only worked -- I can't remember how  
 23 long he was there. It could have been a year. I can't  
 24 remember now. But then he left.

25 And he'd got no interest -- I mean, his ambition was  
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1 tablet. And he was on it for quite some time. But then  
 2 he seemed to go downhill, you know.

3 **MS RICHARDS:** You've described in your statement the last  
 4 few weeks of Michael's life. He'd come back to live  
 5 with you, I think, and you were looking after him.

6 **MS WOOLLISCROFT:** Yes.

7 **MS RICHARDS:** Then he had to go into hospital. You've told  
 8 us about that in your statement. Is there anything  
 9 you'd like to tell us about it? It's entirely a matter  
 10 for you as to whether you want to talk about it.

11 **MS WOOLLISCROFT:** Well, he -- he was living with his  
 12 girlfriend. She knew all about everything. But,  
 13 I don't know, there was something that she -- she  
 14 just -- the one day, she just told the social worker,  
 15 and the social worker spoke to me, and she said that she  
 16 didn't want to stay with him anymore. And she just --  
 17 I was there but I didn't know until she said -- the  
 18 girlfriend said, "I've got to go to town", and she went  
 19 out and left me alone with -- Michael was in bed and the  
 20 social worker told me then that she didn't want to stay  
 21 with him anymore. And I never saw her again after that.  
 22 And we had to go and tell Michael. And he was really  
 23 poorly in bed and he got upset and started to cry.

24 Anyway, we got him home -- we had to get him home  
 25 before she came back. So we got him home and then  
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REDACTED VERSION

1 to be a sports photographer because he loved taking  
 2 photographs. And he couldn't play sport himself, but he  
 3 loved his football, and he said, "I'd loved to have been  
 4 a sports photographer". And he took some lovely photos.  
 5 And, of course, in those days it was a proper camera  
 6 with a film in, you see, and he did take nice, lovely  
 7 photos of animals and things. But that was what he  
 8 would have liked to have done. But I think in his mind,  
 9 he thought: what's the point? You know.

10 **MS RICHARDS:** And did he receive any treatment for --

11 **MS WOOLLISCROFT:** Sorry?

12 **MS RICHARDS:** Did he receive treatment for HIV?

13 **MS WOOLLISCROFT:** Yes, AZT.

14 **MS RICHARDS:** And how was that?

15 **MS WOOLLISCROFT:** Well, I don't know, it was really well,  
 16 when they -- you see I didn't go in the room with him  
 17 that day. He went to see Dr Hill, I think it was.  
 18 Yeah. He went in on his own. And he looked really  
 19 well. He'd been on holiday, and he looked really well,  
 20 and he hadn't lost any weight or nothing, and when he  
 21 come out he said -- "Oh", he said, "A blood test has  
 22 showed that I need to go on treatment". There was some  
 23 alteration in his blood, "And I need to go on treatment.  
 24 I've got to start on this tablet". Well, it was AZT.

25 And that's all Michael told me, he'd got to go on this  
 90

1 I looked after him. And that's when he went really  
 2 downhill, you know. And I -- I never saw her again,  
 3 except for Michael asked me to go and get some money  
 4 out -- I don't think this is in his statement -- in the  
 5 statement, but he said, "Mum will you go to the bank and  
 6 get me some money out?" And he gave me his card and  
 7 when I went, the account was empty. That was his -- the  
 8 ones he used to pay his bills on, not one that he kept  
 9 his pay money in. And it was empty. And I come back  
 10 and I said, "There's nothing there". And he had to  
 11 phone the bank.

12 Well, he was friends with the bank -- well, it was  
 13 Midshires Building Society, and he was good friends with  
 14 the manageress, and anyway, she said that the money was  
 15 drawn out. So that upset him. Anyway, we went back and  
 16 got the card off her.

17 So he was with me then, and then he just come and  
 18 give me a hug and he said, "Mum, I'm glad to be back  
 19 home with you". And I said, "Well, I'm glad to have you  
 20 back."

21 **MS RICHARDS:** Then in the last month of or so of Michael's  
 22 life he was in the Heartlands Hospital and you remained  
 23 there with him.

24 **MS WOOLLISCROFT:** For a whole month, yeah. Yeah, I slept in  
 25 a chair at the side of his bed. He'd got his own room  
 92

1 and bathroom, you know ... and I looked after him, and  
 2 washed his hair. He was mad on his hair being just  
 3 right, you know. I looked after him, yeah.  
 4 **MS RICHARDS:** Michael died 1995, just before his  
 5 26th birthday.  
 6 **MS WOOLLISCROFT:** Yeah.  
 7 **MS RICHARDS:** You'd had to give up work, I think, yourself,  
 8 to look after him?  
 9 **MS WOOLLISCROFT:** Yeah, yeah.  
 10 **MS RICHARDS:** And after Michael died, your husband had to  
 11 take a year's unpaid leave to look after you?  
 12 **MS WOOLLISCROFT:** Yeah, his boss suggested it. He said --  
 13 because Paul was worried about leaving me on my own, you  
 14 know.  
 15 **MS RICHARDS:** Michael was your only child.  
 16 **MS WOOLLISCROFT:** Yeah.  
 17 **MS RICHARDS:** And you've said in your statement you feel  
 18 you've lost the chance to have grandchildren.  
 19 **MS WOOLLISCROFT:** That's what he said to me, yeah. He said,  
 20 "You'll never be a grandmother". And I said -- well,  
 21 I just said, "Well, don't worry about it". I didn't  
 22 know what to say to him, you know.  
 23 **MS RICHARDS:** At any point did you or your husband or  
 24 Michael ever get offered counselling or psychological  
 25 support?

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1 him, yeah.  
 2 **MS RICHARDS:** We've got some photos, we'll just look at  
 3 those. Is that all right?  
 4 **MS WOOLLISCROFT:** Yeah.  
 5 **MS RICHARDS:** If we could have Linda's photos, please,  
 6 Lawrence. How old was he here, do you think?  
 7 **MS WOOLLISCROFT:** Err ... I'm not sure. I think he was  
 8 probably about 7 or something. I'm not sure. Because  
 9 I never wrote it down. You don't think of these things  
 10 sometimes.  
 11 **MS RICHARDS:** Where was this?  
 12 **MS WOOLLISCROFT:** That was on the beach at Borth, just  
 13 outside Borth, and he loved the sunshine and he hated  
 14 the rain, and yet, just before he passed away it was  
 15 raining and he said to me, he said, "Would you help  
 16 me" -- outside his room there was a corridor with glass  
 17 windows you could see outside, and he said, "Would you  
 18 take me to see the rain?" -- oh, this is what upsets  
 19 me -- because he knew he wasn't going to see it again.  
 20 Sorry.  
 21 **MS RICHARDS:** That's all right, don't worry.  
 22 Lawrence -- are you okay --  
 23 **MS WOOLLISCROFT:** Yes.  
 24 **MS RICHARDS:** We've put up a picture that shows Michael when  
 25 he's thinner and losing weight, and I think he lost more

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1 **MS WOOLLISCROFT:** He used to have a social worker that --  
 2 her name was Jill, and they were very, very close. And  
 3 she helped him a lot, but -- she used to help him with  
 4 different things, but I didn't really get too involved  
 5 with that. I think all that happened before he came  
 6 back to me, see. So I wasn't there when she came. But  
 7 she kept in touch -- when she left, she went on a world  
 8 cruise, and she always send him postcards of where she  
 9 was stopping, you know. And she kept in touch with him.  
 10 **MS RICHARDS:** And were you offered any kind of support by  
 11 anybody?  
 12 **MS WOOLLISCROFT:** No. No.  
 13 **MS RICHARDS:** You've said in your statement that you still  
 14 think about Michael every day.  
 15 **MS WOOLLISCROFT:** I do, yeah. Every single day, yeah.  
 16 **MS RICHARDS:** And you describe it in your statement as  
 17 a black cloud.  
 18 **MS WOOLLISCROFT:** Pardon?  
 19 **MS RICHARDS:** You describe it in your statement as being  
 20 a black cloud that's lived over you since that time.  
 21 **MS WOOLLISCROFT:** Mm. Well, your life changes and nothing's  
 22 the same anymore. And you can't just -- I don't know,  
 23 they're just there all the while. Well, not all the  
 24 while, obviously, there's times when you're doing things  
 25 and they're not everywhere, but every day I do think of

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1 weight still after this. You don't like looking at it  
 2 but you think it's important that people see the  
 3 reality?  
 4 **MS WOOLLISCROFT:** That's all right. I brought that so  
 5 people could see, yeah.  
 6 **MS RICHARDS:** And there's just a couple of photos of Michael  
 7 as a young adult, which you exhibited to your statement.  
 8 So it's 1616002, please, Lawrence.  
 9 So we see a picture of him there and then there's  
 10 one other photo I think on the next page. And another  
 11 there.  
 12 **MS WOOLLISCROFT:** Yeah, so you can see the difference with  
 13 there he'd lost weight.  
 14 **MS RICHARDS:** Thank you, Linda.  
 15 I'm just going to ask the three of you now just to  
 16 reflect on a couple of themes emerging from the evidence  
 17 that you've all given to us today. The first is the  
 18 issue of trust. Trusting in the doctors, and assuming  
 19 that if treatment is being given, it's safe and it's the  
 20 right treatment. I think that emerged in particular in  
 21 your evidence, Linda, but from what all three of you  
 22 have said, is that right?  
 23 I'll start with you, Linda, you trusted the doctors?  
 24 **MS WOOLLISCROFT:** Well, you do, don't you? Your life is in  
 25 their hands, sort of thing, and you believe what they

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1 say and you've got to trust in them. You've got no  
 2 choice. Then it makes you think, after, you know,  
 3 should you trust doctors. You know, it's ... yeah.  
 4 **MS BUGGINS:** I, like Linda, took my eldest, Richard, from  
 5 Wolverhampton, where he was referred back to from  
 6 Liverpool to Birmingham, because it was the regional  
 7 centre, and I thought it was the place where he would  
 8 receive the most expert care. And in those days, you  
 9 didn't expect to be asked consent for everything,  
 10 because that wasn't the custom and practice at the time.  
 11 So it felt like it was auto consenting. But it was  
 12 a relationship of trust, and they had to trust us to do  
 13 the right thing with the product, particularly on home  
 14 treatment. But absolute trust was given with the most  
 15 precious things we had in the world.  
 16 **MS RICHARDS:** Brenda?  
 17 **MS HADDOCK:** Yes, yes, we did trust the doctors. I think --  
 18 we'd got a child with an ongoing condition -- we put our  
 19 faith in the doctors to do the best for our children and  
 20 we believed what they said and we followed what they  
 21 advised. Without question. And looking back, maybe we  
 22 should have questioned more. But you didn't in those  
 23 days. I think maybe people do more now. But in those  
 24 days I don't think people did question as much as they  
 25 now -- as they do.

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1 of diagram which involved the professionals as well as  
 2 us, but clearly the consequences were much more  
 3 significant for us.  
 4 **MS RICHARDS:** And then the last theme I, again, wanted to  
 5 bring out of your evidence is the issue of how the  
 6 information was given to you that your sons had been  
 7 infected with HIV. And we've heard from Elisabeth,  
 8 seeing the names on the refrigerator in the treatment  
 9 room. We've heard from you, Brenda, that your son was  
 10 told at a relatively young age, and you were not. And  
 11 then we've heard from you, Linda, that you and Michael  
 12 were told, but told much later on, and not even knowing  
 13 that that was what the meeting was about.  
 14 The way in which you were told this news -- and it  
 15 can never be good news; it can never be anything other  
 16 than a terrible thing to hear -- do you have any  
 17 reflections on the way in which you found out?  
 18 **MS HADDOCK:** I think maybe the parents -- in the case of  
 19 children, the parents should have been told before the  
 20 child, so that we could be prepared to help our child  
 21 accept and take on board that information. Whereas we  
 22 didn't even know he'd been told and we couldn't  
 23 understand why he changed so much, and lost interest in  
 24 everything that he loved before, because he thought that  
 25 he'd got no future. So, you know, I think we weren't

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1 **MS RICHARDS:** And then the second theme I wanted to just  
 2 briefly ask you about, then, is the issue of choice.  
 3 From the evidence all three of you have given, it  
 4 doesn't appear as though any of you were really given  
 5 a choice of treatment for your children. You would take  
 6 your child to the hospital, and the treatment would be  
 7 given.  
 8 **MS HADDOCK:** Yes.  
 9 **MS RICHARDS:** You didn't get told what the different risk  
 10 factors were, and you weren't given a choice.  
 11 **MS WOOLLISCROFT:** No. No.  
 12 **MS HADDOCK:** No. No, there was no choice.  
 13 **MS WOOLLISCROFT:** Nothing like that at all.  
 14 **MS HADDOCK:** I remember, with the Factor VIII, you went up,  
 15 and it was what was available in the fridge on that day.  
 16 That's what it seemed to be.  
 17 **MS BUGGINS:** Yes, and I think sometimes the professionals  
 18 didn't have as much choice as they wanted either because  
 19 there was a constraint about the supply. I can remember  
 20 some conversations -- I think it was probably around  
 21 1984 -- where NHS Factor VIII was so much in demand  
 22 everywhere that there wasn't enough for the children who  
 23 might have been at the top of Dr Hill's list to be only  
 24 given Factor VIII rather than commercial concentrates.  
 25 But he didn't have enough to do that, so it was a sort

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1 given any tools to help him cope -- cope with it.  
 2 Which, you know, was really difficult.  
 3 I think we had our suspicions that he infected, but  
 4 taking that decision to actually physically go and ask  
 5 was a difficult thing to do. So maybe I did shy away  
 6 from doing that until I saw it written down in his  
 7 notes. But I think it could have been handled a lot  
 8 differently. Yeah.  
 9 **MS RICHARDS:** Linda?  
 10 **MS WOOLLISCROFT:** Well, I think when I was told, it was done  
 11 in a cold way, you know? No emotion or -- it was just  
 12 like it was just reading it off a page, you know what  
 13 I mean? No feelings about it. That's the way he was,  
 14 I'm afraid, that doctor, you know. But I was just  
 15 annoyed that with that gap that I spoke of.  
 16 **MS HADDOCK:** Yes, when you thought everything was all right?  
 17 **MS WOOLLISCROFT:** Yeah, for a year and a half we just kept  
 18 thinking, oh, he's all right, because they'd found out  
 19 about it, you know, that this virus was about, in some  
 20 of the -- some of the treatments. But we just presumed  
 21 we were all right for all that time.  
 22 **MS HADDOCK:** I just find it unbelievable the way they sent  
 23 a letter out telling someone of their hepatitis  
 24 infection to a teenager, for a letter just to drop  
 25 through the letterbox, with no warning whatsoever.

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1 I think that was pretty disgusting, to be quite honest.  
 2 **MS BUGGINS:** I think the difficulty was that the emotional  
 3 and psychological impact of that information wasn't  
 4 accounted for. And the thing that I find very difficult  
 5 is that everybody who was working within the hospital  
 6 would have known information about my son that I didn't  
 7 know. And then that undermined trust because you don't  
 8 know what people are thinking, to whom you're talking.  
 9 And we used to have to interact with a lot of different  
 10 health professionals, depending who was on duty at the  
 11 time we were taking the children in. And so it was --  
 12 it undermined trust generally I think, which had  
 13 knock-on consequences then when we're dealing with  
 14 a much more difficult scenario.  
 15 **MS HADDOCK:** We used to take them to the dentist at the  
 16 Children's Hospital, didn't we? It was quite possible  
 17 that the dentist -- the dental department knew more  
 18 about our sons than we did, you know. And other  
 19 agencies that you come up against as well.  
 20 **MS WOOLLISCROFT:** I think another annoying thing is that --  
 21 because Michael was a teenager, and not knowing for  
 22 a year and a half, he could have passed it on.  
 23 **MS RICHARDS:** He could have passed it on to you or to  
 24 friends or girlfriends --  
 25 **MS WOOLLISCROFT:** He could have passed it on to me, even, he

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1 whether the legal representatives for the witnesses have  
 2 anything further.  
 3 Before I ask each of the witnesses if they've  
 4 anything to add, sir, do you have any questions?  
 5 **SIR BRIAN LANGSTAFF:** No, I've asked the only one I had in  
 6 mind when the opportunity arose just a moment ago.  
 7 **MS RICHARDS:** I'm going to ask each of you, then, if there's  
 8 anything you want to add.  
 9 Elisabeth?  
 10 **MS BUGGINS:** Yes, I would like, sir, to thank you for the  
 11 tenor with which you've conducted these inquiries,  
 12 because I think it has helped me and my family a great  
 13 deal to be looking in detail at some of the really  
 14 difficult things that are way past in our history.  
 15 And I would like to say to those in the Department  
 16 of Health and elsewhere from the past that this would  
 17 have been much more useful to me if it was 20 years ago.  
 18 And part of the difficulty, in the distance of time, is  
 19 accessing records and so on which may not be so easy to  
 20 access now or may have been destroyed. And so I would  
 21 like to see, in any future changes that happen as  
 22 a consequence of this Inquiry, that patients or their  
 23 parents for the time being have access to all the  
 24 medical records, and are able to write in them, because  
 25 I think some of the oversights and mistakes that were

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1 could have passed it to friends -- you know, he did have  
 2 a girlfriend then, he was just sort of leaving school.  
 3 But fortunately they didn't do anything that -- but,  
 4 I mean, he could have passed it on, because he wasn't  
 5 told.  
 6 **SIR BRIAN LANGSTAFF:** He was -- I think you said he  
 7 was 16 -- he was actually 17 when he was told. And he  
 8 knew --  
 9 **MS WOOLLISCROFT:** Yeah.  
 10 **SIR BRIAN LANGSTAFF:** -- or they knew when he was 15 --  
 11 **MS WOOLLISCROFT:** Yeah, he didn't know until he was just 17.  
 12 **SIR BRIAN LANGSTAFF:** During those years did he have  
 13 a girlfriend? He had one at 16, plainly. You just  
 14 mentioned that.  
 15 **MS WOOLLISCROFT:** He had a girlfriend when he was at school,  
 16 finishing school. He had two girlfriends, the second  
 17 one we were talking about before. But the first one --  
 18 I mean, everything was fine, but it might not have been.  
 19 That's what I'm trying to say.  
 20 **MS RICHARDS:** And the hospital wouldn't have known that  
 21 everything was fine.  
 22 **MS WOOLLISCROFT:** You know, it's like -- he should have been  
 23 told whenever he infected. But we don't know when he  
 24 infected.  
 25 **MS RICHARDS:** I'm just going to check behind me to see

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1 made could have been corrected at the time and therefore  
 2 had less of a consequence. And I would like, when  
 3 institutions decide that they wish to destroy records,  
 4 that the family or the patient has the opportunity to be  
 5 given those records to hold, even if the institution is  
 6 not going to continue to hold them, because I think for  
 7 families that have longstanding conditions and maybe  
 8 hereditary conditions, there may be quite a lot of  
 9 learning available within those records that they do  
 10 wish to keep, and then if there is a long delay to  
 11 a subsequent inquiry, they would have access to those  
 12 records. Thank you.  
 13 **MS RICHARDS:** Brenda, is there anything you would like to  
 14 add?  
 15 **MS HADDOCK:** Yes, I'd just like to say that coming here  
 16 today was a big decision for me, because for 25 years  
 17 I haven't spoken about this in any depth to anyone. Not  
 18 even my daughter really knew the full facts, or our  
 19 families, really. My side of the family did because  
 20 there's haemophilia in my side of the family. My [...  
 21 redacted ...], and I had two cousins who also passed  
 22 away due to the contaminated blood. So my mother was  
 23 a big, big support to me.  
 24 So to talk about it, I'm hoping to get it out will  
 25 have been therapeutic for me, and it's given my daughter

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1 a greater understanding as well of what happened,  
2 because she was eight years younger than Andrew and we  
3 did try to shield her from a lot of what was happening  
4 because I didn't want it to blight two lives. I wanted  
5 her to have her life, and, you know, be successful, and  
6 have a happy life.

7 So, you know, finally she's becoming -- you know,  
8 knows a lot more about it, and I'm hoping it helps me to  
9 put things to bed maybe a little bit, and maybe I can --  
10 I can talk about it a bit more.

11 But, I mean, my mother was -- Andrew was her only  
12 grandchild for eight years, and he was the light of her  
13 life. And she really suffered. And she died six months  
14 after Andrew died. I think, you know, it did have a big  
15 effect on her as well. So, it's ...

16 You know, we can't change the past but I'm hoping  
17 that some good will come out of all of this now and,  
18 like Elisabeth says, people in the future won't have the  
19 same mistakes made, and people can handle things  
20 differently.

21 **MS RICHARDS:** Linda, is there anything you would like to  
22 add?

23 **MS WOOLLISCROFT:** I just hope that we get some answers at  
24 the end of the day, after all this time. Because it's  
25 took too long in the first place, you know. We just

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1 despite everything that has happened. And in many ways  
2 your testimony has been the best testament to your  
3 children. So thank you, each of you.

4 **[Applause]**

5 **MS RICHARDS:** Sir, we have two more witnesses of fact, our  
6 anonymous witnesses.

7 **SIR BRIAN LANGSTAFF:** Well, we will take a break first.

8 **MS RICHARDS:** If we could take a break. And just as  
9 a reminder to those listening, there will be no  
10 live stream, Zoom, YouTube access to this afternoon's  
11 remaining evidence.

12 **SIR BRIAN LANGSTAFF:** Yes, I shall make an order -- I have  
13 made the order but I shall read it out and describe it  
14 to you as I always do when we come back at 3.00 pm to  
15 hear our next two witnesses. But in the meantime,  
16 please just remember not to take photographs around this  
17 hearing room to, just in case you happen to catch  
18 someone you shouldn't.

19 (2.36 pm)

(A short break)

21 (3.00 pm)

22 **SIR BRIAN LANGSTAFF:** Anyone who looked at the timetable may  
23 have seen "Anonymous Witness" in the singular. Both are  
24 anonymous witnesses. They gave statements some time ago  
25 and decided, having seen how things worked this

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1 need some answers, and just -- we don't know -- we don't  
2 really know now what the answer is going to be, do we?  
3 Who is at fault or why did it happen, you know? I just  
4 feel very proud of my son, the way he handled it, you  
5 know? And I just miss him that much. I don't know what  
6 else to say. It's just ruined your life. It ruins your  
7 life.

8 **MS HADDOCK:** It does ruin your life. You never ever get  
9 over it. It is like a black cloud. It's always there  
10 in your mind. Always. It never ever goes away.

11 **MS RICHARDS:** Thank you.

12 Sir?

13 **SIR BRIAN LANGSTAFF:** Well, I would just like to say a few  
14 words.

15 It is -- you should know, it's been deeply  
16 impressive to me to sit here and to listen to you and  
17 the way you have, first of all, been here, despite  
18 -- and you've said as much, Brenda -- despite your  
19 misgivings. You've, as it were, brought yourself to do  
20 it. And no one who has watched could fail, I think, to  
21 see that you have struggled with your own emotions, each  
22 of you, in your own way. And I'm glad that the Inquiry  
23 has been a place where you could feel that you could  
24 express your emotions, if you wanted to. And you have  
25 each attempted to be as constructive as you can be,

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1 morning -- something of a testament, perhaps, to our  
2 last witnesses -- they decided that they would both wish  
3 to give their evidence this afternoon.

4 In the case of both, however -- or each, I should  
5 say -- I have to make a restriction order. I will do it  
6 for each separately, starting with witness W4013, who is  
7 to be known as Mr BE, Bravo Echo, if you don't catch  
8 the BE.

9 The order is this: the name and address of witness  
10 W4013 and any other identifying information, such as the  
11 witness's image or a description of their appearance,  
12 cannot be disclosed or published in any form unless  
13 express permission is given by me or by the Secretary to  
14 the Inquiry acting on my behalf. Witness W4013 must be  
15 referred to only as Mr BE.

16 This order remains in force for the duration of the  
17 Inquiry and at all times hereafter unless otherwise  
18 ordered, and I may vary or revoke the order by making  
19 a further order during the course of the Inquiry.

20 So far as witness W4014 is concerned, she will be  
21 referred to only as Mrs BE, Bravo Echo. I order that  
22 the name and address of witness W4014 and any other  
23 identifying information, such as the witness's image or  
24 a description of their appearance, cannot be disclosed  
25 or published in any form unless express permission is

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1 given by me or by the Secretary to the Inquiry acting on  
2 my behalf. Witness W4014 must be referred to only as  
3 Mrs BE. The order remains in force for the duration of  
4 the Inquiry and at all times thereafter unless otherwise  
5 ordered, and I may vary or revoke the order by making  
6 a further order during the course of the Inquiry.

7 Now, the first step is to have Mr and Mrs BE  
8 separately sworn.

9 **MRS BE (sworn)**

10 **MR BE (sworn)**

11 **MS RICHARDS:** You're here, both of you, to tell us about the  
12 treatment of your son at the Birmingham Children's  
13 Hospital. Your son is still alive.

14 **MR BE:** Correct.

15 **MS RICHARDS:** And it's in his interests that you're giving  
16 evidence to us, but giving evidence anonymously. You're  
17 giving evidence and telling us about him and what  
18 happened to him with his full knowledge and agreement.

19 **MRS BE:** Yes.

20 **MS RICHARDS:** So he was born in 1980; is that right?

21 **MR BE:** Correct.

22 **MS RICHARDS:** And if you use his name in the course of your  
23 evidence, it's absolutely fine because it's going to be  
24 hard for you to talk about him or talk about each other  
25 without mentioning his name possibly from time to time.

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1 for about an hour, hour and a half. "What is it? Is it  
2 a growth or is it an abscess?" That's what we were  
3 told.

4 It was a very hot day, and [redacted] hadn't -- my  
5 son hadn't had anything to drink or eat, and by about  
6 five o'clock, he then got moved to a ward. They tried  
7 to take blood from him and they couldn't, so what they  
8 did, they wrapped him up in a blanket where I actually  
9 held him, and they took blood from his neck, and then he  
10 went to -- he went up to the ward.

11 He was able to get something to eat, and then they  
12 came to us and said, "I'm ever so sorry. We're  
13 transferring you to the Children's Hospital."

14 So, again, back in the car. Straight to the  
15 Children's Hospital. In intensive care again. Seen  
16 a doctor. She decided to take more blood, and I said --  
17 questioned, "Why more blood? You've already taken the  
18 blood. Can't you take -- can't you use the blood  
19 from ..."

20 "No, we can't. We've got to take ..."

21 So that went on. And shortly after that, they then  
22 admitted [redacted] into hospital then into a ward where  
23 we then stayed with him all night. It was only the  
24 following morning that we found out what the problem was  
25 with [redacted], with my son. Sorry.

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REDACTED VERSION

1 So don't worry if you do. It will not be on any  
2 transcript, and everybody here is bound by the order  
3 that the Chair has made.

4 So he was diagnosed with haemophilia A when he was  
5 about six months old. How did that come about?

6 **MR BE:** Well, as he was a little boy, he woke up crying. He  
7 got up in the middle of the night and wanted either  
8 feeding or changing his nappy, and he didn't want that.  
9 He was still screaming. So I sat him on my lap and  
10 rubbed his back and found this almighty great big lump  
11 on his back. Shouted [redacted]. So we both jumped in  
12 the car and took him to [redacted] hospital.

13 They then brought in a doctor, a locum. He looked  
14 at him and he went, "Nah", shook his head, and said,  
15 "Take him home and give him some paracetamol. See you  
16 in the morning". We'd just moved to [redacted] from  
17 [redacted]. And then we went back to our own doctor in  
18 [redacted], and he looked. He says, "Right. What I'm  
19 going to do now is I'm going to call for an ambulance.  
20 I want you to go to Good Hope."

21 "Don't worry about that. We're in the car."

22 Within 20 minutes, we were at Good Hope. We went  
23 into Good Hope. Went into their intensive care in  
24 a room, basically. Doctors come in, looked at it, shook  
25 their head, prodded him, went back out. That went on

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1 **MS RICHARDS:** Don't worry. Don't worry.

2 **MR BE:** That's okay. And we'd never heard of haemophilia.

3 It's not in [redacted]'s family. It's not in my family.

4 It's out of the blue. We don't know nothing about it.

5 And I can remember just thinking, the doctor, he  
6 appeared, and he just explained, "[redacted]'s  
7 a haemophiliac, and he's got to have treatment for his  
8 blood -- to clot his blood." I think he was in there  
9 for about three or four days. And we were then sent  
10 home, with referrals backwards and forwards to the  
11 hospital, with things like that. That's what happened  
12 with [redacted], and that's how we found out that  
13 [redacted] was a haemophiliac.

14 **MS RICHARDS:** And as part of that process, there was  
15 a period of time in which the hospital or doctor thought  
16 that it might be child abuse?

17 **MR BE:** Yes, yeah. They -- when we was at the Good Hope,  
18 the police were brought into it and questioned me and  
19 sort of questioned [redacted]. There was no allegations  
20 or anything like that. And then they sort of -- they  
21 apologised, saying, "We're ever so sorry but we don't  
22 know". But a couple of days later I went back to see  
23 the GP and had a right go at him. I wanted a public  
24 apology because he should have -- but as he said to us,  
25 "I don't come across this all the time". But he should

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1 have been more aware.

2 **MS RICHARDS:** Now, in 1981, so when [redacted] was a year or

3 so old, if that, he started to be treated with

4 Factor VIII concentrates, and the product that he was

5 treated with was the Armour product, Factorate.

6 Were you ever given any information at that point in

7 time about any risks of hepatitis associated with that

8 product?

9 **MR BE:** Nothing at all. It wasn't mentioned anything at all

10 about anything. We were just glad there was this

11 treatment there for [redacted].

12 **MS RICHARDS:** Was there any reference, as it went into

13 '82 or '83, to any risks associated with AIDS?

14 **MR BE:** No. Not at this point.

15 **MS RICHARDS:** And I think the two of you shared

16 responsibility for the hospital appointments, and

17 sometimes it would be you and sometimes it would be you?

18 **MR BE:** Yeah, yeah.

19 **MS RICHARDS:** Was cryoprecipitate, as a treatment, ever

20 offered to you for him?

21 **MR BE:** Not in that phrase, no. It was just that, "We're

22 giving [redacted] this other treatment", and that's how

23 it was done. We didn't know what treatments there were.

24 It was just that, "This one is a new one come on the

25 market", and to carry on like that.

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1 got yellow jaundice, which he's got um -- hepatitis."

2 "Okay? What's that? What do you mean by that?"

3 "He's just got hepatitis, and we've just got to

4 watch what we're doing."

5 "What implications was that?"

6 "Make sure that everything is washed, cleaned,

7 sterile. Make him drink out off his own beaker."

8 Everything else like that was ...

9 "Okay, that's fine."

10 Which we did.

11 That's how we found out that [redacted] had got

12 hepatitis and that's all we do. And every time they

13 actually spoken to us about it, it was always said

14 hepatitis. It was never said behind the scenes, "Oh,

15 he's got HIV" [whispering]. It was never said that, it

16 was just "hepatitis", until [redacted] was about 11. So

17 we weren't aware of that at that particular time.

18 **MS RICHARDS:** So you -- there's reference I think in the

19 documents to [redacted] having jaundice, being yellow.

20 You remember that?

21 **MRS BE:** Yes.

22 **MR BE:** Yes.

23 **MS RICHARDS:** I think it's January 1985 from the records

24 that he was diagnosed as having hepatitis B, as you've

25 described. Is this right: you didn't realise or you

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REDACTED VERSION

1 **MS RICHARDS:** And were you ever told about the possibility

2 of NHS concentrate rather than the American Armour

3 product? Was that ever discussed with you, as far as --

4 **MR BE:** I don't think it were.

5 **MS RICHARDS:** Do you remember that ever being discussed?

6 **MRS BE:** No, no.

7 **MR BE:** No.

8 **MS RICHARDS:** Now we've got UKHCDO records which just show

9 the treatments given, on an annual basis.

10 So if we have on screen, please, WITN4013012, and we

11 go to page 6.

12 We can see if we look at the bottom of this table

13 the treatment for each year. 1981, at the bottom of the

14 table, Birmingham Children's, Factorate, and that's the

15 Armour US product. 1982, again, Factorate. 1983,

16 Factorate. 1984, Factorate. 1985, Factorate.

17 So it would appear from this that this was the only

18 product in those five years of your son's young life

19 that he received; is that your memory?

20 **MR BE:** Yes.

21 **MS RICHARDS:** How did you learn that your son had been

22 infected from these treatments with HIV?

23 **MR BE:** Um, [redacted] started being ill. He got yellow

24 jaundice. We then took him to the hospital, and we

25 found out then -- they basically said, "[redacted] has

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1 weren't told at the time that he was HIV positive?

2 **MR BE:** No, no.

3 **MS RICHARDS:** We've heard from other witnesses this morning

4 of a meeting of parents, a general meeting, that took

5 place -- possibly two meetings, but certainly at least

6 one meeting, in around October 1984, at which there

7 was a -- Dr Hill held a meeting, lots of parents, and

8 gave some information about HIV and factor concentrates

9 with which boys at the hospital had been treated.

10 Did you attend any such meeting?

11 **MR BE:** No, we didn't. No, we didn't.

12 **MRS BE:** No.

13 **MS RICHARDS:** Just in terms of the hepatitis B, that led to

14 issues in relation to your son's schooling.

15 **MRS BE:** Yes.

16 **MS RICHARDS:** What was the problem? What happened?

17 **MR BE:** Because hepatitis is a notifiable disease, the

18 school had to be informed. Now, as soon as they knew

19 that, they kicked him out of school and would not let

20 him in. So we had a case in our hands to get him back

21 into school. And we tried to got the hospital to back

22 us up, and also the council. They refused to have him

23 back. So we went to the papers. And eventually he was

24 allowed back into school. And there were a few things

25 that was said to us, "Oh, he can have private teaching

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1 at home".  
 2 We said, "No, he's not because we want him to have  
 3 a fair life. We want him to mix with people and  
 4 everything else like that."  
 5 Well, we can send him to another school, basically.  
 6 I said, "No, he's not going to another school.  
 7 So -- we wanted him in that school."  
 8 We'd just moved our house from where we were to  
 9 [redacted], to be right next to the school. And that's  
 10 what we bought. And you could -- where you are now,  
 11 that's as far as the school was. So we could be there  
 12 with him, and anything like that. Don't pick up the  
 13 phone, just walk over.  
 14 And to be near our family, if [redacted] -- because  
 15 at that particular time we'd just got [redacted], and so  
 16 it was difficult for [redacted] to do everything. So  
 17 Nan and Grandad sort of come and helped and -- wherever  
 18 they could. Even if [redacted] had to go to the  
 19 hospital and I had to go to the hospital and everything  
 20 else like that. And that's how we knew when we took  
 21 him -- eventually -- we had a big fight on our hands, we  
 22 got him back at school, because [redacted] is a very  
 23 bright lad and I'm not letting him go to another school.  
 24 **MS RICHARDS:** Now, how and when did you find out that he  
 25 infected with HIV?

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1 **MS RICHARDS:** -- HIV --  
 2 **MR BE:** Even though we basically said the Children's  
 3 Hospital was our second home, the amount of times per  
 4 week we would spend there going back for treatments and  
 5 everything else, because [redacted] was put on  
 6 prophylactic treatment -- because his joint bleeds, he'd  
 7 got two really bad elbows, and they were always back and  
 8 forth, back and forth, here we go again. Oh, he'd done  
 9 something, he'd knocked his head. So it was our second  
 10 home. And lots of times he stayed there.  
 11 **MS RICHARDS:** Then if we just have up on screen WITN4013006,  
 12 please. We can see, these are some treatment records,  
 13 and if we look towards the bottom of the page, we can  
 14 see a date, 17 December 1984. Then it says, "Heat  
 15 treated commenced".  
 16 Do you recall any discussion with you about the  
 17 switch to a heat-treated product or what the  
 18 significance of that might be?  
 19 **MR BE:** No.  
 20 **MS RICHARDS:** Then if we could have back on screen the  
 21 UKHCDO records, so WITN4013012, please. We go to page 8  
 22 this time.  
 23 We've got dates there. There's reference to  
 24 a sample date in November 1987, and an HIV positive  
 25 result. Then we've got the entries:

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REDACTED VERSION

1 **MR BE:** Well, I would probably -- personally, I would  
 2 probably say he was about 11 or 12 when we actually  
 3 found out. Nobody at the hospital had actually told us  
 4 when we was going there.  
 5 Would you agree with that?  
 6 **MRS BE:** [Redacted] was told by himself.  
 7 **MR BE:** Yes.  
 8 **MRS BE:** He went to see -- it was an outpatient appointment  
 9 with Dr Hill, and [redacted] went in on his own. He  
 10 came out. But [redacted] didn't speak to us about it  
 11 because he assumed that we knew. And it wasn't until  
 12 a few years later [redacted] had spoken to us and said,  
 13 you know, what the doctor had said to him. He said,  
 14 "But I thought you knew, Mum and Dad. I thought you  
 15 both knew". We said, "No, we wasn't told."  
 16 **MS RICHARDS:** So you had, without knowing, a son who was HIV  
 17 positive?  
 18 **MRS BE:** Mm, mm.  
 19 **MS RICHARDS:** And a haemophiliac, so someone who would be  
 20 prone to bleeding, potentially --  
 21 **MRS BE:** Mm.  
 22 **MS RICHARDS:** -- at home. You had two other children, young  
 23 children, and you didn't know that your son at that  
 24 point was --  
 25 **MR BE:** Not at that point, no.

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1 "Date  
 2 "Last negative date ...  
 3 "First positive ..."  
 4 Which would be testing on stored samples. And that  
 5 gives a date for his last negative test as July 1983,  
 6 first positive April 1984, which would suggest  
 7 seroconversion between those two dates.  
 8 You say, I think, in your statement, that blood  
 9 samples will be taken for testing routinely.  
 10 **MRS BE:** Yes, yeah.  
 11 **MS RICHARDS:** Did you understand usually what those tests  
 12 were for? Were you told that there was HIV testing  
 13 being undertaken?  
 14 **MRS BE:** No, just keeping a regular check on his bloods.  
 15 **MR BE:** And also on the hepatitis, because they might have  
 16 thought it was going to affect his liver and things like  
 17 that, so they wanted to make sure that was being tested.  
 18 **MS RICHARDS:** When you learnt that he was HIV positive, what  
 19 can you recall of the impact of that on the two of you  
 20 and on your son?  
 21 **MR BE:** A very big impact, because [redacted] and I sort  
 22 of -- did I blame you or did you blame me? You know, it  
 23 was arguments. It's our son and we was very upset and,  
 24 you know, what's going to happen? Where are we going to  
 25 go down this line? Because there was so much stigma

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1 about things. You've got HIV, you've got this. Are you  
 2 going to have a gun at your head thinking all of  
 3 a sudden he's gone? You know, like -- today, I think we  
 4 were very, very lucky. We are very lucky to still have  
 5 [redacted] and things like that. But it was a big shock  
 6 to both of us when we found out, and -- yeah, wasn't it?  
 7 **MRS BE:** And just not having anybody to talk to. We  
 8 couldn't talk to anybody. We'd only got each other.  
 9 **MR BE:** No, we didn't understand nothing about it. No, we  
 10 wasn't given any counselling. Nobody talked to us about  
 11 it. You know, it was just carry on -- just carry on  
 12 with what you're doing.  
 13 **MS RICHARDS:** And I think it's right to say that members of  
 14 your wider family did not know.  
 15 **MR BE:** They still don't know.  
 16 **MRS BE:** Still don't.  
 17 **MR BE:** This the first time we've actually spoke about this  
 18 in the 40 years that we've -- with [redacted]. We've  
 19 been a very quiet family with -- in letting people know.  
 20 **MRS BE:** Three --  
 21 **MR BE:** Even my mum, whose 90, she doesn't know about  
 22 [redacted], because she's -- she would sort of push him  
 23 away and don't want to love him and kiss him and this  
 24 that and the other, even today. So -- she's a very  
 25 funny woman, my mum is. And it's only been very local

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1 **MR BE:** Yeah, you know, with everything else.  
 2 **MRS BE:** Yeah.  
 3 **MR BE:** As soon as you hear that HIV, next comes AIDS, then  
 4 there's no treatment for it at the moment. There isn't  
 5 anything that's there. It's just watch your son  
 6 deteriorate.  
 7 **MS RICHARDS:** And did he began to be very poorly? He  
 8 developed severe migraines.  
 9 **MR BE:** Yeah, he had --  
 10 **MRS BE:** Yes. Yes.  
 11 **MR BE:** He was having headaches all the time. When he --  
 12 the first job he used to have, he used to go sorting out  
 13 computers for people in industry, because as I said, he  
 14 was very -- but it was driving. And I had to say to  
 15 [redacted], "You're not doing that," because he would  
 16 ring me up sometimes and say, "Dad, I've had to pull  
 17 over. I've got a severe headache, migraine. I can't  
 18 even see the road. I can't even -- basically, I've  
 19 blacked out." And I said, "No, you can't do that."  
 20 So he then came to work for me, which I created  
 21 a job for him. But he used to love that job. But he  
 22 had terrific headaches. He'd have to go into a room and  
 23 lie down. He was prescribed some tablets to take before  
 24 his treatment and throughout. There was two different  
 25 colours. One's when you've got one, and one's when you

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REDACTED VERSION

1 friends, sort of, like -- [redacted]'s married now, but  
 2 when he was courting, he -- basically he'd been courting  
 3 this girl for a while now, and he got involved with her  
 4 quite badly and fell in love, as you do. And then he  
 5 came home crying one night and I said, "What's the  
 6 matter?"  
 7 And he said, "I've finished."  
 8 "What do you mean 'finished'?"  
 9 "Dad, I can't do it, I can't do it."  
 10 I said, "What do you mean you can't do nothing?"  
 11 He said, "I can't tell [redacted] about the  
 12 haemophilia and this that and the other and what I've  
 13 got."  
 14 I said, "What do you mean? Why?"  
 15 And he was like that for over a week, so I says,  
 16 "Come on", so we rang up -- and [redacted] was ringing  
 17 every day to speak to [redacted] and [redacted] was so  
 18 depressed and everything, and so we went round and sat  
 19 down with [redacted] and -- and explained to everybody  
 20 else like that and they were fine with it. And then  
 21 they started courting again, which was great, and they  
 22 still are.  
 23 **MS RICHARDS:** And you've said in your statements that you  
 24 thought you were going to lose your son. You thought  
 25 your son would die.

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1 know you're going to get it. And, yeah, he sort of --  
 2 yeah.  
 3 **MS RICHARDS:** I'm just going to read a little of what  
 4 [redacted] has said in his statement to the Inquiry --  
 5 I think it will resonate with those who heard the  
 6 evidence earlier today in particular -- in terms of the  
 7 experience of a teenage boy hearing this news. So he  
 8 said this in his statement:  
 9 "In the mid-'90s when Dr Hill told me of my  
 10 infections, I thought my life was over. I felt that it  
 11 shattered all my plans of a normal life, such as finding  
 12 a wife and having children of my own and even growing  
 13 old. I felt that my world was crumbling. All I wanted  
 14 to know was when I was going to die. It definitely had  
 15 a big psychological impact on me as I didn't see the  
 16 point in doing anything, and I constantly questioned  
 17 everything. I hated the thoughts that used to go  
 18 through my head. My behaviour soon spiralled out of  
 19 control. I wasn't a nice person to be around, and I was  
 20 always snappy and didn't want to know or be told  
 21 anything. I was just angry at the world."  
 22 Then he talks about feeling there was a ticking  
 23 clock, and that he'd already been issued with his death  
 24 sentence.  
 25 **MRS BE:** Mm.

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1 **MR BE:** Yes.  
 2 **MS RICHARDS:** And you, as his parents, were having to do the  
 3 best you could to help him through that?  
 4 **MR BE:** That's right.  
 5 **MS RICHARDS:** [redacted] also tested positive for  
 6 hepatitis C. Do you recall when you were told about the  
 7 hepatitis C, or when he was told about the hepatitis C?  
 8 **MR BE:** No.  
 9 **MS RICHARDS:** And he went through interferon treatment over  
 10 the years.  
 11 **MRS BE:** Yes.  
 12 **MS RICHARDS:** Or interferon or ribavirin treatment on three  
 13 occasions, each of them unsuccessfully?  
 14 **MR BE:** Yeah.  
 15 **MS RICHARDS:** And it was only more recently, with one of the  
 16 newest treatments, that he was able to take that and  
 17 clear the hepatitis C.  
 18 What's been the impact on the two of you, as  
 19 parents, of your son's diagnosis and, over the years,  
 20 the impact that's had on him physically, and how has  
 21 that been for you, as his mum and dad?  
 22 **MR BE:** It's been fear, thinking, you know, what's going to  
 23 happen? You know, how long have we got [redacted]?  
 24 Because again, the stigma was there in the media, and  
 25 everything else. Very upsetting. And, you know, mum's

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1 **MS RICHARDS:** Again, I'm just going to briefly read  
 2 something from his statement about the stigma, and then  
 3 ask for any additional reflections you have.  
 4 He said this:  
 5 "Children can be nasty and, although I did not tell  
 6 anyone about my infections, they knew of my haemophilia.  
 7 Neither my parents nor I were able to talk to anyone  
 8 about our situation and with the stigma. Having people  
 9 constantly accusing me of having HIV and telling me  
 10 I was going to die was very difficult to deal with.  
 11 I always used to tell people who asked me that I was  
 12 fortunate and did not get any infections, I was so  
 13 worried about the stigma. I was forced to live in  
 14 silence with HIV and hepatitis, which is still always  
 15 a big cloud over me. I had to pre-plan everything  
 16 through my life, from relationships to where I was  
 17 working, to where I was going on holiday. This made me  
 18 have a really negative outlook in life."  
 19 And then, in turn, talks about his ability then to  
 20 talk to his wife about it, says this:  
 21 "This whole ordeal has in turn put a strain on my  
 22 wife and her parents, as they all have no one other than  
 23 who is already in our tightknit circle to confide in.  
 24 This has left all of us very isolated and, at times,  
 25 secluded."

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REDACTED VERSION

1 upset, crying a lot of times, you know, because she's  
 2 very upset, sort of "What's going on?" And as you would  
 3 do. As you would do. And it's, you know ... we've seen  
 4 ... yeah. Yeah.  
 5 **MS RICHARDS:** And from your point of view?  
 6 **MR BE:** What do you think?  
 7 **MRS BE:** Everything just changed for me. I just went sort  
 8 of bad tempered, nasty. Like, aggressive towards  
 9 people. Didn't trust people, because we'd been told  
 10 lies about him anyway, you know, and that sort of thing.  
 11 I just feel that it changed us, and we'd only got --  
 12 we'd only just got -- it was just the five of us, wasn't  
 13 it?  
 14 **MR BE:** Yeah.  
 15 **MRS BE:** It was like the five of us against everybody else.  
 16 **MR BE:** Yeah, I think that's why we sort of kept it quiet.  
 17 We'd deal with it in our own way.  
 18 **MRS BE:** The [siblings] were very good, though, weren't  
 19 they? They didn't ask a lot of questions. They grew up  
 20 saying [redacted] was special. That was all they ever  
 21 said: [redacted] was special. But as they got older  
 22 they asked questions, which we've -- you know, we've  
 23 answered their questions. So has [redacted]. They know  
 24 all about him but they don't talk about it.  
 25 **MR BE:** No, their friends don't know either.

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1 Now that resonates, I think, very much with what you  
 2 have told us about how the two of you felt?  
 3 **MR BE:** Yes, very much so, and we -- yeah, very much so.  
 4 **MS RICHARDS:** In the evidence we have already heard today  
 5 about how things were done at the Birmingham Children's  
 6 Hospital, there are a handful of themes that emerged,  
 7 and I just wanted to ask for your reflections on them.  
 8 First was the question of trust. The witnesses we've  
 9 heard from this morning talked about how they trusted  
 10 the doctors. They trusted that the doctors would be  
 11 doing the right thing, giving the right treatment to  
 12 their children. And then a sense of, in differing  
 13 degrees, how that trust had been betrayed. Do you have  
 14 any reflections on that issue?  
 15 **MR BE:** Yeah, we trusted them. We trusted them, partly  
 16 because that was their profession. They knew. They  
 17 knew what was going on. But it's only been today that  
 18 we've heard a few things, that's just, you know, opened  
 19 our eyes, basically. Dr Hill knew about it way before  
 20 [redacted] was born. So what was going on there? Why  
 21 was he given this treatment? Is it all to do with  
 22 money? Buy it off the Government at, you know,  
 23 a cheaper price of this, that and the other, to do --  
 24 you don't know. I don't know either. But that's what  
 25 you do. You trust the profession. And that's what they

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1 knew about, where Dr Hill, you know, he was dealing with  
 2 children for a long, long time. And we're a minority,  
 3 [redacted] is, to how many children he actually was  
 4 dealing with. So, yeah, we put our trust in him to help  
 5 us or help [redacted], and the team that were there.  
 6 **MS RICHARDS:** Do you have any reflections on that, that  
 7 question of trusting in the doctors?  
 8 **MRS BE:** No.  
 9 **MR BE:** Would you trust them again?  
 10 **MRS BE:** I don't think I can.  
 11 **MR BE:** No.  
 12 **MS RICHARDS:** Another issue that has emerged from the  
 13 evidence that we've heard today is the lack of choice,  
 14 so not being given a choice of treatments that  
 15 essentially --  
 16 **MR BE:** Well, was there a choice?  
 17 **MS RICHARDS:** -- being given just the one treatment and not  
 18 being told of alternatives. That was your experience.  
 19 **MR BE:** Yeah, we wasn't given a choice. What choice would  
 20 there have been? You know, you could have had the  
 21 British one, or you could have had -- but that wasn't  
 22 available.  
 23 **MRS BE:** No, it wasn't.  
 24 **MR BE:** That wasn't there. Again, I've just heard today  
 25 about the National Health one. It was never spoke about

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1 was never given to us. And that was it. An appointment  
 2 next month.  
 3 So there was no -- there was nothing there to tell  
 4 us or to guide us in the way to go. I don't think there  
 5 is -- well, what would you have done? I don't know.  
 6 **MS RICHARDS:** I'm just going to turn and see whether your  
 7 legal representatives have any further matters.  
 8 Just give me a moment.  
 9 Yes, it's just -- I'm just, I think, very helpfully  
 10 invited to just flag up one additional paragraph in your  
 11 son's statement, when he gives his perspective on your  
 12 position. He says this:  
 13 "My parents suffered a great deal from back when  
 14 they were both told of the heartbreaking reality that  
 15 their only child had been given multiple  
 16 life-threatening viruses caught from a contaminated  
 17 batch by the very people they entrusted their son's  
 18 wellbeing to. They had no information about the viruses  
 19 and felt their son's future had been taken away. They  
 20 were forced to suffer in silence as they had no one to  
 21 turn to with the stigma around, and they could only talk  
 22 to the hospital staff who were the same people who had  
 23 contaminated their son."  
 24 That's his take. Is that one your recognise?  
 25 **MR BE:** Yeah. Yeah. I couldn't add anything to that.

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1 National Health. The only one that we were given is the  
 2 one that [redacted] had got, so what choice had we got?  
 3 **MS RICHARDS:** And then the other theme or one of the other  
 4 themes that's emerged is the question of communication;  
 5 how information was given about diagnosis and what  
 6 information or advice or support was provided. You've  
 7 told us how you learnt about your son's diagnosis.  
 8 **MR BE:** But there was no support.  
 9 **MS RICHARDS:** That was going to be my next question. Did  
 10 you get advice, information, support from the hospital?  
 11 **MR BE:** No. Nobody came to see us. Nobody said, "We need  
 12 to sit you down." Nobody said this. Nobody told us how  
 13 to treat or anything like that. There was no support  
 14 there whatsoever, as far as I was concerned.  
 15 We went to the hospital, seen the hospital. They'd  
 16 come and examine him, whether it was a local doctor, one  
 17 of the doctors, Sister Marion. "Yes, he needs  
 18 treatment. Give him his treatment." That was it. No,  
 19 there was no support. And there was no "Sit down.  
 20 I need to tell you what's going on."  
 21 When [redacted] had the meetings with Dr Hill, he'd  
 22 go in and just look at his arms, and this that and the  
 23 other. "How are you feeling, [redacted]?" "Yeah, I'm  
 24 okay." "Okay." Write a few things on his notes.  
 25 Today, we've seen more notes that we've ever seen. That

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1 That's how it was.  
 2 **MS RICHARDS:** Sir, do you have any questions for our  
 3 witnesses?  
 4 **SIR BRIAN LANGSTAFF:** Yes, I do. And I want to ask this in  
 5 turn, but first of all, to you, Mrs BE, if I may.  
 6 The question is: what do you think has been the  
 7 single worst or biggest consequence for you personally  
 8 out of what has happened?  
 9 **MRS BE:** Just all what's happened to my son, that's all.  
 10 **MR BE:** -- (overspeaking) -- the treatment.  
 11 **MRS BE:** The treatment.  
 12 **SIR BRIAN LANGSTAFF:** One at a time on this occasion,  
 13 please.  
 14 **MRS BE:** Just not telling us. Not informing us. You know,  
 15 sometimes all you need is to be told. You just want  
 16 somebody to tell you something, to give you some  
 17 information, you know. That's probably all I can say.  
 18 It's just somebody to talk to us.  
 19 **SIR BRIAN LANGSTAFF:** And what about you?  
 20 **MR BE:** He should never have been given the treatment. They  
 21 knew it was infected, and he should never have been  
 22 given the treatment. If he hadn't been given that  
 23 treatment, he'd still have been a haemophiliac, but he  
 24 wouldn't be where he is today. He wouldn't have -- so  
 25 yeah, he should not -- they knew about it, which they

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1 did clearly know about it, but they still carried on  
 2 giving the treatment.  
 3 **SIR BRIAN LANGSTAFF:** What I'm hearing you saying is that  
 4 the worst aspect, so far as you personally are  
 5 concerned, is the sense of injustice?  
 6 **MR BE:** Yes. Well, you know, even, like I said earlier,  
 7 it's having a loaded gun. We don't know when it's going  
 8 to go off. Even now, with the treatment he's got, we  
 9 still don't know. I mean, we're one of the lucky ones,  
 10 and we put it down to being one of the lucky ones. I've  
 11 heard of people, the children dying. Parents don't die  
 12 before their children, you know. So, yeah -- so that's  
 13 my -- that would be me. They shouldn't have give the  
 14 treatment if they knew it was infected, which they did,  
 15 years before this happened.  
 16 **SIR BRIAN LANGSTAFF:** Thank you.  
 17 **MR BE:** Thank you.  
 18 **MS RICHARDS:** I'm just going to ask each of you in turn if  
 19 there's anything else that you'd like to add. I start  
 20 with you. Is there anything else you'd like to say?  
 21 You don't have to say anything. It's all right.  
 22 It's only if you want to.  
 23 **MRS BE:** No. No.  
 24 **MS RICHARDS:** And you?  
 25 **MR BE:** Yeah, I'd just like to say thanks to the Inquiry

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1 with what's -- your colleagues and everything else.  
 2 Without your help, these would still be brushed under  
 3 the carpet, and none of us would be aware of what's  
 4 happened and everything else, and yeah.  
 5 **MS RICHARDS:** Thank you.  
 6 **MR BE:** You're welcome.  
 7 **MS RICHARDS:** Sir Brian?  
 8 **SIR BRIAN LANGSTAFF:** Well, can I thank you both.  
 9 I think no one listening to you, Mr BE, would  
 10 realise that it is the first time that you've been able  
 11 to bring yourself to talk openly, albeit anonymous  
 12 within the Inquiry, you're still talking openly about  
 13 what happened.  
 14 And Mrs BE, your very different reaction, I think,  
 15 is again the same. It is one of bravely bringing  
 16 yourself to say what you've said, and to express,  
 17 between the two of you, your sense of injustice, your  
 18 sense of uncertainty, and your sense of just wanting to  
 19 be told and not being told.  
 20 **MRS BE:** Thank you.  
 21 **SIR BRIAN LANGSTAFF:** So can I thank you for that, for  
 22 having the courage to sit there and tell us. It's been  
 23 very valuable.  
 24 **MR BE:** Thank you.  
 25 **MRS BE:** Thank you.

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1 **[Applause]**  
 2 **MS RICHARDS:** Sir, that's our evidence for today. Tomorrow  
 3 we have four witnesses, the last two of whom will be  
 4 giving evidence anonymously. And the issue or  
 5 particular theme that we're going to be hearing about  
 6 tomorrow is the position of those recently diagnosed  
 7 with hepatitis C.  
 8 **SIR BRIAN LANGSTAFF:** So those recently diagnosed with  
 9 hepatitis C, evidence panel tomorrow, starting at 10.00.  
 10 Thank you very much.  
 11 **MS RICHARDS:** Thank you, sir.  
 12 **(3.40 pm)**  
 13 **(The hearing adjourned until 10.00 am the following day)**  
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<p><b>hallucinations</b> [3] 69/22 69/23 73/17</p> <p><b>hand</b> [2] 4/17 11/22</p> <p><b>handful</b> [1] 128/6</p> <p><b>handle</b> [2] 64/6 105/19</p>
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<b>H</b>	<b>he [486]</b>	129/13 129/24 133/11	<b>her [32]</b> 20/25 20/25	69/12 69/14 70/15
<b>handled [2]</b> 100/7	<b>he gave [1]</b> 48/18	<b>hearing [10]</b> 2/7 27/8	25/3 46/24 48/16 51/11	70/24 70/25 73/10
106/4	<b>he'd [38]</b> 3/16 3/24	29/12 29/14 59/12	67/10 67/11 67/15	76/10 76/13 76/14
<b>hands [4]</b> 66/7 96/25	4/16 17/25 37/21 48/17	107/17 124/7 133/3	72/13 72/13 72/14	76/19 76/25 77/14
116/20 117/21	61/10 67/22 68/13	135/5 135/13	72/14 72/15 72/15 83/6	83/19 84/24 84/25 85/4
<b>handwritten [1]</b> 31/24	68/14 68/21 68/22	<b>heart [1]</b> 46/24	87/15 87/15 87/19	86/19 87/4 88/25 89/2
<b>hang [1]</b> 77/2	68/24 69/14 69/24	<b>heartbreaking [1]</b>	89/10 91/21 92/2 92/16	89/4 89/17 90/16 91/5
<b>hanging [2]</b> 62/16	76/10 77/6 77/12 81/7	131/14	94/2 105/3 105/5 105/5	91/16 91/21 91/24
68/23	84/24 87/25 88/10	<b>Heartlands [2]</b> 32/25	105/11 105/12 105/15	91/24 91/25 92/1 92/15
<b>happen [6]</b> 82/13	89/25 90/19 90/25 91/4	92/22	122/3 127/22	92/23 93/1 93/3 93/8
103/21 106/3 107/17	92/25 96/13 99/22	<b>heat [2]</b> 119/14 119/17	<b>here [12]</b> 1/24 3/1	93/22 94/3 94/3 94/8
120/24 125/23	99/25 119/6 119/8	<b>heavy [1]</b> 20/1	46/21 47/9 69/1 95/6	94/9 95/1 96/9 100/1
<b>happened [15]</b> 14/13	119/9 122/2 123/22	<b>held [5]</b> 13/23 32/19	104/15 106/16 106/17	106/5 109/17 109/18
29/15 65/24 72/3 94/5	124/23 130/21 132/23	82/4 111/9 116/7	109/11 110/2 119/8	109/24 110/9 110/12
105/1 107/1 109/18	<b>he's [17]</b> 25/16 49/14	<b>help [16]</b> 26/20 38/2	<b>hereafter [1]</b> 108/17	110/14 110/15 110/15
112/11 116/16 132/8	71/3 83/8 83/18 85/1	47/24 48/13 48/15	<b>hereditary [1]</b> 104/8	110/25 111/7 111/8
132/9 133/15 134/4	85/1 95/25 100/18	48/22 49/7 49/16 94/3	<b>Hey [4]</b> 3/12 4/2 46/24	111/9 111/23 112/23
134/13	112/7 115/1 115/3	95/15 99/20 100/1	50/20	113/20 114/24 115/7
<b>happening [9]</b> 4/4	115/15 117/2 117/6	125/3 129/4 129/5	<b>high [3]</b> 6/18 30/7	116/19 116/20 116/20
22/13 46/25 59/13	121/3 133/8	134/2	88/14	116/22 117/2 117/3
59/13 65/23 66/4 81/2	<b>head [6]</b> 88/15 110/14	<b>helped [4]</b> 46/11 94/3	<b>higher [1]</b> 12/1	117/5 117/7 117/12
105/3	110/25 119/9 121/2	103/12 117/17	<b>Hill [57]</b> 6/4 13/8 14/10	117/21 117/22 117/23
<b>happy [9]</b> 48/9 66/6	124/18	<b>helpful [2]</b> 20/21 27/19	15/20 16/13 17/20	118/13 121/22 121/23
68/3 72/23 73/2 73/3	<b>headache [1]</b> 123/17	<b>helpfully [1]</b> 131/9	17/21 18/20 21/10	121/23 123/21 125/3
73/5 74/12 105/6	<b>headaches [4]</b> 88/12	<b>helps [1]</b> 105/8	21/13 22/10 23/21	125/20 126/10 126/24
<b>hard [8]</b> 21/19 32/20	88/23 123/11 123/22	<b>hepatitis [57]</b> 7/19	29/14 29/15 29/20 30/4	129/4 130/16 130/18
33/17 46/9 48/13 62/10	<b>heading [3]</b> 11/4 40/20	7/25 8/4 11/18 11/19	31/8 31/11 31/12 31/14	<b>himself [7]</b> 44/12
62/12 109/24	43/9	12/2 35/15 35/16 36/11	32/1 32/15 33/12 33/25	60/25 73/6 73/24 77/17
<b>has [25]</b> 5/5 29/7 30/23	<b>headlines [1]</b> 24/15	36/16 36/19 37/6 40/6	34/7 41/18 42/25 43/23	90/2 118/6
45/1 45/24 45/24 72/16	<b>headmaster [1]</b> 25/13	40/10 41/3 44/10 44/11	44/8 44/10 44/15 45/5	<b>his [121]</b> 1/17 3/14
79/23 90/21 103/12	<b>headmistress [1]</b>	44/13 44/16 44/22 45/1	48/14 49/23 56/8 57/19	3/17 3/19 3/22 4/8 4/14
104/4 106/20 106/23	25/19	45/24 46/5 46/5 49/14	58/7 58/12 59/19 60/11	4/16 5/14 5/18 8/24
107/1 107/2 110/3	<b>headteacher [1]</b> 25/3	52/8 52/10 54/7 55/2	60/12 60/18 60/25 61/7	14/10 14/11 15/5 15/21
114/25 124/4 125/20	<b>health [17]</b> 6/7 8/17	57/20 57/21 64/18	62/1 78/13 82/6 82/8	17/12 17/14 20/5 20/5
126/23 127/21 127/24	26/19 29/5 29/8 32/9	64/21 65/10 67/12 79/3	83/24 84/7 90/17 116/7	20/7 20/8 21/19 22/9
129/12 132/6 132/8	32/13 32/18 42/16	87/6 87/17 88/9 100/23	118/9 124/9 128/19	22/12 22/12 22/17 23/3
<b>hated [2]</b> 95/13 124/17	46/15 51/6 69/17 87/20	113/7 115/1 115/3	129/1 130/21	23/25 24/21 25/2 28/8
<b>have [188]</b>	101/10 103/16 129/25	115/12 115/14 115/16	<b>Hill's [5]</b> 13/14 23/23	30/1 34/2 36/9 43/3
<b>haven't [4]</b> 2/13 14/16	130/1	115/24 116/13 116/17	32/2 34/2 98/23	43/24 46/15 48/5 48/5
41/20 104/17	<b>Health Service [1]</b>	120/15 125/6 125/7	<b>him [133]</b> 1/19 3/10	49/9 49/9 49/12 50/16
<b>having [29]</b> 5/7 7/18	32/9	125/7 125/17 127/14	3/11 3/24 4/2 5/14	54/3 54/6 55/6 61/2
12/21 25/21 29/6 32/8	<b>hear [11]</b> 1/13 2/9 2/10	135/7 135/9	21/23 23/10 26/18	61/4 61/7 63/21 64/13
42/22 46/19 51/1 52/7	4/15 43/17 57/24 74/5	<b>hepatitis B [7]</b> 8/4	28/21 28/24 29/1 29/25	68/15 68/18 68/20
55/4 56/20 58/24 70/4	75/22 99/16 107/15	11/18 35/15 35/16	30/4 30/17 32/4 32/5	68/21 68/23 69/11
73/17 73/20 75/16 79/6	123/3	36/19 115/24 116/13	32/6 33/2 45/13 46/7	69/17 70/2 70/14 73/7
107/25 115/19 115/24	<b>heard [27]</b> 22/10 25/4	<b>hepatitis C [23]</b> 44/10	47/2 47/3 48/12 48/13	73/9 73/12 75/25 83/14
121/7 123/11 124/12	26/9 29/7 46/1 52/12	44/11 44/13 44/16	48/20 48/22 48/23	85/24 88/15 88/21 89/9
125/2 127/8 127/9	53/4 54/18 70/16 75/10	45/24 46/5 46/5 49/14	48/25 48/25 49/1 49/2	89/16 89/25 90/3 90/8
133/7 134/22	77/8 77/11 78/19 81/17	52/8 52/10 54/7 55/2	50/19 56/3 59/1 59/3	90/18 90/23 91/11 92/4
<b>HCV [5]</b> 45/8 52/24	82/17 99/7 99/9 99/11	64/18 64/21 87/6 87/17	60/17 61/6 61/7 62/22	92/6 92/7 92/8 92/9
52/25 54/11 71/15	112/2 116/3 124/5	88/9 125/6 125/7 125/7	65/8 65/24 67/3 69/2	92/25 92/25 93/2 93/2
<b>HCV positive [1]</b> 45/8	128/4 128/9 128/18	125/17 135/7 135/9	69/3 69/4 69/6 69/7	93/4 93/12 95/16 100/6

(45) handled - his



<b>H</b>	<b>homosexuals [2]</b> 36/22 37/5	33/19 33/21 34/14 38/18 43/4 117/8	107/14 127/11 <b>I am [1]</b> 3/3	114/4 128/24 129/10 131/4 131/5
<b>his...</b> [32] 109/15	<b>honest [6]</b> 57/22 62/3 67/11 77/7 81/17 101/1	<b>household [2]</b> 19/6 67/14	<b>I answered [1]</b> 25/15	<b>I even [1]</b> 19/8
109/18 109/22 109/25	<b>honestly [1]</b> 57/23	<b>how [63]</b> 1/6 3/6 5/24	<b>I ask [4]</b> 2/12 29/3	<b>I feel [1]</b> 54/11
110/8 110/10 110/11	<b>hope [6]</b> 2/12 105/23	15/15 18/12 18/21	30/10 103/3	<b>I felt [6]</b> 33/11 51/21
110/14 111/9 112/7	110/20 110/22 110/23	19/22 20/23 22/21	<b>I asked [1]</b> 83/6	51/22 78/23 124/10
112/8 115/7 118/9	112/17	24/24 26/4 28/19 29/20	<b>I attempted [1]</b> 40/11	124/13
119/6 119/9 120/5	<b>hoping [3]</b> 104/24	32/6 32/7 32/9 33/2	<b>I attended [1]</b> 82/4	<b>I first [1]</b> 1/10
120/14 120/16 123/24	105/8 105/16	33/7 45/16 46/23 48/24	<b>I became [1]</b> 36/24	<b>I found [2]</b> 48/21 61/12
124/4 124/8 124/23	<b>hospital [115]</b> 3/2 3/11	60/8 61/13 63/7 64/18	<b>I believe [2]</b> 56/24 82/3	<b>I got [1]</b> 53/6
125/2 125/21 127/2	3/12 4/3 6/4 6/12 6/16	68/11 68/13 71/1 71/12	<b>I blame [1]</b> 120/22	<b>I guess [1]</b> 51/2
127/19 127/20 130/18	7/15 9/1 9/14 9/23	77/12 79/9 81/24 83/17	<b>I brought [1]</b> 96/4	<b>I had [19]</b> 5/22 17/4
130/22 130/24 131/11	12/11 12/17 12/25 13/7	87/8 87/20 88/20 89/2	<b>I can [10]</b> 2/10 14/14	17/8 19/7 37/1 47/20
131/24	14/21 17/5 17/13 19/7	89/6 89/17 89/22 90/14	15/16 27/20 52/19	53/15 69/13 72/12 77/1
<b>history [5]</b> 5/2 5/7 27/3	20/14 21/3 21/20 21/24	95/6 99/5 107/25 110/5	83/10 105/9 112/5	77/5 77/14 84/15 87/11
50/6 103/14	22/3 22/14 23/6 23/8	112/12 113/22 114/21	129/10 132/17	103/5 104/21 117/19
<b>HIV [54]</b> 5/16 16/14	23/18 24/5 24/15 26/22	115/11 117/20 117/24	<b>I can't [7]</b> 49/3 57/11	123/14 127/15
19/24 20/10 20/15 21/8	27/7 29/19 30/3 30/13	125/20 125/23 128/2	79/9 81/14 89/22 122/9	<b>I hadn't [4]</b> 25/9 78/19
22/6 22/11 27/8 29/6	30/19 32/11 32/15	128/5 128/9 128/13	122/11	84/21 87/18
32/25 33/2 44/21 45/13	32/25 33/5 34/5 36/12	129/3 130/5 130/7	<b>I cannot [1]</b> 39/9	<b>I hated [1]</b> 124/17
45/24 46/4 50/2 50/15	37/14 39/22 39/24	130/12 130/23 132/1	<b>I come [1]</b> 92/9	<b>I have [5]</b> 15/5 31/20
58/1 60/9 61/7 61/18	41/24 45/8 45/18 45/19	<b>however [7]</b> 13/9	<b>I confirmed [1]</b> 46/3	50/2 107/12 108/5
61/21 62/1 62/20 62/23	49/6 53/17 53/21 54/4	16/14 30/10 35/20	<b>I could [7]</b> 31/21 40/7	<b>I haven't [2]</b> 14/16
63/17 67/12 67/19	56/1 56/8 57/19 58/7	40/25 41/2 108/4	51/24 52/22 57/15 59/4	104/17
71/15 82/9 82/17 84/9	59/21 60/18 60/21	<b>HTLV [11]</b> 10/25 15/19	71/24	<b>I heard [2]</b> 53/4 54/18
84/20 85/14 85/24 88/8	61/14 63/5 63/17 64/22	16/1 16/6 17/10 17/18	<b>I couldn't [4]</b> 33/6	<b>I honestly [1]</b> 57/23
88/11 90/12 99/7	64/23 65/16 65/19	18/18 23/24 24/3 24/11	51/20 53/24 131/25	<b>I hope [1]</b> 2/12
114/22 115/15 116/1	65/20 69/1 69/7 69/10	26/5	<b>I created [1]</b> 123/20	<b>I involved [1]</b> 32/8
116/8 117/25 118/16	70/8 70/9 70/12 70/23	<b>HTLV-III [11]</b> 10/25	<b>I decided [2]</b> 30/1 30/6	<b>I just [22]</b> 25/10 46/22
119/1 119/24 120/12	71/8 75/11 76/1 76/21	15/19 16/1 16/6 17/10	<b>I did [8]</b> 4/19 6/10 25/1	47/4 47/5 51/11 51/25
120/18 121/1 123/3	76/23 77/18 78/14	17/18 18/18 23/24 24/3	71/23 76/24 77/4 100/5	66/2 72/16 81/2 84/14
127/9 127/14	79/22 81/8 81/13 83/5	24/11 26/5	127/5	84/14 84/23 88/7 88/10
<b>hm [9]</b> 14/8 20/16 22/4	86/14 86/16 88/17 91/7	<b>hug [1]</b> 92/18	<b>I didn't [19]</b> 25/16	93/21 100/22 105/23
28/13 63/18 63/25 64/2	92/22 98/6 101/5	<b>huge [3]</b> 6/17 21/5	25/17 30/4 47/6 53/20	106/3 106/5 126/7
64/14 66/25	101/16 102/20 109/13	32/8	54/18 67/9 70/25 71/9	126/11 128/7
<b>Hm-mm [1]</b> 66/25	110/12 111/13 111/15	<b>hugely [3]</b> 7/12 30/2	77/5 81/21 88/9 88/17	<b>I knew [8]</b> 17/7 18/5
<b>hobby [1]</b> 30/15	111/22 112/11 112/15	33/4	90/16 91/17 93/21 94/4	25/14 25/14 32/9 55/18
<b>hold [2]</b> 104/5 104/6	113/16 114/24 116/9	<b>hundred [2]</b> 50/20	105/4 124/15	78/21 81/20
<b>holiday [5]</b> 58/8 73/4	116/21 117/19 117/19	54/10	<b>I do [7]</b> 25/10 56/16	<b>I know [5]</b> 7/3 31/22
73/4 90/19 127/17	118/3 119/3 128/6	<b>hung [1]</b> 32/10	58/18 86/25 94/15	46/21 66/6 78/10
<b>home [39]</b> 19/3 19/7	130/10 130/15 130/15	<b>hurt [1]</b> 77/17	94/25 132/4	<b>I lived [1]</b> 6/17
19/8 19/22 20/1 29/23	131/22	<b>husband [8]</b> 6/6 28/14	<b>I don't [44]</b> 7/11 7/16	<b>I looked [3]</b> 92/1 93/1
31/20 35/7 35/18 36/4	<b>hospitals [3]</b> 41/25	28/17 70/14 84/11	8/1 15/6 18/4 19/1	93/3
37/23 38/5 38/12 38/16	79/20 84/12	84/16 93/10 93/23	20/23 28/5 41/16 47/16	<b>I may [4]</b> 51/12 108/18
42/3 42/5 47/8 49/24	<b>hot [1]</b> 111/4	<b>husband's [1]</b> 68/6	49/4 49/14 50/15 51/3	109/5 132/5
58/24 58/25 63/21 64/4	<b>hottest [1]</b> 19/4		51/15 54/12 55/20	<b>I mean [14]</b> 26/7 46/8
69/15 73/17 77/1 77/4	<b>hour [3]</b> 74/25 111/1	<b>I</b>	56/21 57/12 57/16	57/11 58/23 64/6 65/10
81/5 91/24 91/24 91/25	111/1	<b>I actually [3]</b> 54/19	57/21 60/3 60/10 60/13	70/5 72/12 81/21 89/25
92/19 97/13 110/15	<b>hours [3]</b> 14/17 21/24	59/1 111/8	73/22 74/7 77/8 77/9	100/13 102/4 102/18
112/10 117/1 118/22	57/2	<b>I also [1]</b> 40/13	84/23 87/2 87/14 88/19	105/11
119/3 119/10 122/5	<b>house [8]</b> 30/1 30/16	<b>I always [3]</b> 70/17	90/15 91/13 92/4 94/22	<b>I need [2]</b> 90/23
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(49) life... - mean



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(51) never... - ongoing



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(59) took... - use

<b>U</b> <b>use...</b> [3] 71/17 109/22 111/18 <b>used</b> [31] 10/17 10/24 12/10 13/15 20/6 21/14 21/15 30/14 35/10 35/25 38/23 42/1 42/10 43/12 58/9 76/13 87/22 87/23 87/24 88/2 88/4 92/8 94/1 94/3 101/9 101/15 123/12 123/12 123/21 124/17 127/11 <b>useful</b> [1] 103/17 <b>users</b> [1] 17/7 <b>usual</b> [2] 66/11 66/13 <b>usually</b> [1] 120/11	66/13 126/5 <b>views</b> [1] 75/15 <b>VIII</b> [52] 6/19 6/22 7/19 9/6 9/19 10/11 10/15 10/21 11/22 12/7 12/9 13/7 13/23 14/6 17/8 35/2 35/5 35/17 35/24 37/3 38/4 38/6 38/9 38/16 38/24 39/7 39/11 39/14 39/17 39/23 42/2 42/14 43/14 54/9 56/15 56/16 56/20 56/23 56/24 57/1 57/4 57/10 58/19 58/25 59/20 60/7 64/6 80/7 98/14 98/21 98/24 113/4 <b>virals</b> [1] 71/17 <b>virus</b> [10] 13/24 19/19 24/18 37/2 41/4 59/14 78/18 81/16 81/19 100/19 <b>viruses</b> [4] 7/10 36/10 131/16 131/18 <b>visit</b> [2] 73/14 83/4 <b>vitamin</b> [1] 76/13 <b>volatile</b> [1] 68/9 <b>volume</b> [3] 7/4 17/10 35/23 <b>voluntary</b> [1] 11/16	64/9 65/17 66/20 67/9 67/18 68/7 74/6 75/10 76/21 76/22 82/16 89/8 89/9 89/20 91/10 91/16 91/20 103/8 105/4 110/8 110/20 117/2 117/3 121/23 124/20 132/4 132/15 133/22 <b>wanted</b> [26] 16/13 18/12 30/5 33/21 48/4 50/12 50/13 51/11 51/25 55/25 60/6 65/22 72/13 72/13 89/14 98/1 98/18 99/4 105/4 106/24 110/7 112/23 117/7 120/17 124/13 128/7 <b>wanting</b> [1] 134/18 <b>ward</b> [7] 10/10 68/19 68/24 69/9 111/6 111/10 111/22 <b>warning</b> [1] 100/25 <b>was</b> [698] <b>was 1</b> [1] 19/19 <b>was 16</b> [1] 102/7 <b>was a</b> [1] 116/7 <b>was in</b> [1] 68/17 <b>wash</b> [2] 19/3 19/4 <b>washed</b> [2] 93/2 115/6 <b>wasn't</b> [41] 3/8 4/7 8/2 17/23 19/9 23/4 23/5 25/18 26/9 45/20 47/3 49/11 51/19 62/11 62/14 63/12 65/23 70/25 81/21 83/18 83/20 86/11 88/2 88/18 94/6 95/19 97/10 98/22 101/3 102/4 113/9 118/11 118/15 121/6 121/10 124/19 126/12 129/19 129/21 129/23 129/24 <b>watch</b> [3] 82/25 115/4 123/5 <b>watched</b> [1] 106/20 <b>watching</b> [2] 1/20 28/17 <b>wave</b> [1] 27/14 <b>way</b> [27] 11/2 14/14 16/11 21/4 23/13 30/25 64/11 73/16 77/17 78/23 86/22 86/23	89/13 89/16 89/17 99/14 99/17 100/11 100/13 100/22 103/14 106/4 106/17 106/22 126/17 128/19 131/4 <b>ways</b> [1] 107/1 <b>we</b> [344] <b>we'd</b> [22] 26/13 46/6 47/17 47/18 57/3 58/14 58/15 59/12 69/23 70/16 73/14 77/11 97/18 110/16 112/2 117/8 117/15 121/8 126/9 126/11 126/12 126/17 <b>we'll</b> [16] 2/11 5/8 7/6 11/5 27/8 30/8 38/20 40/21 41/21 42/22 43/17 60/21 66/10 74/21 75/5 95/2 <b>we're</b> [13] 14/20 56/18 72/6 79/6 101/13 110/21 111/12 112/21 113/21 115/4 129/2 133/9 135/5 <b>we've</b> [31] 5/8 41/14 72/4 72/18 75/9 76/11 76/25 77/10 80/6 95/2 95/24 99/7 99/9 99/11 111/20 114/8 115/3 116/3 119/23 119/25 121/17 121/18 121/18 126/3 126/22 126/22 128/8 128/18 129/13 130/25 130/25 <b>week</b> [6] 3/21 3/22 46/23 54/13 119/4 122/15 <b>weekends</b> [1] 21/25 <b>weeks</b> [10] 21/11 21/25 22/15 22/22 25/13 26/25 45/4 47/8 86/13 91/4 <b>weep</b> [1] 77/4 <b>weight</b> [5] 88/2 90/20 95/25 96/1 96/13 <b>weird</b> [1] 70/12 <b>welcome</b> [2] 1/5 134/6 <b>well</b> [89] 2/11 7/2 15/13 21/5 23/6 23/18 24/9 27/13 29/17 30/14 33/25 34/3 36/10 40/22	41/23 41/25 45/3 46/5 47/8 49/9 53/5 54/9 55/5 58/24 59/2 59/9 59/14 60/10 62/3 62/9 62/24 64/4 64/20 66/8 67/7 68/9 70/5 71/25 72/4 74/3 74/9 74/24 75/3 76/7 76/9 76/19 78/17 82/25 84/13 84/21 86/25 87/1 87/18 87/18 87/22 88/13 89/3 90/15 90/15 90/19 90/19 90/24 91/11 92/12 92/12 92/19 93/20 93/21 94/21 94/23 96/24 99/1 100/10 101/19 105/1 105/15 106/13 107/7 110/6 117/5 118/1 129/16 131/5 133/6 134/8 <b>wellbeing</b> [1] 131/18 <b>went</b> [72] 4/16 6/8 16/20 19/8 21/2 26/24 27/13 27/15 29/5 29/9 30/16 30/24 32/11 32/12 32/16 45/18 45/21 46/6 46/24 49/6 50/16 55/25 56/25 58/11 59/11 62/25 65/11 65/15 65/21 66/16 69/4 71/5 71/7 73/15 76/17 77/4 78/17 82/9 84/4 84/13 84/15 84/15 86/19 88/20 89/5 89/15 90/17 90/18 91/18 92/1 92/7 92/15 94/7 98/14 110/14 110/17 110/22 110/23 110/25 110/25 111/10 111/10 111/21 112/22 113/12 116/23 118/8 118/9 122/18 125/9 126/7 130/15 <b>were</b> [179] <b>weren't</b> [18] 17/6 17/8 18/13 33/5 57/15 61/8 61/9 65/5 67/23 70/11 70/19 70/21 70/23 98/10 99/25 115/17 116/1 126/18
<b>V</b> <b>vaccine</b> [1] 8/4 <b>valuable</b> [1] 134/23 <b>variable</b> [1] 35/4 <b>variety</b> [1] 18/16 <b>various</b> [1] 62/25 <b>vary</b> [2] 108/18 109/5 <b>vast</b> [2] 6/12 13/13 <b>very</b> [79] 3/10 3/25 3/25 3/25 4/14 4/14 6/20 6/21 8/6 16/25 19/25 20/21 21/13 22/3 23/1 23/23 24/7 25/9 26/8 26/8 26/16 26/16 27/13 27/19 31/16 38/15 40/16 42/23 45/3 45/17 47/7 47/19 48/13 51/21 55/4 62/4 62/4 62/7 65/17 65/25 66/5 66/10 69/20 80/6 82/18 88/19 89/5 89/10 89/14 89/16 94/2 94/2 101/4 106/4 111/4 117/22 120/21 120/23 121/4 121/4 121/4 121/19 121/24 121/25 123/7 123/14 125/25 126/2 126/18 127/10 127/24 128/1 128/3 128/3 131/9 131/17 134/14 134/23 135/10 <b>very ill</b> [1] 22/3 <b>vessel</b> [1] 4/8 <b>vals</b> [2] 13/9 13/17 <b>view</b> [4] 12/16 40/4	<b>W</b> <b>W4013</b> [3] 108/6 108/10 108/14 <b>W4014</b> [3] 108/20 108/22 109/2 <b>wait</b> [1] 60/22 <b>waited</b> [1] 84/11 <b>waiting</b> [1] 60/22 <b>wake</b> [1] 20/4 <b>walk</b> [1] 117/13 <b>walked</b> [1] 45/22 <b>walking</b> [4] 15/15 67/2 69/5 87/13 <b>walks</b> [2] 47/5 49/1 <b>wall</b> [1] 68/14 <b>wallowed</b> [1] 47/17 <b>Walton</b> [1] 4/3 <b>Walton Hospital</b> [1] 4/3 <b>want</b> [39] 2/5 2/5 22/23 22/24 25/16 30/4 31/10 47/6 53/20 56/3 60/12	64/9 65/17 66/20 67/9 67/18 68/7 74/6 75/10 76/21 76/22 82/16 89/8 89/9 89/20 91/10 91/16 91/20 103/8 105/4 110/8 110/20 117/2 117/3 121/23 124/20 132/4 132/15 133/22 <b>wanted</b> [26] 16/13 18/12 30/5 33/21 48/4 50/12 50/13 51/11 51/25 55/25 60/6 65/22 72/13 72/13 89/14 98/1 98/18 99/4 105/4 106/24 110/7 112/23 117/7 120/17 124/13 128/7 <b>wanting</b> [1] 134/18 <b>ward</b> [7] 10/10 68/19 68/24 69/9 111/6 111/10 111/22 <b>warning</b> [1] 100/25 <b>was</b> [698] <b>was 1</b> [1] 19/19 <b>was 16</b> [1] 102/7 <b>was a</b> [1] 116/7 <b>was in</b> [1] 68/17 <b>wash</b> [2] 19/3 19/4 <b>washed</b> [2] 93/2 115/6 <b>wasn't</b> [41] 3/8 4/7 8/2 17/23 19/9 23/4 23/5 25/18 26/9 45/20 47/3 49/11 51/19 62/11 62/14 63/12 65/23 70/25 81/21 83/18 83/20 86/11 88/2 88/18 94/6 95/19 97/10 98/22 101/3 102/4 113/9 118/11 118/15 121/6 121/10 124/19 126/12 129/19 129/21 129/23 129/24 <b>watch</b> [3] 82/25 115/4 123/5 <b>watched</b> [1] 106/20 <b>watching</b> [2] 1/20 28/17 <b>wave</b> [1] 27/14 <b>way</b> [27] 11/2 14/14 16/11 21/4 23/13 30/25 64/11 73/16 77/17 78/23 86/22 86/23	89/13 89/16 89/17 99/14 99/17 100/11 100/13 100/22 103/14 106/4 106/17 106/22 126/17 128/19 131/4 <b>ways</b> [1] 107/1 <b>we</b> [344] <b>we'd</b> [22] 26/13 46/6 47/17 47/18 57/3 58/14 58/15 59/12 69/23 70/16 73/14 77/11 97/18 110/16 112/2 117/8 117/15 121/8 126/9 126/11 126/12 126/17 <b>we'll</b> [16] 2/11 5/8 7/6 11/5 27/8 30/8 38/20 40/21 41/21 42/22 43/17 60/21 66/10 74/21 75/5 95/2 <b>we're</b> [13] 14/20 56/18 72/6 79/6 101/13 110/21 111/12 112/21 113/21 115/4 129/2 133/9 135/5 <b>we've</b> [31] 5/8 41/14 72/4 72/18 75/9 76/11 76/25 77/10 80/6 95/2 95/24 99/7 99/9 99/11 111/20 114/8 115/3 116/3 119/23 119/25 121/17 121/18 121/18 126/3 126/22 126/22 128/8 128/18 129/13 130/25 130/25 <b>week</b> [6] 3/21 3/22 46/23 54/13 119/4 122/15 <b>weekends</b> [1] 21/25 <b>weeks</b> [10] 21/11 21/25 22/15 22/22 25/13 26/25 45/4 47/8 86/13 91/4 <b>weep</b> [1] 77/4 <b>weight</b> [5] 88/2 90/20 95/25 96/1 96/13 <b>weird</b> [1] 70/12 <b>welcome</b> [2] 1/5 134/6 <b>well</b> [89] 2/11 7/2 15/13 21/5 23/6 23/18 24/9 27/13 29/17 30/14 33/25 34/3 36/10 40/22	41/23 41/25 45/3 46/5 47/8 49/9 53/5 54/9 55/5 58/24 59/2 59/9 59/14 60/10 62/3 62/9 62/24 64/4 64/20 66/8 67/7 68/9 70/5 71/25 72/4 74/3 74/9 74/24 75/3 76/7 76/9 76/19 78/17 82/25 84/13 84/21 86/25 87/1 87/18 87/18 87/22 88/13 89/3 90/15 90/15 90/19 90/19 90/24 91/11 92/12 92/12 92/19 93/20 93/21 94/21 94/23 96/24 99/1 100/10 101/19 105/1 105/15 106/13 107/7 110/6 117/5 118/1 129/16 131/5 133/6 134/8 <b>wellbeing</b> [1] 131/18 <b>went</b> [72] 4/16 6/8 16/20 19/8 21/2 26/24 27/13 27/15 29/5 29/9 30/16 30/24 32/11 32/12 32/16 45/18 45/21 46/6 46/24 49/6 50/16 55/25 56/25 58/11 59/11 62/25 65/11 65/15 65/21 66/16 69/4 71/5 71/7 73/15 76/17 77/4 78/17 82/9 84/4 84/13 84/15 84/15 86/19 88/20 89/5 89/15 90/17 90/18 91/18 92/1 92/7 92/15 94/7 98/14 110/14 110/17 110/22 110/23 110/25 110/25 111/10 111/10 111/21 112/22 113/12 116/23 118/8 118/9 122/18 125/9 126/7 130/15 <b>were</b> [179] <b>weren't</b> [18] 17/6 17/8 18/13 33/5 57/15 61/8 61/9 65/5 67/23 70/11 70/19 70/21 70/23 98/10 99/25 115/17 116/1 126/18

(60) use... - weren't



<b>W</b>	111/8 111/22 117/8 117/10 120/24 127/16 127/17 129/1 132/24 <b>Whereas</b> [1] 99/21 <b>wherever</b> [2] 14/12 117/17 <b>whether</b> [17] 6/24 12/12 12/14 16/13 25/22 35/12 37/1 42/24 55/21 56/14 77/8 78/13 82/16 91/10 103/1 130/16 131/6 <b>which</b> [78] 1/18 4/2 4/7 4/13 5/21 7/16 8/9 10/4 11/3 11/6 14/10 14/11 15/23 16/1 16/1 17/7 17/8 18/9 18/22 19/5 19/25 22/24 25/10 26/1 27/18 31/20 33/8 33/16 38/20 39/17 40/9 40/14 41/23 43/3 44/6 44/18 48/12 49/13 50/3 50/20 51/10 52/4 58/11 62/16 63/3 73/18 75/14 78/24 79/11 80/13 81/16 85/13 86/4 86/22 86/23 88/7 96/7 99/1 99/14 99/17 100/2 101/12 103/11 103/19 112/15 114/8 115/1 115/10 116/6 116/9 120/4 120/6 122/21 123/20 126/22 127/14 132/25 133/14 <b>whichever</b> [1] 7/23 <b>while</b> [13] 26/25 27/19 56/24 58/19 61/10 71/23 86/20 87/5 87/25 88/1 94/23 94/24 122/3 <b>whispering</b> [1] 115/15 <b>white</b> [1] 28/1 <b>who</b> [56] 1/20 1/23 3/11 14/15 15/22 17/18 17/19 21/18 24/11 26/22 26/23 26/24 27/18 30/12 30/23 31/12 32/17 34/4 38/25 39/9 42/5 45/10 46/21 47/1 48/2 48/7 48/9 48/21 48/21 54/24 63/23 66/17 67/5 68/11 73/15 75/16 76/10 79/23 82/6 82/7 82/11 98/22 101/5 101/10 104/21 106/3 106/20 107/22 108/6 118/16 118/19 124/5 127/11 127/23 131/22 131/22 <b>who</b> I [1] 21/18 <b>who'd</b> [1] 52/17 <b>whole</b> [7] 32/22 50/16 63/9 73/10 85/2 92/24 127/21 <b>whom</b> [3] 19/23 101/8 135/3 <b>whose</b> [1] 121/21 <b>why</b> [17] 11/13 12/8 31/19 39/11 46/4 58/18 58/21 61/6 82/13 83/18 87/4 99/23 106/3 111/17 122/14 126/16 128/20 <b>wider</b> [3] 26/2 34/3 121/14 <b>wife</b> [3] 124/12 127/20 127/22 <b>Wilde</b> [1] 86/20 <b>will</b> [24] 1/14 1/15 1/16 1/19 1/19 1/21 1/22 1/23 2/4 17/1 53/13 74/11 75/17 92/5 104/24 105/17 107/7 107/9 108/5 108/20 110/1 120/9 124/5 135/3 <b>Williams'</b> [1] 53/9 <b>windows</b> [1] 95/17 <b>wish</b> [8] 1/7 47/23 51/17 74/2 84/13 104/3 104/10 108/2 <b>wished</b> [1] 38/8 <b>with</b> [215] <b>with it</b> [5] 51/22 53/19 100/1 122/20 126/17 <b>withdrawn</b> [3] 64/15 65/17 66/17 <b>withhold</b> [1] 37/11 <b>within</b> [4] 101/5 104/9 110/22 134/12 <b>without</b> [13] 9/8 9/17 18/25 23/12 38/1 62/1 62/2 65/13 82/4 97/21 109/25 118/16 134/2 <b>WITN1021004</b> [1] 8/10	<b>WITN1021009</b> [1] 24/12 <b>WITN1021012</b> [1] 49/22 <b>WITN1021024</b> [1] 34/6 <b>WITN1616003</b> [2] 79/16 85/7 <b>WITN4013006</b> [1] 119/11 <b>WITN4013012</b> [2] 114/10 119/21 <b>witness</b> [11] 1/14 4/21 28/15 79/12 107/23 108/6 108/9 108/14 108/20 108/22 109/2 <b>witness's</b> [2] 108/11 108/23 <b>witnesses</b> [12] 43/17 103/1 103/3 107/5 107/6 107/15 107/24 108/2 116/3 128/8 132/3 135/3 <b>woke</b> [1] 110/6 <b>Wolverhampton</b> [3] 76/23 77/14 97/5 <b>woman</b> [1] 121/25 <b>won't</b> [2] 54/1 105/18 <b>wonder</b> [1] 58/18 <b>wondered</b> [3] 28/3 50/4 74/9 <b>wonderful</b> [1] 56/17 <b>WOOLLISCROFT</b> [2] 2/18 136/4 <b>word</b> [1] 47/18 <b>words</b> [4] 23/23 70/17 79/25 106/14 <b>work</b> [7] 21/19 30/25 49/3 64/10 89/18 93/7 123/20 <b>worked</b> [7] 30/12 32/9 32/20 55/1 89/21 89/22 107/25 <b>worker</b> [4] 91/14 91/15 91/20 94/1 <b>working</b> [6] 6/6 6/7 62/10 62/12 101/5 127/17 <b>world</b> [5] 68/8 94/7 97/15 124/13 124/21 <b>worn</b> [1] 23/11 <b>worried</b> [4] 16/4 83/2 93/13 127/13	<b>worry</b> [14] 44/22 44/23 57/6 57/7 78/21 83/7 84/25 88/22 93/21 95/21 110/1 110/21 112/1 112/1 <b>worrying</b> [2] 82/18 83/7 <b>worst</b> [2] 132/7 133/4 <b>would</b> [105] 1/7 7/17 9/5 9/8 11/11 13/6 13/12 14/2 16/4 16/8 16/16 17/9 20/1 20/4 20/5 20/7 20/10 20/15 20/23 21/13 21/16 21/24 23/10 23/11 26/14 27/2 27/9 27/15 27/16 29/20 29/25 33/18 35/12 35/25 37/25 38/12 40/6 48/22 49/15 50/15 51/17 53/11 54/11 55/2 59/20 59/21 64/10 65/13 67/2 67/10 67/20 67/22 68/12 68/13 69/22 71/6 72/6 72/10 74/2 74/24 76/16 77/17 79/5 80/25 90/8 95/15 95/17 97/7 98/5 98/6 101/6 103/10 103/15 103/16 103/20 104/2 104/11 104/13 105/21 106/13 108/2 113/17 113/17 114/17 116/19 118/1 118/1 118/5 118/19 119/4 120/4 120/6 121/22 122/25 123/15 126/2 126/3 128/10 129/9 129/19 131/5 133/13 134/2 134/3 134/9 <b>wouldn't</b> [13] 16/6 26/8 33/3 48/3 48/4 50/18 65/21 67/17 67/25 87/19 102/20 132/24 132/24 <b>wrapped</b> [1] 111/8 <b>write</b> [4] 53/11 53/18 103/24 130/24 <b>written</b> [4] 38/18 43/3 61/17 100/6 <b>wrong</b> [5] 3/14 44/1 44/2 47/18 87/3 <b>wrote</b> [4] 25/25 48/16
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(61) wetting - wrote



<b>W</b>	46/17 46/21 47/25	67/8 105/2	
wrote... [2] 76/22 95/9	49/21 50/9 51/22 52/16	<b>your</b> [119] 2/20 3/2 3/4	
<b>Y</b>	55/8 55/13 56/10 56/10	5/9 6/6 14/3 16/11	
<b>yeah</b> [59] 5/18 17/19	56/13 59/10 59/23	19/20 20/14 20/20	
22/8 23/12 28/18 46/10	59/23 61/22 61/22	22/22 27/5 27/21 27/21	
67/4 81/6 82/21 83/25	61/24 63/22 63/22	28/14 28/16 28/17	
84/6 86/25 90/18 92/24	66/19 66/19 66/23	30/11 44/11 44/14	
92/24 93/3 93/6 93/9	69/19 69/19 69/21	44/17 47/10 47/10	
93/9 93/12 93/16 93/19	69/21 69/23 69/23	47/13 47/23 48/1 51/8	
94/15 94/15 95/1 95/4	72/20 72/20 74/24	51/13 51/14 51/18	
96/5 96/12 97/3 100/8	75/13 75/23 76/2 77/24	52/21 59/15 59/17	
100/17 102/9 102/11	78/2 78/7 80/4 80/15	61/20 63/15 66/7 66/15	
112/17 113/18 113/18	80/21 81/6 81/14 82/21	66/16 67/1 67/5 69/16	
120/10 121/6 123/1	83/11 84/3 84/10 87/7	70/20 71/14 74/5 74/15	
123/2 123/9 124/1	90/13 91/6 95/23 97/17	75/24 78/3 78/25 79/12	
124/2 125/14 126/4	97/17 98/8 98/17	81/25 82/1 82/16 82/20	
126/4 126/14 126/16	100/16 103/10 104/15	82/22 83/22 84/8 84/18	
128/3 128/15 129/4	107/12 109/19 112/17	85/10 86/2 86/21 91/3	
129/19 130/23 131/25	114/20 115/21 115/22	91/8 93/10 93/15 93/17	
131/25 132/25 133/12	116/15 118/7 120/10	93/23 94/13 94/16	
133/25 134/4	123/10 123/10 125/1	94/19 94/21 96/7 96/21	
<b>year</b> [24] 4/22 7/16	125/11 128/3 130/17	96/24 98/5 98/6 99/5	
7/23 9/9 10/16 31/17	131/9 132/4 133/6	99/6 99/9 106/6 106/6	
32/4 32/22 32/22 50/1	<b>yet</b> [10] 41/20 46/5	106/8 106/10 106/18	
61/5 72/13 73/7 83/12	52/23 54/3 55/4 77/11	106/21 106/22 106/24	
83/14 83/20 85/2 86/3	83/16 83/20 85/3 95/14	107/2 107/2 109/12	
88/13 89/23 100/17	<b>you</b> [554]	109/13 109/22 114/18	
101/22 113/2 114/13	<b>you'd</b> [10] 50/7 74/4	114/19 114/21 116/14	
<b>year's</b> [1] 93/11	74/20 78/9 83/24 86/24	118/23 120/8 120/20	
<b>years</b> [30] 5/18 7/24	91/9 93/7 133/19	121/2 121/14 122/23	
14/23 17/5 21/9 28/10	133/20	122/24 122/25 123/5	
38/13 47/11 48/12	<b>you'll</b> [2] 72/4 93/20	125/19 126/5 128/7	
49/12 52/4 58/2 59/25	<b>you're</b> [16] 1/9 3/1	129/18 130/7 131/6	
68/18 72/24 73/5 76/4	48/24 63/24 64/1 70/21	131/10 131/11 131/24	
80/2 89/1 102/12	94/24 101/8 109/11	134/1 134/2 134/14	
103/17 104/16 105/2	109/15 109/16 121/12	134/17 134/17 134/18	
105/12 114/18 118/12	123/15 124/1 134/6	<b>yourself</b> [5] 64/1 93/7	
121/18 125/10 125/19	134/12	106/19 134/11 134/16	
133/15	<b>you've</b> [31] 2/19 4/10	<b>YouTube</b> [2] 1/19	
<b>yellow</b> [3] 114/23	31/8 49/17 49/19 51/13	107/10	
115/1 115/19	62/18 78/11 79/11	<b>Z</b>	
<b>yes</b> [111] 2/8 6/17 6/23	85/10 86/23 91/3 91/7	<b>Zoom</b> [1] 107/10	
8/7 10/6 14/5 14/8 15/6	93/17 93/18 94/13		
15/11 16/19 19/15	96/17 97/1 97/1 103/11		
19/18 20/19 20/22	106/18 106/19 111/17		
22/16 22/20 24/22	115/24 121/1 121/1		
25/16 28/20 29/13	122/23 123/25 130/6		
30/14 30/18 31/6 31/13	134/10 134/16		
31/13 31/16 33/4 42/19	<b>young</b> [9] 5/24 6/21		
42/21 43/23 43/25 44/4	8/6 52/7 76/17 96/7		
44/20 44/24 45/12	99/10 114/18 118/22		
	<b>younger</b> [4] 5/14 35/18		