1 **Wednesday, 23rd June 2021**
2 **(10.00 am)**
3 Anonymity Order
4 **SIR BRIAN LANGSTAFF:** Now, our first witness this morning,
5 as you know, is anonymous. He is witness W3044 and,
6 in his case, as in the case of others who have
7 anonymity, I shall read out the order which applies in
8 his case.
9 I order that the name and address of
10 witness W3044 and any other identifying information,
11 such as the witness's image or a description of their
12 appearance, cannot be disclosed or published in any
13 form unless express permission is given by me or by
14 the solicitor to the Inquiry acting on my behalf.
15 Witness W3044 must be referred to only as Mr BC.
16 This order remains in force for the duration of the
17 Inquiry and at all times thereafter, 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 Mr BC, Mary will now ask you to take the
21 oath.
22 **WITNESS W3044 - MR BC (affirmed)**
23 **Questioned by MS FRASER BUTLIN**
24 **MS FRASER BUTLIN:** Mr BC, you have severe haemophilia A.
25 Is that right?

1 **A.** Yes, I do.
2 **Q.** And you were diagnosed at about age 3 after you broke
3 your leg?
4 **A.** That's correct, yes.
5 **Q.** And your care was then transferred to Cardiff under
6 Professor Bloom.
7 **A.** Correct, yes.
8 **Q.** You developed an inhibitor and so you don't recall,
9 I think, having any treatment apart from in 1975?
10 **A.** That's correct, yes.
11 **Q.** And in 1975 you were admitted to hospital for some
12 experimental treatment?
13 **A.** Yes.
14 **Q.** What can you tell us about that?
15 **A.** I was led to believe that the treatment, I was
16 possibly the first person in the UK to get it, and
17 about probably the tenth in the world to get it.
18 Apart from that, being aged about six at the time, my
19 memory is obviously a little hazy.
20 My guess would, because I couldn't take
21 Factor VIII at the time, it was probably some kind of
22 experimental bypassing agent. The treatment was
23 successful in the sense that it kind of worked for
24 reducing the bleed and the length of time that I had,
25 effectively, to spend laid up. However, it had the

1 very bizarre side effect that I literally forgot how
2 to walk. You know, I had only been in bed for three
3 to four days, and I could not get up and put one foot
4 in front of the other. And so that -- I only
5 effectively had the treatment for the one bleed.
6 **Q.** Your bleeding as a severe haemophiliac caused severe
7 problems with your education?
8 **A.** Yes.
9 **Q.** What can you tell us about your education up to the
10 age of 11?
11 **A.** So my education up to the age of 11 was really very,
12 very limited. Having had inhibitors, a typical bleed
13 would last anywhere between, shall we say, 10 and
14 14 days. And then you would gradually start to
15 re-mobilise and then the process would repeat again.
16 So I, aged -- I think at age six I went to
17 school for three days in the year. And then in the
18 following year, I think I probably went for about nine
19 days.
20 So, behind the scenes, I was very, very
21 fortunate in that to make up for, I guess,
22 haemophilia, I was born kind of with a bit of a brain,
23 really, and was quite kind of intelligent and
24 interested as a kid. So the local kind of teaching
25 authority initially brought in a private tutor for me

1 for two hours a day, and that seemed to be going
2 reasonably well but everyone thought that that really
3 wasn't enough. And of course also you weren't having
4 a social interaction of the children of the same age
5 that was obviously so important to someone like me.
6 So around about '78 it was beginning to be
7 suggested that I might go to perhaps a school
8 somewhere that would be able to take my condition, and
9 so on and so forth. There was one school I know that
10 was possibly recommended in Bristol but Prof Bloom
11 didn't like that one very much, and so it was decided
12 that I would board at Treloar's from '79.
13 **Q.** And you said just a moment ago that Prof Bloom didn't
14 particularly like the one in Bristol?
15 **A.** Yes.
16 **Q.** How influential was he in having you go to Treloar's?
17 **A.** So I was born in a Welsh mountain valley town, really,
18 and my parents were very kind of old-fashioned in some
19 sense. They were very stoic. We never talked about
20 anything important. And consequently people in
21 authority, teachers, doctors, were kind of -- like
22 their word was, in some sense, kind of set.
23 So my mother in particular thought that, you
24 know, Prof Bloom was fantastic and, you know, he'd got
25 me into this school and so on and so forth. So he --

1 whatever he would have recommended, my parents would
2 have said yes to, I think.
3 **Q.** And you were at Treloar's until 1987 --
4 **A.** Yes.
5 **Q.** -- when you were age 18?
6 **A.** Yes, just shy of 18, yes.
7 **Q.** And you've described Treloar's as transformational for
8 you?
9 **A.** Yes. I mean, as a -- you know, a 6 to 9-year old
10 child who never, effectively, left the house, to
11 suddenly actually start interacting with other
12 children of the same age, and of course who had the
13 same condition as you, was kind of transformational,
14 really. It was eye opening, you know. And I think
15 I said in my statement it was a very kind of 'can do'
16 environment, where, "Yeah, we can do that."
17 So certainly my first several years at Treloar's
18 were, you know, very kind of eye opening and
19 transforming.
20 **Q.** When you were arrived at Treloar's, you said in your
21 statement that you didn't immediately receive
22 treatment.
23 **A.** Yes.
24 **Q.** When did you start treatment, as far as you know?
25 **A.** So obviously because of the inhibitors -- I had

1 high-level responding inhibitors, which meant that
2 they only had a certain number of doses that they
3 would be able to give me, so they had to be the saved
4 for very life-threatening bleeds. So I estimate
5 that I had been in the school probably for about
6 a year. So I would say something like late '80. The
7 new set of inhibitor-bypassing agents were coming onto
8 the market and in my statement, which was correct at
9 the time, I have now managed to find some records, and
10 there is evidence of a letter from Treloar's to
11 Cardiff or possibly Cardiff to Treloar's, I think,
12 saying yes -- it was from Prof Bloom saying, "Yes,
13 I have no objections to him going onto Autoplex", and,
14 you know, in some sense I can't remember the actual
15 wording of the letter, but it said something like, you
16 know, "We were very lucky to get one free dose, and we
17 can't afford it", basically. So no problems.
18 **Q.** We've got the letter from Dr Aronstam to
19 Professor Bloom, which pre-dates the letter I think
20 that you have --
21 **A.** That one, yeah.
22 **Q.** -- which unfortunately we don't have to display, but
23 we can look at the letter from Dr Aronstam.
24 TREL0000167_016, please, Soumik. Thank you.
25 We can see there the letter is dated

1 10 July 1980 and the second substantive paragraph:
2 "I have had some very good results with Autoplex
3 for knee and elbow bleeds in two of our lads with high
4 response inhibitors, neither of whom have [anamnestic]
5 responses of any significance.
6 "I would be very keen to treat [his] bleeds with
7 this substance particularly as we have such good
8 documentation of the behaviour of bleeds into his
9 knees when treated with immobilisation alone.
10 "I wonder whether you would agree to this?"
11 And I think you have then seen the response --
12 **A.** I've seen the response, yes.
13 **Q.** -- that would suggest that Professor Bloom was
14 content --
15 **A.** Happy with that.
16 **Q.** -- with that.
17 In the summer or maybe the autumn of 1980, it's
18 not entirely clear, were your parents aware of the
19 Autoplex treatment to be given to you?
20 **A.** Again, I personally -- my parents never spoke to me at
21 all about this, so I initially would have said no, but
22 scanning through my medical records, I think I have
23 seen correspondence from Dr Aronstam asking my parents
24 whether they would want me to go on an Autoplex trial.
25 **Q.** What we have in your records, and you can tell us

1 whether this is what you've seen or whether it was
2 something else, is TREL0000173_083. And it's a little
3 bit later in time, 8 December 1981.
4 **A.** Yes, I think that's the letter that I seem to have
5 remembered, flicking through the 500 pages of medical
6 notes.
7 **Q.** You see this discusses weekly injections of
8 Factor VIII rather than --
9 **A.** The Autoplex.
10 **Q.** -- Autoplex?
11 **A.** Yes.
12 **Q.** As far as you can recall, don't worry if you're not
13 entirely sure, do you think there was another letter
14 in relation to Autoplex or just this letter in
15 relation to Factor VIII?
16 **A.** I honestly wouldn't know, sorry. I'd have to go back
17 and try and find that in the notes.
18 **Q.** If we stay with this letter, December 1981, so some
19 time later --
20 **A.** Yes.
21 **Q.** -- there is this letter to your parents saying this.
22 "There has recently been a lot of new hope for
23 the treatment of inhibitors in haemophiliacs. Many
24 workers in Europe now claim to be able to lower the
25 level of inhibitors to factor VIII so that treatment

1 for bleeding can be given as easily as if inhibitors
2 were not present.
3 "I wonder whether you would agree to my using
4 one of the newer methods on [him] in an attempt to
5 reduce the way his inhibiter resists to treatment. It
6 would then be possible to give him some very active
7 physiotherapy for his knee and hopefully a better
8 quality of life.
9 "The method would involve weekly injections of
10 factor VIII and the taking of several blood samples at
11 various intervals. I have, of course, spoken to
12 Professor Bloom about this and any use of such methods
13 would, of course, be a combined operation."
14 It appears, after this letter, looking at your
15 records, that you then did undergo a course of immune
16 tolerance treatment in 1982 --
17 **A.** Yes.
18 **Q.** -- after the Autoplex?
19 **A.** Yes. I think the idea was that with the Autoplex and
20 the FEIBA and the porcine, which I tried, and the
21 probably Factor IX that I would have tried, because
22 I then had some back-up they could then go with the
23 immune tolerance. They had alternative, kind of,
24 treatments to give me.
25 **Q.** And we can see that on TREL0000173_019, please.

1 It's a pupil review sheet, and we can see at the
2 bottom that it's dated 23 November 1983. And it
3 indicates that you were:
4 "Doing very well. No bleeds so far this term.
5 "Has been on the 'Tolerance Inducing protocol'
6 since April '82."
7 And that this had converted you from a high
8 responder to a low responder.
9 If we just pause there, other than the letter to
10 your parents in relation to the Factor VIII, do you
11 recall any discussion at all about any risks involved
12 in undergoing this treatment?
13 **A.** No.
14 **Q.** While we've got this document here, if we could just
15 zoom out again. We can see a note above the
16 handwriting:
17 "Parental involvement in medical care: Yes."
18 We've obviously seen the letter in 1981.
19 **A.** Mm.
20 **Q.** Are you aware of any other involvement of your parents
21 in relation to your care?
22 **A.** No.
23 **Q.** In relation to how often you received that Factor VIII
24 tolerance inducing protocol, could we have
25 TREL0000173_004, please. Page 23 of that document.

1 We have a page of what the Inquiry has seen in
2 relation to another witness that appeared to be an
3 equivalent to the school report that would go home,
4 and one of the pages was the medical page.
5 **A.** Mm-hm.
6 **Q.** Do you recall having anything like that to take home?
7 **A.** Yes and, scouting through my medical records, I have
8 found forms that effectively were treatment forms that
9 on holiday periods, for example, I had to fill in. So
10 I have, you know, on the 27th of the 10th, 1983, given
11 six bottles of HP, dot, dot, dot, and so on and so
12 forth.
13 **Q.** I think we're slightly at cross purposes, apologies.
14 In terms of a school report, as in one page would be
15 about English and one page about maths --
16 **A.** Oh yes, sorry.
17 **Q.** -- and then at the back there would be a page about
18 medical or physiotherapy?
19 **A.** Yeah.
20 **Q.** Do you recall anything like that going home or taking
21 it home at the end of term?
22 **A.** I recall a school report. And as you said, obviously
23 English, maths and science were definitely there.
24 I think there probably was a short sentence or two
25 from the medical centre, yes.

1 **Q.** And that perhaps might look like this, as the back
2 page of the school report?
3 **A.** Yes, yes.
4 **Q.** So we have this from November 1982, and we can see
5 that, at that point, you were:
6 "Doing very well on the programme of 3 weekly
7 Transfusions with Factor VIII concentrate aiming at
8 neutralising his inhibitor level."
9 So in November '82 it seems you were receiving
10 three-weekly transfusions.
11 **A.** Monday, Wednesday, Friday.
12 **Q.** Monday, Wednesday, Friday?
13 **A.** Monday, Wednesday, Friday. Blood taken on a Monday.
14 **Q.** I just want to look at some of your other records to
15 explore some of the products that you were receiving,
16 particularly in 1983.
17 Could we have TREL0000170_018, please. And
18 could we start at page 9, please. Thank you. So we
19 can see on the top left the date, 6 February 1983.
20 Then if we go down to "Units Material", we can see
21 there you were given Interhem.
22 **A.** Mm-hm.
23 **Q.** And then if we go to page 7, 12 February 1983, and
24 Interhem again.
25 Then if we go to page 1, 5 March 1983: high

1 potency Factor VIII.
2 Then page 11, we have a series of entries across
3 17 and 18 May: high potency Factor VIII, FEIBA,
4 Autoplex, Autoplex.
5 **A.** Mm-hm.
6 **Q.** Does that accord with your recollection of the
7 different products you received or, at the time, were
8 you unaware of what you were receiving?
9 **A.** Yes, that does -- yes, that strikes a chord, yes.
10 **Q.** Was there ever any discussion about the types of
11 product you would receive?
12 **A.** No, not really.
13 **Q.** You continued to receive the regular Factor VIII to
14 try to reduce your inhibitors?
15 **A.** Yes.
16 **Q.** And if we again go to another couple of records,
17 TREL0000173_004, please, page 30.
18 We can see in the bottom right-hand corner
19 another of those medical reports. And we can see that
20 it's dated 19 June 1983:
21 "To neutralise his inhibitor level his programme
22 was stepped up to daily transfusions with Factor VIII
23 instead of the previous 3 weekly transfusions."
24 Does that accord with your recollection?
25 **A.** No. I don't remember going to daily prophylaxis, no.

1 **Q.** Do you positively remember that you didn't or do you
2 just not recall?
3 **A.** Oh no, definitely not. I just can't recall.
4 **Q.** Can't recall?
5 **A.** No. I mean, obviously you were -- you were having
6 a lot of injections and for whatever reason you were
7 part of the Autoplex trial, you were part of the
8 porcine trial, you were part of this, you were going
9 up, having blood taken for various levels, you were
10 having treatment, which may or may not have worked so
11 you were having another treatment. So that could
12 absolutely be true, but I cannot honestly remember or
13 recall going on daily prophylaxis.
14 **Q.** This seems to have happened at some point in the
15 summer of 1983.
16 **A.** Mm-hm.
17 **Q.** And if we go to the next page of the records, we have
18 a note dated 22nd June 1983 with the heading "AIDS".
19 I'm going to just read it out because the writing is
20 very difficult to read, and I think I've --
21 **A.** They're doctors, what do you expect?
22 **Q.** -- interpreted what it says:
23 "[Temperature] 36.1. No sign of [temperature]
24 for [more than a week] in the past.
25 "No throat" --

1 **SIR BRIAN LANGSTAFF:** "No rise in" --
2 **MS FRASER BUTLIN:** Sorry, "no rise" -- I failed at the
3 first hurdle, sir, apologies.
4 "No rise in [temperature] for [more than a week]
5 in the past.
6 "No Throat pains or difficulty in swallowing for
7 [more than a week] in the past.
8 "No shortness [and I think it probably means no
9 shortness of breath] for more than [one week] in the
10 past.
11 "No Diarrhoea for [more than a week] in the
12 past."
13 Then there's a star:
14 ""Cough for [more than] [I think it's two weeks]
15 in the past, yes, but can't remember when. Certainly
16 not during the past [three months]. This is contrary
17 to what he told us on 28/2/83.
18 "[Lymph] Nodes: very small [lymph note] on
19 [left] axilla (same finding as 28/2/83).
20 "No loss of weight."
21 The star, it says:
22 "Same Findings as on 28/2/83."
23 **SIR BRIAN LANGSTAFF:** It's difficult to interpret the --
24 certainly not contrary to what he told us on
25 28 February 1983, which is more than three months

1 before 22 June.
2 **MS FRASER BUTLIN:** It is, sir.
3 **SIR BRIAN LANGSTAFF:** So what is contrary, one wonders?
4 **MS FRASER BUTLIN:** One does wonder. And we can go there
5 if it would be of assistance, sir, but there is no
6 record that I can see in the clinical notes of
7 anything on 28 February 1983.
8 Perhaps it would be useful to see that exercise.
9 It's page 28 of this document, Soumik.
10 At the top we have what appears to be the either
11 9 or 1 February 1983, and then a record of
12 13 March '83.
13 **SIR BRIAN LANGSTAFF:** Yes.
14 **MS FRASER BUTLIN:** And the records do appear to be
15 chronological with nothing particularly out of place.
16 **SIR BRIAN LANGSTAFF:** Are these simply orthopaedic notes,
17 however?
18 **MS FRASER BUTLIN:** That's been flagged orthopaedic but, if
19 one continues down through that page, it's physio as
20 well, and it's also general clinical notes.
21 **SIR BRIAN LANGSTAFF:** Where are the general clinical
22 notes?
23 **MS FRASER BUTLIN:** If one carries on down, one can see
24 a note that includes "physio" at the bottom, and then
25 the next page is:

1 "Spring Term Assessment:
2 "Bleeds ...
3 "Haematology ...
4 "Biochemistry ..."
5 So it may be that we're missing something.
6 **SIR BRIAN LANGSTAFF:** Yes, that certainly looks more
7 general.
8 **MS FRASER BUTLIN:** Similarly, if we go back a page, we
9 also see haematology notes and references to having
10 contacted Professor Bloom about bleeds. So it is
11 obviously unclear, sir, exactly whether the notes are
12 one set of notes or whether there are other documents
13 that are missing. But what we have available to us
14 we've not been able to identify a note in relation to
15 28 February 1983.
16 **SIR BRIAN LANGSTAFF:** Yes.
17 **MS FRASER BUTLIN:** In June 1983, when we have this note
18 headed "AIDS", were you aware of them undertaking any
19 what might be termed "AIDS-related investigations" on
20 you?
21 **A.** No, no. Definitely not.
22 **Q.** Then, if we can carry on in those notes to page 37 of
23 the same document. Sorry, TREL -- thank you, Soumik.
24 At the top of the page we've got entries for
25 February '84 and March '84, where lymph nodes have

1 been checked, and then 2 March '84 simply says:
2 "Lymphocyte antibodies to Dr Smith."
3 With nothing -- no further detail.
4 Were you aware of any tests being sent out of
5 Treloar's to anyone particular?
6 **A.** No.
7 **Q.** I just want to finish dealing with the tolerance
8 inducing protocol. If we pick up in the same
9 document, please, page 46.
10 In fact, sorry, Soumik, if we could start on
11 page 47.
12 We can see a note which deals with tolerance
13 inducing protocol, a little bit further down, please.
14 "Started 26/4/82.
15 "On 920 units at AD. High potency Armour
16 Factorate. (See opposite pages for [batch numbers])."
17 So we'll come to that in a moment.
18 "Temporarily stopped after the dose on 28.3.84
19 until further notice."
20 If we go back a page to see the batch numbers,
21 page 46, please.
22 We can see the entry is on what appears to be
23 4 April 1984. "Spring term Assessments", and we go
24 down to the heading in the middle, please:
25 "Material [batch numbers] related to pyrexial

1 [I think it says] episodes"?
2 **A.** Episode, yes.
3 **Q.** It says:
4 "Prophylaxis 8/1/84 - 23/1/84."
5 And it gives a batch number for high purity
6 Factorate. Then a series of batch numbers, and that
7 it was high purity Factor VIII or ordinary Factor IX.
8 Then it says:
9 "Tolerance Inducing protocol stopped after the
10 dose ..."
11 Do you recall why the tolerance inducing
12 protocol was stopped with you in March '84?
13 **A.** I didn't. But, again, scanning through my medical
14 records, I found a couple of correspondence again
15 between Treloar's and Prof Bloom, basically I had
16 a probably week or fortnight of pyrexia or spiralling
17 temperatures, where my temperature would suddenly go
18 up to 41 degrees and that's when they decided to stop
19 the Factor VIII immune tolerance. For what reason,
20 not automatically clear, whether I was seroconverting,
21 whether I was being exposed to hep C, we don't know.
22 I stopped the treatment and, I would guess,
23 approximately after about two to three weeks,
24 certainly I was back to normal, shall we say, the
25 temperature had disappeared and I felt kind of, like,

1 fine.
2 **Q.** And again, do you or from discussions with your
3 parents, does anyone have a recollection of
4 a discussion at that time about high temperatures and
5 needing to stop the protocol?
6 **A.** No. No. Unfortunately, high temperatures in the
7 school were reasonably common. I mean if you put 200
8 kids together, you know what you're like, you know,
9 you get chickenpox parties and this that and the
10 other. So if somebody got quite a bad chest infection
11 it would go through the school. And shall we say
12 perhaps -- to say this nicely -- the general health of
13 the individuals at the school wasn't as good as the
14 general population. So those chest infections or --
15 became quite serious, and so it wasn't unknown for
16 people to, you know, be in medical centre with --
17 sounding like a rhinoceros trying to cough, basically.
18 **Q.** I just want to look at one last record before I ask
19 you some more general questions.
20 If we could have TREL0000173_061, please.
21 This is a letter from 12 June 1984 from
22 Dr Wassef to a doctor in the Netherlands where you
23 were due to be going on holiday?
24 **A.** Yes.
25 **Q.** And we can see here that Dr Wassef has written that

1 your:
2 "... inhibitor level varies between 7 and 11 New
3 Oxford Units. We have been treating him with 50
4 units/kg body weight of either Factor IX, FEIBA or
5 Autoplex. For life-threatening bleeds or for bleeds
6 not responding to the above measures, we have treated
7 him with massive doses of Armour High Potency
8 Factorate."
9 Is that also your recollection: that during
10 certainly '84 --
11 **A.** Yes.
12 **Q.** -- that was the treatment you were having: massive
13 doses of high potency Armour?
14 **A.** Yes. I stopped the immune tolerance in approximately
15 March '84, but I continued to have Armour products,
16 I would say, for probably about six further, seven
17 further months, I would think. And again, going back
18 to my medical records that you may have got -- it'll
19 probably be the next slide, I'm probably
20 pre-empting -- but I have certainly seen
21 correspondence that I have had large doses of Armour
22 for an ankle bleed in October of '84 which they
23 flagged as suspicious because they thought I was
24 putting it on, I think, in the nicest sense of the
25 word.

1 Interestingly, at the bottom of that letter,
2 which was a letter to Prof Bloom, it says, "PS. We
3 have recently gone on to high purity". And the letter
4 was dated, I think, from memory, something like
5 mid-December, and the PS was something like, "For all
6 those on commercial Factor VIII we have gone on to
7 high ... we have moved them on to heat-treated. For
8 those on Lister, currently unaffected, as you were".
9 **Q.** I'm afraid, sir, I don't think we have that to display
10 today but I can make sure that it is available at
11 a subsequent point.
12 You recall in your statement that Dr Dasani
13 rotated to Treloar's as a doctor --
14 **A.** Yes.
15 **Q.** -- for a period. Is that right?
16 **A.** Correct, yes.
17 **Q.** And you've discussed his view of the treatment that
18 was being given. What was it?
19 **A.** I do actually have a photocopy of the letter. If you
20 can possibly read it at the very bottom but it's
21 entirely up to you.
22 **Q.** I don't know if it would be useful if I read it out?
23 **A.** If you can possibly read it, sorry. The files ...
24 **Q.** We just need to make sure that the camera doesn't
25 follow me.

1 **SIR BRIAN LANGSTAFF:** Mary, perhaps you can collect it.
2 **A.** I apologise in advance. I was quite late in going
3 through these documents as they were all sent in
4 a massive zip file so I couldn't even save them or
5 drop them into a letter. So it ended up with me doing
6 the high-tech thing of taking pictures of them on the
7 phone. It's the "PS", Sarah, right at the bottom of
8 that first page, I think, that I've turned over.
9 There's three lines right at the bottom.
10 **MS FRASER BUTLIN:** Oh gosh, yes.
11 I think it reads, sir:
12 "PS. Lately we have changed to heat-treated
13 Factor VIII."
14 I'm afraid I'm struggling to read the rest. It
15 appears to read something along the lines of:
16 "For patients who were receiving commercial
17 Factor VIII, those who were on Lister, factor is
18 unchanged."
19 But I would want to double check exactly what
20 that said.
21 **SIR BRIAN LANGSTAFF:** Well, it appears on the face of it
22 to be saying that those who had been having commercial
23 concentrate would now get heat-treated commercial
24 concentrate. Those who had been having NHS product
25 would continue on NHS product.

1 **MS FRASER BUTLIN:** That's the sense of what I can read,
2 sir, and it's dated 17 December 1984.
3 **SIR BRIAN LANGSTAFF:** It rather assumes that people were
4 having just the one form of treatment.
5 **MS FRASER BUTLIN:** Indeed.
6 **SIR BRIAN LANGSTAFF:** At least so far as the NHS was
7 concerned, but no distinction made with the word
8 "commercial".
9 **MS FRASER BUTLIN:** Precisely.
10 **THE WITNESS:** If it's absolutely important to you, I do
11 have it on my phone which is much clearer.
12 **MS FRASER BUTLIN:** We can pick it up at another point.
13 Thank you.
14 **SIR BRIAN LANGSTAFF:** We just have to be very careful,
15 given you're anonymous.
16 **THE WITNESS:** No problems.
17 **MS FRASER BUTLIN:** Dr Dasani.
18 **A.** Oh sorry, yes.
19 **Q.** He, you said, rotated to Treloar's --
20 **A.** He did, yes.
21 **Q.** -- for a period, and you have suggested that you were
22 aware of his view of the treatment that was being
23 given?
24 **A.** Yes.
25 **Q.** What was that?

1 **A.** Dr Dasani and I had quite a strong relationship,
2 really. He subsequently moved to Cardiff Haemophilia
3 Centre, which is where I was based, and so we had
4 a very strong relationship. And in 2000s we did kind
5 of quite a lot of touring, giving medical talks about
6 hepatitis C and the treatment that I was receiving
7 then, so it was during those times, you know, when you
8 were driving up and down the country on the M5 to give
9 talks that you gradually talked about old times and
10 nostalgia, and he was quite -- having just trained and
11 come from Oxford, I think it was, he was quite shocked
12 at the number of different batches that were being
13 offered to the people or the haemophiliacs at
14 Treloar's. And he said that he had mentioned that
15 perhaps they should cut down the exposure and give
16 only certain batches to certain, you know, students to
17 minimise their risk.
18 He did hint in a kind of roundabout way as well
19 that he thought that they shouldn't have been ...
20 sorry, I have to pick my words carefully here.
21 I think the Armour product was generally considered as
22 dirty. And he was quite surprised that they were
23 still using that one, in, let's say, 1983. That would
24 be my general ...
25 **Q.** And did he talk specifically about the Armour issue or

1 is that something you're inferring?
2 **A.** He did talk directly about it.
3 **Q.** Because of course from what we've seen, you were
4 receiving --
5 **A.** Yes.
6 **Q.** -- huge doses --
7 **A.** Yes.
8 **Q.** -- of high potency Armour.
9 **A.** Yes.
10 **Q.** You were infected with both HIV and hepatitis C.
11 **A.** Yes.
12 **Q.** And I want to just pick up in relation to the HIV to
13 start with.
14 Could we turn to TREL0000173_004, please.
15 Page 52.
16 We have an entry for 19 March 1985 and we've got
17 a note "Virology", and we see:
18 "Anti-HTLV-III positive on 11.1.84."
19 And this picks up something of the strange
20 wording that has been found in several witness' notes.
21 And if I can then turn to TREL0000173_051.
22 What we've got, the second paragraph down, it's
23 a letter of 22 March 1985.
24 "He was anti-HBc and anti-HBs negative on
25 19.9.84 and was tested for anti-HTLV 3 for the first

1 time on 11.1.84 and was found to be positive."
2 Given what appears to be the case in relation to
3 when the HTLV-III test was available, it would appear
4 that 11 January '84 would have been a retrospective
5 test.
6 We've got a note of both --
7 **A.** Sorry, when you say retrospective test, does that mean
8 that in some sense samples had been stored? Blood
9 samples of mine had been stored and then tested at
10 a later date?
11 **Q.** That's what our current understanding would be and
12 that was actually a question I wanted to ask you
13 about. Were you aware --
14 **A.** No.
15 **Q.** -- of any samples being stored?
16 **A.** No, no.
17 **Q.** We've obviously got the medical record on 19 March and
18 this letter on 22 March 1985. What's your
19 recollection of how and when and what you were told
20 about your diagnosis?
21 **A.** Sorry, can I just, before I answer that question --
22 and bring me back to that, because I'll go off on
23 a wild goose chase -- that does kind of explain a lot
24 because obviously the 11/01 -- January -- sorry,
25 11/01/84 is a long way from this, the date of this

1 letter, which was March '85. So obviously if they had
2 have stored blood, then that would have kind of like
3 made sense.
4 **SIR BRIAN LANGSTAFF:** If I can just help on this, the
5 conclusion to which, at the moment, I feel I should be
6 bound to come is that there could not have been any
7 testing or HIV or HTLV-III, as it was then known, as
8 such, at a date prior to the scientific world being
9 told there was such a thing as HTLV-III. You don't
10 know it's there. If there isn't a test for it, you
11 can't test for it.
12 **A.** Yes.
13 **SIR BRIAN LANGSTAFF:** But once the test became available,
14 which was later in 1984, then it would be possible to
15 use such a test to back-test any stored samples.
16 That's why at the moment, counsel thinks, suggests,
17 that this is what must have been happening.
18 **A.** Yes.
19 **SIR BRIAN LANGSTAFF:** It's highly unlikely that we would
20 not have heard of a test actually being used prior to
21 the discovery of the virus or the identification of
22 the virus, by that name.
23 **A.** Absolutely. Thank you.
24 **MS FRASER BUTLIN:** But understandably, the wording of this
25 letter, which we've seen in a number of people's

1 medical records, is very strange, and I am conscious
2 that for many people it's been very confusing, but it
3 does appear to be relating to retrospective testing.
4 **SIR BRIAN LANGSTAFF:** If we just go back to the 004.
5 **MS FRASER BUTLIN:** Page 52.
6 **SIR BRIAN LANGSTAFF:** The note there is entirely
7 consistent with both.
8 **MS FRASER BUTLIN:** Absolutely.
9 **SIR BRIAN LANGSTAFF:** So it may be -- this is just pure
10 supposition for anyone to comment on in due course --
11 it's not a conclusion, it couldn't be, but it might be
12 that someone reading those notes or such notes would
13 have said it was tested positive then for the first --
14 that's the first record we've got, in effect.
15 **MS FRASER BUTLIN:** Precisely.
16 **SIR BRIAN LANGSTAFF:** Because that note doesn't say there
17 was an actual test conducted. Indeed, there wouldn't
18 be any point, really, in recording it on 19 March 1985
19 if there was already a record earlier in the notes
20 that it had been done on 11 January '84.
21 **MS FRASER BUTLIN:** Absolutely, sir.
22 **THE WITNESS:** Sorry, I suppose as well, you know, just
23 a point of interest in the whole idea of HTLV-III was
24 coming out in late '84 and so on and so forth, but
25 from memory, were there some -- there were some kind

1 of guidelines, I think, about how to reduce exposure
2 from either some clinical body like NICE or something
3 like that, particularly of -- I hate to use the
4 word -- "dirty" products, but there we go. And
5 obviously I'm still receiving Armour in October '84,
6 and of course I don't know the timelines of when those
7 diktats were issued by the Health Department or
8 whomever it might have been.
9 **Q.** Just in terms of your diagnosis, what's your
10 recollection of how you were told, when you were told?
11 What can you tell us about that?
12 **A.** It's interesting, isn't it, in that some people, that
13 is the thing that they will remember the most. And
14 for me, I think my mind has completely blocked it out.
15 It's just a box that does not want to be opened. So
16 when I was told, I could not honestly tell you. If
17 I had -- if you had to push me to it, I would guess
18 '85.
19 When, I have no idea. I have very little
20 recollection of the day apart from going up and being
21 told with someone who you're going to speak to quite
22 soon, and we went up effectively together to the
23 medical centre, and I cannot remember whether we were
24 told together or whether we were told individually.
25 I think some boys were told together but I wouldn't

1 swear on that. I think I was told individually. And
2 it was very much I don't really remember much after
3 that, whether some shock or kind of "oh wow" had
4 kicked in.
5 And I think -- I don't remember asking very many
6 questions about it, about what it meant, kind of,
7 I think I was probably in too much of a shock. But
8 I cannot recall being offered any form of counselling
9 at all. And Treloar's in some sense was a great
10 environment, but of course it also had a lot of
11 severely ill people with diseases. That meant their
12 life expectancy was 20, so death did kind of stalk
13 around the corridors a lot. And obviously when you
14 are young your cohort weren't really subjected to it,
15 but as you got to the finishing line, and you were 16,
16 17, 18, and your friends started going, so there was
17 never a counsellor and nothing like that was really
18 ever spoken about.
19 And of course you're giving effectively
20 a terminal diagnosis to a teenager, really. And
21 I know hindsight is a beautiful thing and we know that
22 in 2020 and we're all a bit more aware of mental
23 health than we were back in 1985, but surely that
24 doesn't sound quite right really, does it?
25 **Q.** And at that time, what was your understanding of AIDS?

1 **A.** I was going to be dead within two to three years.
2 **Q.** Had you been given any information prior to the
3 diagnosis?
4 **A.** Not really. Only the stuff that you'd picked up via
5 osmosis from the paper or from television or something
6 like that. And being kind of reasonably intelligent
7 and on the ball and so on and so forth, you kind of,
8 like, knew, really. You kind of knew.
9 **Q.** Were your parents told about your diagnosis?
10 **A.** I would not be able to answer that question.
11 **Q.** And have you ever been able to talk to them about it?
12 **A.** No. Is the honest answer. And it -- it's very
13 interesting, isn't it? If you were told you were
14 going to die in three years' time of a disease, there
15 would be effectively an outpouring of love and
16 sympathy and care for you as an individual. But in
17 1985 you were told that you probably were going to die
18 in two years, and in some sense the Government had set
19 up an environment which ostracised us, and basically
20 made us scared or made the general population scared
21 of us.
22 So rather than receiving any kind of support and
23 help or anything like that, we were effectively left
24 to go and die with our families in houses behind
25 locked doors. And that is something I think that, you

1 know, is very difficult, really.
2 **Q.** And it's a conversation you've never had with your
3 parents?
4 **A.** No. If I'd said to them, "Dad, look, you know, I've
5 got liver cancer", or something like that, or -- okay,
6 we could have had a conversation about it. We've had
7 conversations about haemophilia and about how it's
8 going to affect you. But no, you couldn't talk much.
9 And part of that, of course, was growing up in a Welsh
10 valleys mountain town where everybody knew everybody
11 else's business so you did not. And it was only in
12 very late conversations with my dad, who is now, you
13 know, effectively on the last leg, and has kind of
14 been more amenable, shall I say, to having any form of
15 talk with him, that you discovered that my parents did
16 have some kind of, you know, words said to them in the
17 village, basically.
18 **Q.** Did your diagnosis change your attitude to treatment
19 for haemophilia at all?
20 **A.** No. I don't think so. As I've said in the notes,
21 I think some, certainly some of the friends or
22 haemophiliacs that attended the Alton Haemophilia
23 Centre, as it was then, they decided that they never
24 wanted more treatment because they thought a double
25 dose would be worse. Whereas for me it was kind of

1 like, well, it's a virus, as soon as you've got it,
2 you've got it, so treatment-wise, no.
3 **Q.** And as I said, you've also been infected with
4 hepatitis C.
5 **A.** Yes.
6 **Q.** What can you tell us about that diagnosis, when you
7 were told and what were you told about it?
8 **A.** Again, absolutely nothing. That's another completely
9 blocked out kind of event.
10 **Q.** In terms of what happened after you left Treloar's,
11 you obtained a degree in maths.
12 **A.** Mm-hm.
13 **Q.** And you were offered the opportunity to train as an
14 actuary, I think initially?
15 **A.** Yes, correct.
16 **Q.** And you decided not to take up that place?
17 **A.** Correct.
18 **Q.** Why was that?
19 **A.** Um, okay. So that's ... in some sense, in 1982,
20 the -- sorry, I beg your pardon, in 1992, when I was
21 offered the government actuarial position -- or
22 a government actuarial position, not the government
23 actuarial position -- things hadn't really changed
24 very much, you were kind of, like, expected to die
25 within two or three years. And you kind of thought:

1 well, if I am going to die, I kind of, like, don't
2 really want to expose, let's say -- I'm quite
3 altruistic, really. If people are going to start to
4 kind of, like, train me and put money into kind of,
5 like -- you know, train me for a profession and
6 suddenly I die on them, I kind of, like, think that
7 that was not really worthwhile -- for them.
8 And additionally, there would have been kind of
9 stress involved. You know, I was having days where at
10 that stage I wasn't brilliant. Obviously the
11 haemophilia at that was being relatively well
12 controlled but there were good days and there were bad
13 days and I thought: I'm not altogether sure I am going
14 to train as an actuary now. So deciding to go into
15 education seemed, in some sense, a safer bet, to
16 continue on with education, because that would be --
17 the ball would be much more in my court. If I studied
18 to do a PhD and I couldn't go in to do the research on
19 a Monday, then, that's fine, I'll make up for it
20 tomorrow, type scenario. But having this regular kind
21 of going in to work 9 o'clock in the morning,
22 5 o'clock in the afternoon, that was something that I
23 thought I would not be able to do.
24 So HIV was already, in some sense, beginning to
25 affect my life choices. You know, from which

1 university I went to. Certainly at Treloar's there
2 were lots of people who thought I would go to Oxbridge
3 but, again, you know, the pressure and the additional
4 stress, and the fact that if I got ill my parents
5 would want to come and see me. So that kind of
6 dictated which university I went to, and HIV also
7 effectively dictated which profession I kind of, like,
8 went into.
9 **Q.** So you obtained your PhD?
10 **A.** I did.
11 **Q.** And you stayed in academia for a number of years?
12 **A.** Yes.
13 **Q.** I think you have described that that choice was about
14 the flexibility that it gave you?
15 **A.** Yes, academia in some sense, you know, is a land of
16 kooks, really. You know, if you're an oddball in
17 academia no-one really bats an eyelid. If you're not
18 in for a day or two days, no-one bats an eyelid and,
19 effectively, if you're working for yourself on
20 a research project -- because I've said, if you miss
21 a day, you catch up the following day or you set the
22 computer programme to run overnight and come back
23 two days later and see what results you've got.
24 **Q.** In terms of your personal relationships, what effect
25 did your infections on, on having personal

1 relationships?
2 A. That's a very interesting question. I was quite late
3 to kind of find myself, sexually, really. And I think
4 perhaps HIV may have been kind of, in some cases, to
5 blame about that, because you're 15 years old, you're
6 just kind of working your way out, and then all of
7 a sudden you -- crikey, you've got this kind of, you
8 know, life-threatening disease, so you don't begin to
9 think about it, and so you put it off and you live
10 a bit longer, and so on and so forth.
11 But when it actually came to relationships, that
12 was really quite challenging for me as an individual,
13 because in some sense we, as haemophiliacs who'd been
14 infected in '84 and '85, had been conditioned to lie,
15 by the social environment at the time. And I'm sure
16 most people in this room, if I say the word "iceberg"
17 they'll know exactly what I'm talking about.
18 So the hysteria that the Government created
19 and -- basically meant that we were ostracised. And
20 it didn't really seem right, really. If you look at
21 kind of what's happening in Covid today and what
22 happened then, you know, people with it today get
23 a lot of, kind of, like, help and protection and their
24 families are looked after and you're given financial
25 assistance, and this and that and the other. Whereas

1 in 1985 you were basically ignored. Your voices were
2 not heard.
3 And when that came to relationships, that caused
4 a massive problem in trust. Balancing that trust.
5 I mean, if I started, you know -- thought about dating
6 you, for example, in 19 -- let's say -- 95, when do
7 I disclose my HIV status? If I disclose it on the
8 first date you're going to think, "Oh my god, I might
9 never see you again". Alternatively, if I wait a bit,
10 your response might be, "Do you not trust me? Why
11 didn't you tell me before?" So it was a very kind of
12 like very difficult kind of balance.
13 And the stigma associated with it was very
14 challenging. And I think the stigma associated with
15 the iceberg and the Government's, you know, response
16 to it in 1985 was such that the people who actually
17 wanted to say something couldn't because they'd been
18 scared into silence. You know, they didn't really
19 have a voice when it came to compensation or anything
20 like that. Because society meant that they would be
21 badly, kind of, affected or, you know, subject to
22 discrimination.
23 So it wasn't effectively until I, you know,
24 I finally discovered that I, kind of, like, preferred
25 boys rather than girls, that everything kind of fitted

1 and made a lot more sense. And in some sense, for me
2 personally, that meant that it was much easier,
3 because I was looking for a partner in a group of
4 people who had experienced very, very similar things
5 to the haemophiliacs. You know, the gay community had
6 got absolutely -- forgive the pun -- bashed in the
7 nineties.
8 So in some sense, HIV was not so much of
9 a problem, really. So I'm very lucky to have found
10 a partner who kind of puts up with my mental health
11 issues and my, you know, the -- all the issues that
12 I've parked for 25 years ago that suddenly have
13 mounted up, and so on and so forth.
14 Q. And what can you tell us about your health until
15 about 2000? Then we'll pick up what's happened since
16 then.
17 A. Generally quite good. I was very fortunate in that
18 I didn't have any kind of AIDS related diseases or
19 symptoms apart from very minor things like shingles
20 and some kind of rash on my skin, which was very, you
21 know, pro-HIV or indicative.
22 I seem to remember at the time I was quite late
23 in starting AZT. The protocol at the time was to wait
24 until your CD4 count dropped below 200 before
25 starting. So I was quite late starting that, I think.

1 And you were given additional things like Septrin for
2 pneumonia which was a risk, which was probably, you
3 know, one of the big side effects and then, you know,
4 the drugs obviously created huge side effects, the AZT
5 and the Stavudine causing the lipodystrophy and the
6 current problems with fats and the way they're
7 distributed in the body and how much cake you can eat
8 and all things like that.
9 So up until about 2000 I would say I was
10 reasonably kind of like okay. And then unfortunately
11 of course the hepatitis started to become a bit more
12 of an issue. And I don't know what it was like for
13 other people but hepatitis was much more insidious,
14 really, because you felt kind of 99.99% as well as you
15 did yesterday, and it's only after several years that
16 those 0.01% start to built up and it's not until you
17 think, "Actually, how far have I fallen down here?"
18 And you look up and think, "Oh crikey, I'm quite
19 a long way down".
20 So it had gotten to the stage where Cardiff were
21 considering doing, kind of, liver biopsies for
22 cirrhosis and things like that and they then decided
23 to have a go with the interferon in about 2000, 2001.
24 Q. You underwent a treatment with interferon, ribavirin?
25 A. Yes.

1 **Q.** And you think a third drug was added in?
2 **A.** I think I was on a trial for a third drug and I seem
3 to remember it being called amantadine, which was kind
4 of like an anti-flu drug and they were seeing if that
5 had any kind of effect at all. I had an amenable
6 genotype, I think was the word, which meant the
7 hepatitis was -- it was a good or high probability
8 of it being cured or shifted.
9 **Q.** But in that first round of treatment you didn't clear
10 the virus?
11 **A.** Correct. I did not.
12 **Q.** So what was your response to that? What did you then
13 do?
14 **A.** I think, looking back on it, that's when things
15 started to go south in a kind of mental kind of way,
16 really. After the interferon and, I'm sure, due to
17 the increase in hepatitis, I was not in a brain fog
18 all the time but I didn't quite have the mental
19 capacity that I did used to have. And that, kind of,
20 like, was a worry, really. And so you are back to,
21 kind of, like, thinking, "Okay, I've got another
22 two years to go". It's almost like having a loyalty
23 card with death, you know, have five close encounters
24 and get the ultimate one for free type scenario, do
25 you know what I mean?

1 So it was kind of, "Oh well, okay, well, we've
2 lasted a decade longer than an awful lot of people, so
3 that was a pretty good show, so let's kind of carry
4 on."
5 So I basically thought, well, if I've only got
6 a year or two to go, may as well make the most of it.
7 So I kind of didn't take on another research project
8 and went round the world for a year. I thought,
9 "Right, well, this is it". And Cardiff wanted six
10 months, I wanted a year. They wanted nine months,
11 I said, "Oh" -- they wanted eight months, I said, "Can
12 we go for nine?" And so that was it really.
13 **Q.** And when you returned to the UK you then had further
14 treatment with pegylated interferon and ribavirin?
15 **A.** Correct, yes.
16 **Q.** And what can you tell us about that? The side effects
17 of it and --
18 **A.** The side effects, so going back to Dr Dasani from
19 a previous conversation, around about this time also
20 we were starting to do some kind of tours around the
21 country with another individual, who also went through
22 similar treatments to me.
23 Now, on his first go of interferon, he could not
24 get out of bed for six months. And cleared it.
25 I alternatively yes, I felt a bit rough, on kind of

1 like injection days, but after that I was generally
2 okay. You know, I'd have to possibly take it quiet
3 for -- imagine having a Covid vaccination, that type
4 of thing these days.
5 For the second batch of treatment, the
6 interferon, the pegylated interferon, the side
7 effects -- the physical side effects were much better
8 because it was effectively a slow release substance,
9 you didn't get these huge spikes in concentration of
10 the drug that the body had trouble handling and
11 therefore reacted to. So consequently it was much
12 more physically easier to handle. The only problem
13 is, of course, the active ingredient is in your body
14 for longer so, as a result, it's doing its thing for
15 longer, so I was borderline kind of neutropenic, so my
16 white blood cells were really getting quite hammered
17 and bashed, really. But we managed to avoid any kind
18 of additional transfusions of white --
19 **Q.** Needing platelet --
20 **A.** Yeah.
21 **Q.** You didn't need anything like platelets --
22 **A.** No.
23 **Q.** -- any additional blood support?
24 **A.** Correct, yes.
25 **Q.** In terms of your physical -- sorry, I should say that

1 treatment cleared your --
2 **A.** Yes, it did.
3 **Q.** -- hepatitis C at that point?
4 **A.** Yes, it did.
5 **Q.** In terms of your physical health since that treatment,
6 what's your physical health been like?
7 **A.** I would say generally pretty stable. But as in with
8 most haemophiliacs, a gradual decline in kind of
9 mobility and joint functions and so on and so forth
10 like that.
11 **Q.** And I think you have described that you feel like
12 you're mentally less sharp than you used to be?
13 **A.** Yes. I mean, when I came back from my round the world
14 trip, really, I thought I just cannot do academia
15 anymore. I just cannot. And that made finding
16 employment really quite challenging because, you know,
17 the avenue of what I'd really always wanted to do, you
18 know, to become an actuary -- because numbers were
19 meat and drink to me. I could -- they just talked to
20 me like -- you know, it was easy.
21 And so academic, yes, I would have been
22 a passible academic but I wasn't going to, you know,
23 rewrite the world. And with the mental fog and the
24 depression that effectively started then -- and we all
25 probably have some insight into depression, about how

1 it's an ever kind of diminishing circle, that you feel
2 unhappy so you feel more depressed, and some people
3 turn to props, shall we say, to help them. I never
4 really felt the need to do that. But actually, it was
5 a long time before I actually admitted that mental
6 health was an issue, and that I was really starting to
7 struggle then. You know, that stoic mentality: don't
8 talk to anybody about this type of thing.
9 **Q.** You described earlier that you'd parked a lot --
10 **A.** Yes.
11 **Q.** -- about what had happened?
12 **A.** Yes.
13 **Q.** And I think in your statement you talk -- that that's
14 really come back to impact you in your mental health
15 now?
16 **A.** Yes, definitely.
17 **Q.** What can you tell us about that?
18 **A.** So obviously things that you had parked, that you
19 never really gave credence for, so for example,
20 something that I really wondered whether it actually
21 existed, is survivor guilt. You know, why me? Why
22 was I the lucky one that in some sense survived
23 whereas -- and I could name, you know, 20 names here
24 that didn't. That doesn't kind of like -- you know,
25 why? So that obviously was an issue. I think

1 obviously the diagnosis of HIV, the unfairness of it.
2 And in some sense I think I'm -- at the way we were
3 treated, really, in the eighties. This, you know,
4 ostracisation of us. That really wasn't fair, and
5 very, very inhumane, really. So all of these issues
6 started to come up. Along with, you know, a sense of
7 worthlessness, a sense of, you know, you really
8 feeling that you could have contributed to society in
9 some way instead of just sitting at home trying to
10 shoot zombies on the PlayStation.
11 So that's been a real challenge for me,
12 particularly somebody with an active -- you know,
13 hyperactive mind who just thinks all the time or tries
14 to think all the time and achieves nothing.
15 **Q.** Because in terms of work, since you've had the
16 hepatitis C treatment --
17 **A.** Yes.
18 **Q.** -- and the depression --
19 **A.** Yes.
20 **Q.** -- have you been able to work in any --
21 **A.** Not really, no. I have tried occasionally, but --
22 again, a friend had a finance company, I tried to work
23 for him, and I just couldn't. I just didn't have
24 any -- I couldn't write the computer programs.
25 Couldn't kind of do things like that.

1 And of course, that all adds into the self --
2 you know, the lack of self-worth and -- should I
3 really be here? And what's the point of it all? And
4 things like that, really.
5 **Q.** I want to pick up a final topic with you. It's
6 related. I just want to talk with you a little bit
7 about your interactions with the trusts and schemes.
8 **A.** Mm-hm.
9 **Q.** You received payments through the Macfarlane Trust and
10 from the Skipton Fund.
11 **A.** Yes.
12 **Q.** What was your experience of dealing with the
13 Macfarlane Trust?
14 **A.** I'm going to put my statistical head on here for
15 a moment. And I'm absolutely sure that you will have
16 heard a lot of testimony about the Macfarlane Trust
17 and about The Haemophilia Society. And as part of
18 statistics, one of your jobs is to do what's called
19 a meta analysis. In other words, take all of the
20 available data and take a step backwards and try to
21 see the whole picture, really. And I think it's only
22 human that you get annoyed at the public face of the
23 company.
24 So if your train is late or, you know, the
25 barrier is shut, you start having a go at the poor old

1 lady at the ticket barrier. And it's not her fault
2 that you were 30 seconds late, but that's who you rant
3 at. You know, if your router fails and you ring up
4 and are kept on this endless kind of mindless
5 telephone system for hours before you actually get to
6 somebody, it's not their fault. What you really want
7 to do is you want to complain to somebody a bit higher
8 up and say, "Look, you need to get your system sorted
9 out."
10 So trying to take a step backwards and trying to
11 kind of see a bigger picture, like everyone else, my
12 experience with the Macfarlane Trust was not great.
13 And it has caused (a) a lot of mental health issues
14 and (b) a lot of annoyance. So the other half rolls
15 his eyes, for example, if I mention the Macfarlane
16 Trust, "Oh god, he's going on his hobby-horse again,
17 shut him up for god's sake."
18 But if I was to take a step backwards I think
19 what I would say is that, fundamentally, I think the
20 Macfarlane Trust was set up incorrectly. It was set
21 up incorrectly by the Government. And I think it
22 ended up that we were just kind of -- we became
23 reliant on them, in some sense, to survive. We had to
24 be almost subservient to them. In order to survive,
25 we had to, you know, kind of go begging for money and

1 this that and the other. And that does not seem right
2 to me for a charitable organisation.
3 Now whether the Government kind of deliberately
4 did that or not is open to question that others will
5 have to answer. But the Government, you know, never
6 accepted any responsibility for what happened. The
7 fact that they allowed dirty blood products into the
8 country, and then, when people were affected, they
9 effectively ostracised them and gave them very little
10 or no help at all. And all of a sudden, here is an
11 organisation set up as the front piece of the
12 Government, and we should be grateful to them. That
13 seems very odd to me. So, again, whether it was by
14 intention or whether that's the way that it just
15 panned out, I don't know.
16 To do something probably that's going to be
17 quite unpopular with the haemophiliacs in the room,
18 I just want to take the Macfarlane Trust's side for
19 just minute because it had a pretty big heavyweight in
20 the opposite corner: the British Government at the
21 time. The Thatcher Government at the time, or the
22 remnants of the Thatcher Government at the time, that
23 many people -- regardless of what you thought of their
24 policies, as far as a well-run Government was
25 concerned, managed to do things. It was pretty good.

1 It did what it -- you know, it did what it said on the
2 tin, really.
3 So given the fact that they and the Haemophilia
4 Centre had such an overwhelming opponent, you now have
5 to make a call as to your way forwards. What do you
6 do to try to benefit the people the most that you're
7 trying to represent, against, effectively, a massive
8 steamroller?
9 So it was -- and I could wax lyrical about, you
10 know, the unfairness, the postcode lottery, why were
11 people in this postcode paid more than people in that
12 postcode? I could go on until the cows come home.
13 But ultimately I just feel a lot of anger and you want
14 to feel it towards the Macfarlane Trust and you want
15 to feel it towards, in some sense, The Haemophilia
16 Society, for not representing you well enough, but,
17 you know, actually, as I think about it more, with my
18 brain fog, I kind of, like, you know, blame the
19 Government increasingly more for setting up this
20 completely bonkers scheme, let's be honest, that just
21 made little sense.
22 They kind of -- the Government failed to protect
23 us against HIV, and then failed to respond when we got
24 it and wanted help with it. So that's what I would
25 say about the Macfarlane Trust, without going into

1 a five-hour discourse.
2 **Q.** Mr BC, they're the questions I have for you. I'm just
3 going to turn and see if there is anything else.
4 There's nothing further from behind me.
5 Questions from SIR BRIAN LANGSTAFF
6 **SIR BRIAN LANGSTAFF:** Well, you've described yourself as
7 having an active, hyperactive mind, worked in
8 academia, and a desire to see the whole picture. What
9 do you, reflecting -- as you obviously do -- on
10 everything that has happened, and trying to see why
11 and how it happened, what would you say were the
12 principal reasons that you suffered from HIV infection
13 and hepatitis C infection?
14 **A.** It's a difficult question because obviously you don't
15 know the facts. But I think that the Government in
16 '83 and '84 should have been a lot more proactive.
17 They should have protected us a lot more than they
18 did.
19 I think -- without any evidence, I think they
20 knew that this blood caused some problems. And they
21 didn't act quickly enough to stop it. Why? That's an
22 interesting question. And one that I do not have an
23 answer for. Whether it was ignorance, whether it was
24 financial, whether it was -- I'm going to be really
25 harsh here, and this is outside the remit of the

1 Inquiry -- but whether it was because it was only the
2 bleeders and the queers who were being infected, so it
3 didn't really matter. If it had been the general
4 population, for a disease that was affecting the
5 general population, would their actions have been the
6 same? I don't honestly know.
7 **SIR BRIAN LANGSTAFF:** Thank you.
8 Can you think of anything that, in terms more
9 closely related to your treatment -- although you
10 answered the question I asked you -- that you would
11 have done differently? Even within the scope of the
12 Government's failures, as you've expressed them.
13 **A.** I think, having had the experience of having had
14 a decade where I had no treatment at all, I am
15 certainly not unique but I -- you know, I'm quite rare
16 in knowing what not having Factor VIII felt like. So
17 if I had been told, "Look, if we carried on giving you
18 this treatment, it has these risks associated with it.
19 What would you like us to do?" I could quite imagine
20 myself at the day saying, "I don't want to take that
21 risk at this precise moment in time". I would go back
22 to not having any treatment at all.
23 In -- obviously in 1983, there were effectively
24 back-up treatments for me, that in some sense were
25 considered safer than the Armour product that I was

1 being hammered with. So there could have been
2 a compromise to say, right, I don't want the Armour
3 product any more but I might take the FEIBA, because
4 that's a European product and that in some sense is
5 cleaner.
6 So like everything, knowledge is power, isn't
7 it? It empowers the individual to make a choice. And
8 I felt that we never really had that information. We
9 were never given it, and so that choice effectively
10 was taken away from us.
11 **SIR BRIAN LANGSTAFF:** Thank you very much for that.
12 **MS FRASER BUTLIN:** I've been asked to raise a question
13 from another legal representative.
14 **A.** Absolutely.
15 **Q.** When did you first become aware of your T-cell values
16 and why they were being recorded?
17 **A.** I cannot give an honest answer to that, or an accurate
18 answer to that, I should say. I'll give you an honest
19 one. I would say, as a guess, I was not aware of my T
20 cells being important in Treloar's, so it would have
21 been after I left Treloar's, so that would have been
22 back under Cardiff's regimen, I would think. So that
23 would have been probably somewhere in the region of
24 1990.
25 **Q.** Is there anything else you would like to add?

1 **A.** I don't think so. I think I've hopefully explained
2 everything as best as I possibly can through the brain
3 fog but there we go. Thank you.
4 **SIR BRIAN LANGSTAFF:** I have to say, the brain fog is not
5 apparent.
6 **A.** Thank you.
7 **SIR BRIAN LANGSTAFF:** Nor is, in particular -- but perhaps
8 this is because of the practice that you've had -- is
9 the iceberg particularly obvious. You may have shown
10 us some of what's beneath the surface.
11 **A.** Yes.
12 **SIR BRIAN LANGSTAFF:** And I'd just like to thank you for
13 that.
14 **A.** Thank you very much.
15 **SIR BRIAN LANGSTAFF:** And for what is again different,
16 individual approaches, the value of listening to
17 different witnesses, the different backgrounds, we
18 take a rather more reflective view born of academia
19 and you're interested in statistics than others might.
20 You've spoken in particular very powerfully about the
21 stigma and the problems that have come mentally with
22 coming to terms with what you've had to face.
23 And unusually, perhaps, you can't precisely
24 recall the conversations in which you heard the
25 dreaded news.

1 **A.** Exactly. It's very odd the way the brain works, isn't
2 it? And I would just like to thank the Inquiry,
3 really, for a decade of -- or sorry, no, for like
4 30 years of people not really being interested in what
5 we have to say. It is quite enlightening and
6 empowering to be in a room with people who actually
7 are interested in what we have to say. And obviously
8 the more information, the more different stories you
9 get, you will build up a picture, and for some people
10 it's mental health issues, for other people it's
11 personal loss. And of course it's all very, very
12 individual stories.
13 On a personal level, I think, you know,
14 gradually things are improving. I'm not mentally
15 grading sharp objects on a scale of one to ten
16 anymore, shall we say? So that's definitely an
17 improvement. But thank you and thank you very much
18 all for listening.
19 **SIR BRIAN LANGSTAFF:** Thank you.
20 [Applause]
21 Well, we'll take a break until 11.55. 11.55.
22 **(11.24 am)**
23 **(A short break)**
24 **(11.55 am)**
25 **(Proceedings delayed)**

1 **(12.03 pm)**
2 **SIR BRIAN LANGSTAFF:** Well, Lee, I'm sorry to have kept
3 you waiting just a few minutes. There was something
4 which had to be done before your evidence began but
5 now you're here. You'd like to be known as Lee,
6 I gather?
7 **A.** Yeah, that's fine, yeah.
8 **SIR BRIAN LANGSTAFF:** Mary will ask you to take the oath.
9 **A.** Okay, thank you.
10 **LEE STAY (affirmed)**
11 **Questioned by MS RICHARDS**
12 **MS RICHARDS:** Lee, you were born with severe
13 haemophilia A?
14 **A.** That's correct.
15 **Q.** And it was diagnosed when you were a baby?
16 **A.** Mm-hm.
17 **Q.** And your understanding is you were treated at
18 St George's Hospital in London, and then at the
19 Ashford Hospital in the early seventies with
20 cryoprecipitate?
21 **A.** That's right, yeah.
22 **Q.** Now, in 1975 I think you transferred to the
23 Hammersmith Hospital?
24 **A.** Yeah, I did.
25 **Q.** And you were under the care there of Dr Mibashan?

1 **A.** Mm-hm.
2 **Q.** And that's where you first received factor
3 concentrates?
4 **A.** Yes.
5 **Q.** Soumik, could we please have WITN1541003.
6 If we go to the next page, these are some
7 records you've exhibited from the Hammersmith Hospital
8 from 1975, and you're about 7 years old at this point,
9 I think?
10 **A.** Yeah.
11 **Q.** And we can see, top left-hand corner, just zoom in on
12 the handwriting there, please. There's a reference
13 there "Received", I think that's what the abbreviation
14 is, "28.8.76 from Dr Craske".
15 Did you know anything about any participation in
16 any research or studies or investigations involving
17 Dr Craske?
18 **A.** Not at all, no.
19 **Q.** And it's only many years later you've learnt that
20 Dr Craske was at the Public Health Laboratory Service?
21 **A.** That's right, yeah.
22 **Q.** And then if we go back to the page, and we just see
23 the whole page, we can see -- sorry, top of the page
24 refers to "Hemofil Records", and then we can see your
25 name.

1 **A.** Mm-hm.
2 **Q.** Various dates. We don't need to look at the precise
3 dates. But you're being given Hemofil on various
4 occasions at the Hammersmith Hospital in 1975?
5 **A.** Yeah.
6 **Q.** And if we go to the next page, we can see, top of the
7 page, these are equivalent records but for Kryobulin?
8 **A.** Mm-hm.
9 **Q.** So you're given a second type of commercial
10 concentrate in '75, age 7 or thereabouts --
11 **A.** Yeah.
12 **Q.** -- at the Hammersmith Hospital?
13 **A.** Yeah.
14 **Q.** And I think if we go over the page, this is an extract
15 from the Hammersmith's annual returns from 1975, and
16 if we go to the bottom of the page, we can see
17 reference to you there. There's reference to a
18 "[clinical] response to [Factor] VIII", and then
19 a reference to "Virology records not found". That's
20 in relation to jaundice.
21 **A.** Mm-hm.
22 **Q.** Or hepatitis B. Do you know anything about what those
23 virology records were?
24 **A.** No idea.
25 **Q.** Now we can take that down, thank you.

1 You moved on to receiving home treatment in
2 1976.
3 **A.** Yes.
4 **Q.** So that was administered by your parents?
5 **A.** Mm-hm, yeah, my father.
6 **Q.** And your understanding is you received Hemofil,
7 Kryobulin, and Lister --
8 **A.** Mm-hm.
9 **Q.** -- products. And then, from March 1978, Factor VIII?
10 **A.** Yeah.
11 **Q.** And we can probably pick that up most easily from
12 WITN1541004, please.
13 If we go to the second page to start with, we
14 can see this is an extract from your records from the
15 National Haemophilia Database maintained by UKHCDO.
16 **A.** Mm-hm.
17 **Q.** And if we go to page 4, it's in reverse chronological
18 order so let's pick it up at the bottom of the page.
19 We've got a reference, 1970, to you receiving cryo at
20 St George's. And then we can see for 1975 and '76,
21 when you're under the care of the Hammersmith
22 Hospital, there are four entries which refer to
23 "Dr Craske's research work". Did you know anything
24 about that until you saw these records?
25 **A.** Not at all. I had no idea.

1 **Q.** And is this right, you still don't know what that's
2 a reference to?
3 **A.** No, nobody can seem to tell me, you know, why they're
4 like that.
5 **Q.** And we can see, on the right-hand side, this, under
6 the heading of "Dr Craske's research work", appears to
7 show you receiving Hemofil and Kryobulin --
8 **A.** Mm-hm.
9 **Q.** -- in the course of those years.
10 Yeah, I mean, that would match the other records
11 you just showed.
12 **Q.** Sorry, can you just speak slightly closer into the
13 microphone?
14 **A.** Yeah, sure.
15 **Q.** Thank you.
16 Then if we go up the page we can see the next
17 few entries for the Hammersmith Hospital, so this is
18 in the late seventies, we can see you getting
19 Lister -- the Lister product, BPL product,
20 Factor VIII, and also Factorate, the Armour product?
21 **A.** Yeah.
22 **Q.** We can take that down because we will look at what you
23 got at Treloar's from some other records.
24 Just before we come to Treloar's, as far as
25 you're aware, were your parents given any information

1 by the Hammersmith Hospital about any risks associated
2 with the use of factor concentrates?
3 **A.** Not that I'm aware of, no.
4 **Q.** Now you went to Treloar's starting in September 1980?
5 **A.** Mm-hm.
6 **Q.** How did that come about?
7 **A.** Um, I went to a normal infant and junior school but,
8 when it came to deciding what secondary school to go
9 to, the Local Education Authority, as I understand it,
10 refused to allow me to go to a comprehensive school,
11 as they were known then. And it was then that --
12 suggested I went to Treloar's. So that's how the
13 process came about.
14 **Q.** And do you know what the education authority's concern
15 was? Was it that you would miss too much school?
16 **A.** No, it wasn't that, because I didn't actually miss
17 that much schooling during that, you know, infant and
18 junior period. I think it was more the risks to me
19 being hurt -- you know, because I was never allowed to
20 out to play and things like that. I always had to,
21 like, stay in the library when I was in juniors and so
22 on. But I think it was more the risks of me being
23 hurt and having bleeds and that caused by, you know,
24 people hitting me or just running into me and things
25 like that.

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1 **Q.** But you spent the first three years or so in the lower
2 school. Before I ask you anything about the details
3 of your treatment for your haemophilia there, what was
4 your impression of Treloar's when you arrived and
5 during those first years at the lower school?
6 **A.** Um, well, it was -- it seemed very big at the time,
7 because, you know, I'd never been to a boarding school
8 before. It seemed very good. The impression that I
9 got was that, you know, it was a very good place to be
10 and obviously with the facilities for treating
11 haemophiliacs on site, you know, I felt that it was
12 going to be a big advantage to me.
13 **Q.** And you described that when you were at the lower
14 school, you'd be taken by van to the Haemophilia
15 Centre in the upper school for treatment?
16 **A.** Yeah, that's right.
17 **Q.** And again, you talked about there being regular
18 clinics there. What can you recall about how and when
19 you would turn up at the Haemophilia Centre in the
20 upper school?
21 **A.** Well, obviously when you got a bleed, you would go to
22 the sick bay at the lower school and then they would
23 radio for a van to take me to the upper school for
24 treatment. You know, initially the treatment area
25 was -- it was, like, one corridor, one long corridor,

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1 and then you had, like, a consulting room, I believe,
2 on one side, then you had the treatment room on the
3 other. After 1981 they built an extension to that
4 and, you know, it was much bigger and they had
5 the laboratory and other things on site.
6 But yeah, generally, as I say, after your
7 initial bleed you would then be reviewed potentially
8 mornings and evenings, you know, just for review of
9 joints, and if you needed any further treatment and so
10 on, and that would go on obviously until the bleed had
11 recovered.
12 **Q.** You mentioned in your statement that there would often
13 be a lot of blood tests?
14 **A.** Yeah.
15 **Q.** Were you ever told what those blood tests were for?
16 **A.** Very rarely. The only ones that I recall distinctly
17 were the so-called pre and post-blood tests that we
18 used to have.
19 So you used to have a blood test before having
20 a dose of Factor VIII and then about 20 minutes later
21 they'd give you another blood test to see how that had
22 affected the -- raised the Factor VIII levels in the
23 blood.
24 **Q.** And then you moved to the upper school.
25 **A.** Yeah.

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1 **Q.** And then your treatment effectively was on site
2 because the Haemophilia Centre was located in the
3 upper school?
4 **A.** That's right, yeah.
5 **Q.** And did the treatment arrangements work in pretty much
6 the same way?
7 **A.** Yeah, yeah, there was still the morning and evening
8 clinics. It just obviously meant that you'd just walk
9 over there rather than having to get transport.
10 **Q.** You were taught to self-administer factor concentrates
11 at Treloar's.
12 **A.** Mm-hm.
13 **Q.** How would you go about that when you had a bleed and
14 you were going to self-administer? Can you talk us
15 through the process and how you'd get the product and
16 how you'd make it up and know which product to use.
17 **A.** Yeah. Well, first of all, you see the doctor, who
18 would obviously do the initial evaluation, and he
19 would then prescribe a percentage dose on the sheet
20 and you'd take that sheet down to the treatment room.
21 I'd then -- I would self-administer it, then I'd --
22 you know, I'd need to calculate how much Factor VIII
23 I'd need to give myself. And that was done by means
24 of a graph. So along the bottom of the graph you had
25 your weight, and then there was kind of lines going up

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1 showing what the percentage -- each percentage, so if
2 it was a 10% dose, 20% dose, 30% dose, and then you'd
3 read across and that would give you how many units
4 you'd have to give that particular percentage. And
5 then you'd try and get treatment that would be as
6 close as possible to that number of units that you
7 read off.
8 **Q.** And where would you actually get the bottles of
9 concentrate from? Was there a fridge or did someone
10 give it to you?
11 **A.** Most of the time I think somebody gave it to you.
12 I seem to recall, I think I may have actually got it
13 from the fridge myself occasionally. That may have
14 been right at the end of, you know, the period I was
15 there, but the methodology was to get to as close to
16 that dose -- that particular number of units as
17 possible, and that may involve using more than one
18 batch, because, you know, you might have -- if you
19 needed, like, 1,200 units you might have one of 500
20 units and one of 200 units. So though they didn't mix
21 product, they did mix batches.
22 **Q.** So for a single treatment you wouldn't have, say,
23 Factorate and Kryobulin mixed together?
24 **A.** No.
25 **Q.** But you might have, if you were having treatment with

1 Factorate on that occasion, more than one batch of
2 Factorate to make it up to the right number of units?
3 **A.** Yes.
4 **Q.** Were you told anything at Treloar's about any risks
5 associated with the use of factor concentrates?
6 **A.** No.
7 **Q.** And as far as you're aware, were your parents ever
8 told by Treloar's of any such risks?
9 **A.** No. Not that I'm aware of.
10 **Q.** As far as you know, to what extent was there any
11 interaction between Treloar's and your parents?
12 **A.** As far as I can tell, very little. You know,
13 basically my parents just relied on what I told them.
14 They were never given a record of what bleeds I had,
15 what treatments I had, what blood tests I had. To my
16 knowledge, they had nothing.
17 **Q.** I think there's one little medical report we've seen
18 with another witness, and we'll look at a sample in
19 your records.
20 **A.** Yes.
21 **Q.** And that's all you can recall of --
22 **A.** That was the only thing, yeah.
23 **Q.** And then, just on the theme of parental involvement,
24 there's a couple of documents I want to ask you to
25 look at.

1 If we look first of all at TREL0000267_053,
2 please, Soumik.
3 This is something called a "Pupil Review Sheet
4 ... Medical", and it's one of a number of them in your
5 records, and I think we've seen a very similar
6 document in relation to another witness. We can see
7 it identifies:
8 "Disability: Haemophilia
9 "Number of visits since last review, as
10 outpatient ..."
11 Someone has recorded "Many, for treatment",
12 a staff member, presumably. And then if we go down
13 the page we just see the question there:
14 "Parental involvement in medical care: Yes."
15 Now that is obviously right in the sense that
16 when you were at home, your parents were very closely
17 involved with your medical care; is that right?
18 **A.** That's right, yeah.
19 **Q.** But when you were at Treloar's, did they have any
20 involvement?
21 **A.** No, none at all.
22 **Q.** And we can just note the date on this is
23 23 November 1983. If we then look at TREL0000267_054,
24 please. This is a form -- and again, there are
25 a number of copies or versions of this form, different

1 dates, in your Treloar's records, Lee, but it looks
2 like your parents were expected to provide information
3 to the school. And we'll just have a look at this:
4 "Lord Mayor Treloar College.
5 "To: All Parents:
6 "This form must be completed and returned to
7 Sick Bay on the first day of next term."
8 And then we can see it doesn't appear to be
9 specific to haemophilia pupils, so:
10 "Has your son ... had any illness during the
11 holiday? If so, please give details.
12 "Has he/she been in contact with the any
13 infectious illness? If so, please contact Sick Bay
14 before returning to School.
15 "Has he/she attended an outpatient appointment
16 at any Hospital in the holiday? If yes, please give
17 date, Consultant's name, Hospital address and reason
18 for visit."
19 And we can see some details filled in there of
20 you going to the Hammersmith during that particular
21 holiday.
22 Then:
23 "Has he/she been seen by:
24 "A) Doctor
25 "B) Dentist

1 "C) Optician
2 "Have there been any all alterations in his/her
3 drugs or treatment during the holiday?
4 "Are there any other points you would like to
5 add about his/her medical care?"
6 And your father or mother has recorded "Bleed
7 into left thigh".
8 Do you recall these forms?
9 **A.** I do remember them, yeah. I think they were sent out
10 during the holidays for them to be completed and
11 brought back at the beginning of each term. I'm not
12 sure whether it happened every time but I certainly do
13 remember number of them being filled in and taken
14 back, we took them back when we went back to school.
15 **Q.** So there's information going from your parents to
16 Treloar's --
17 **A.** Yeah.
18 **Q.** -- in relation to what has happened in the holidays?
19 **A.** Mm-hm.
20 **Q.** But as far as you're aware, no information going from
21 Treloar's to your parents?
22 **A.** Correct.
23 **Q.** Can we go back then to WITN1541004.
24 And look again at page 4, this is the National
25 Haemophilia Database extract, and we can see various

1 references there to Hampshire Comprehensive Care
2 Centre. That is in fact referring to Treloar's, isn't
3 it?
4 **A.** Yes.
5 **Q.** And if we just look at -- by way of example, we can
6 see you getting there, if we look from the top of the
7 page down, even though it is in reverse date order, we
8 can see you getting Lister product, BPL product, and
9 Factorate commercial product in 1982.
10 **A.** Yeah.
11 **Q.** In 1981, at Hampshire, you're recorded there as
12 getting Hemofil, Factor VIII, Interhem, Kryobulin,
13 and, again Factorate and, similarly, in 1980 you're
14 recorded as getting Interhem and Hemofil.
15 **A.** Yeah.
16 **Q.** And then if we look at TREL0000253_022, please,
17 Soumik.
18 These are some records from Treloar's which show
19 your treatment and if we see the first date is
20 12 October 1980. So is that within a few weeks of you
21 starting at Treloar's?
22 **A.** Yeah, it would be, yeah.
23 **Q.** If we look back down the page and we look on the
24 left-hand column halfway down the page, we have the
25 entry "Units Material", and we can see you're there

1 getting Hemofil?
2 **A.** Yeah.
3 **Q.** So pretty much straight away your first treatment or
4 one of your first treatments there is with Hemofil?
5 **A.** Yeah.
6 **Q.** If we go over the page we can see again, in the same
7 section of the form, that you're treated with Hemofil.
8 **A.** Yeah.
9 **Q.** If we go to the next page, this is November of 1980,
10 so again still your first term, it's not such quite
11 clear writing but I think that's the Interhem --
12 **A.** Mm-hm.
13 **Q.** -- that's been referred to there.
14 If we go to page 5, we've got a clearer entry
15 there for you being treated with Interhem, if we go
16 over to page 6 again we can see treatment with
17 Interhem?
18 **A.** Yes.
19 **Q.** If we go to page 7, again, this all still within your
20 first term, we can see treatment with Hemofil. If we
21 go to page 8, treatment with Interhem.
22 And then page 9, we're now into your second
23 term, January '81, treatment with Interhem.
24 If we go to page 11 -- and we don't have
25 records, I think, of every treatment in this format.

1 We're now in late '82. We can see you've got the
2 Lister product recorded there, so the NHS product BPL.
3 And if we go over the page, we can see Lister
4 again, in December '82.
5 If we go to page 13, we can see Lister in
6 January '83.
7 And then if we go to page 15, we can see, this
8 is January '83, you're being treated with Kryobulin?
9 **A.** Yeah.
10 **Q.** Then if we go over the page, this is February '83,
11 treated with Factorate.
12 So a range of different commercial concentrates
13 and also, from time to time, the NHS concentrate?
14 **A.** Yeah, yeah.
15 **Q.** And was there ever any discussion with you about the
16 implications of different concentrates? Or whether
17 one posed a greater risk than others or anything of
18 that nature?
19 **A.** No, nothing at all. I'm not sure what they used for
20 their selection criteria but it was just what they had
21 at the time or whether there was any other reason for
22 giving particular product types. I don't know. But
23 there was certainly no discussion about, you know, the
24 effectiveness or not.
25 **Q.** Then if we look at WITN1541009, please, Soumik. It's

1 the second page.
2 So we can see a form here, we've seen very
3 similar forms or identical forms, I think, for other
4 witnesses.
5 "Please complete and return to Dr Aronstam,
6 Lord Mayor Treloar Hospital, Alton, Hampshire.
7 "I ..."
8 And is that your dad's name there?
9 **A.** It is, yeah.
10 **Q.** "... agree to Lee Stay taking part in a trial as
11 explained by Dr Aronstam."
12 And signed, it would seem, by your father.
13 Do you know anything about what that trial was?
14 **A.** No, not at all.
15 **Q.** And like the other examples of this form we've seen
16 for other pupils, it's undated.
17 **A.** Yeah.
18 **Q.** Were you ever aware of participating in a trial being
19 organised by Dr Aronstam?
20 **A.** No, not that I can recall.
21 **Q.** And then if we go, please, to TREL0000267_023, please.
22 This is an extract from your Treloar's records.
23 We can see that the second entry is headed:
24 "Autumn Term Assessment."
25 If we go over the page, top of the next page, we

1 see reference to a "Spring Term Assessment", and
2 that's a pattern we see repeated.
3 Can you recall anything about what appear to be
4 these termly assessments?
5 **A.** Yeah, I mean, they often did a full range -- they used
6 to do a full range of blood tests and then they also
7 used to do a full orthopaedic assessment so they would
8 measure, you know, joints, how much movement you've
9 got in your joints and it's just a full body analysis
10 of where, you know, where your joints and muscles are
11 having problems. But yeah, it was that blood test,
12 but they were pretty much done pretty much at the
13 beginning of every term, I would say.
14 **Q.** And if we go to the third page, please. We can see
15 the second entry down, refers to:
16 "Prophylaxis - 20% alternate days ..."
17 And that appears to be in relation to your right
18 elbow, identified there as a "target joint":
19 "... till end of 1/2 term."
20 Then if we look at the next entry, sorry, go
21 to -- sorry, it's the very bottom of the page. Again,
22 we can see reference there to prophylaxis. What can
23 you recall about getting treatment on a prophylactic
24 basis?
25 **A.** It was given when I had a number of bleeds very close

1 together in the same -- well, usually joint. So if
2 I'd had, you know, say, three bleeds in two weeks
3 into, say, a left ankle, then to break the cycle of
4 keep repeating the bleeds, they would give you regular
5 treatment on alternate days for a number of weeks to
6 try and settle it down so that they broke the cycle of
7 keep repeating bleeding over and over again.
8 **Q.** Was anything ever said to you about what that might
9 mean in terms of possible risks of viral transmission
10 because you might be receiving more by way of
11 concentrate than would otherwise be the case?
12 **A.** No, no.
13 **Q.** Can we then go, please, to TREL0000267_028, please,
14 Soumik.
15 If we start off by going to the third page. If
16 we look at the bottom half of the page we've got an
17 example of something here called a "Medical Report".
18 This is for 19 June '83. It refers to:
19 "Above average number of bleeds.
20 "Bleeds mainly into his Right elbow ..."
21 There's a reference to three courses of
22 prophylaxis, attending physiotherapy, doing some
23 remedial gym sessions, and having had a good term.
24 Do you know what this document was?
25 **A.** I believe it was part of an -- well, this one, an end

1 of year school report where they would have several
2 pages for each subject. So they'd have English,
3 maths, science, and so on. And then at the end you
4 would have this medical report to -- and sometimes
5 there was a separate physiotherapy report as well.
6 And they were generally sent home to parents.
7 **Q.** Did you physically take them home to your parents, do
8 you know, or were they sent by post?
9 **A.** I can't recall. I think we took them. But I can't
10 recall 100 per cent.
11 **Q.** If we look at the top of the page, I think we've got
12 an example of a physiotherapy report. Again, so we've
13 got "Summer '83":
14 "Lee continues to have regular physio treatment
15 for his right elbow which remains a few degrees short
16 of full extension. He also attends remedial gym
17 sessions and works well."
18 So is this your understanding: this was the kind
19 of medical information sent from time to time,
20 possibly on an annual basis, possibly termly, to your
21 parents?
22 **A.** Yeah, that I believe was all they tended to get, and,
23 you know, it's very, you know, a very loose summary of
24 what had happened, but nothing in detail.
25 **Q.** Then if we go to the next page we'll see what else was

going on in terms of entries in your medical records in June of '83. We can see top of the page it says:

"29/6/83 Summer Term Assessment"

I think that says. It's the various entries: bleeds, haematology, biochemistry and so on, there's a reference to prophylaxis. Then we can see circled the word "AIDS", "on 6.3.83".

Before we look at what's written underneath, Lee, I haven't been able to locate, and I think neither have your legal representatives, anything in your records which shows anything in particular for 6 March '83.

Do you know what that reference to that date means?

A. Um, I've no idea. I don't know why it's -- I don't know why it's there, because, you know, it's a June entry. Why would they suddenly mention it -- mention that date, that earlier date some, what, three and a half months earlier, all of a sudden at that point? I don't know.

SIR BRIAN LANGSTAFF: Is it actually the 6th? Might it be the 10th?

MS RICHARDS: It's possibly the 10th.

SIR BRIAN LANGSTAFF: Have you checked the 10th?

MS RICHARDS: Well, we have -- it's not easy to read the

handwriting. If we just go back to page 1, just so we're looking at the full set of records, we've got an entry there for 15th December '82. If we go to the next page, there's an entry at the top which looks like 15th March, that's the next entry and it follows the format of bleeds, haematology, biochemistry, appliances I think is the next one.

SIR BRIAN LANGSTAFF: Yes.

MS RICHARDS: Prophylaxis and physiotherapy, but there's nothing there that seems to match up with the entry in June.

SIR BRIAN LANGSTAFF: Yeah.

MS RICHARDS: If we go back to page 4 then, please, Soumik and follow through the entry in June, so if we could just go to that bit below. Thank you.

So "AIDS" on whether it's 6 or 10 March '83. Then we can see a reference to your temperature. I think it says:

"No rise in [temperature] for [more than a week] in the past."

"No ..."

Then it might be:

"... throat pains or difficulty in swallowing for [more than a week] in the past.

"No shortness of breath for [more than a week]

in the past.

No diarrhoea [possibly] for [more than a week] in the past.

"No cough for [more than a week] in the past.

"No palpable superficial lymph nodes.

"No weight loss."

That appears to be some form of investigation of your physical health to consider whether you are showing any signs of AIDS.

A. Yes.

Q. Was anything said to you at the time to inform you that that examination was being undertaken?

A. Well, obviously I would have been asked those questions in order for them to get answers. But why they were asking those questions, I just assumed it was just a normal medical thing. I didn't know they were looking for anything in particular and certainly not AIDS.

Q. If we look at TREL0000267_005, we've got here what seems to be, again, a fairly standard form that appears from time to time in your records. This has got an entry on the left-hand side for what looks like 9 Feb '83, and there's reference there to lymphocytes and then T cells.

Were you ever told anything about monitoring of

T cells or anything of that kind?

A. No.

Q. Can we then, please, look at WITN1541005, please, Soumik.

If we can go to page 3, there's a letter dated 30 June 1983, so it's the day after the entry in those records we looked at.

It's addressed to Dr Crawford in the haematology department at the Hammersmith, and then it's said to enclose copies of bleeding episodes and transfusions, orthopaedic charts and laboratory results, and refers to a course of prophylaxis. Then under the heading:

"AIDS Related Investigations:

"Clinically he exhibits none of the stigmata of AIDS. Examination of his superficial lymph nodes on 10.3.83 [that suggests you're right in reading the handwriting, sir] revealed no palpable lymph nodes.

"For your information we have undertaken the enclosed AIDS related tests. We are repeating these tests before the end of term and will let you have a copy when they are available."

Were you aware or were your parents made aware, to your knowledge, that Treloar's was undertaking what it described as "AIDS related investigations" and tests?

1 **A.** No, because obviously I didn't even know what AIDS was
2 at that time. So no, of course not.
3 **Q.** And is this right, there's no equivalent of this
4 letter addressed to the Hammersmith being sent to your
5 parents?
6 **A.** No.
7 **Q.** Your parents just get the end of term medical report
8 that we looked at?
9 **A.** Yeah, that's as far as I know.
10 **Q.** Can we then please go to TREL0000267_089.
11 Now this is a letter from 1985, 19 March 1985.
12 It's now being addressed not to the Hammersmith but to
13 the Isle of Wight County Hospital. And -- because
14 that's now your local centre, is that right?
15 **A.** Yeah, it wasn't a haemophilia centre, but I saw
16 a doctor there. I believe they got the product from
17 Southampton. But, yeah, that was the doctor who
18 I generally saw when I was at home.
19 **Q.** And we can see it says:
20 "Dear Doctor ..."
21 Refers to you. Then it says:
22 "For your information, I enclose copies of:
23 "1) Bleeding episodes and transfusions ...
24 "2) Laboratory results."
25 Then this:

1 "He was tested for Anti HTLV 3 for the first
2 time on 12.1.84 and was found to be positive."
3 Now, we'll come back in a moment to the
4 significance or otherwise of the date of
5 12 January 1984, but as at this point in time,
6 March '85, were you aware that you were being tested
7 for HTLV-III, HIV?
8 **A.** No.
9 **Q.** So you were tested without your knowledge and consent?
10 **A.** Yeah.
11 **Q.** Your mum by this time I think had died?
12 **A.** She died in July '85.
13 **Q.** Were either of your parents, as far as you're aware,
14 told that you'd been tested for HIV?
15 **A.** No.
16 **Q.** And we'll come on to how you learnt about your test in
17 a few moments, but were you told at this time,
18 March 1985, that you'd tested positive for HTLV-III?
19 **A.** No.
20 **Q.** Now, you know the significance of the words "for the
21 first time on 12.1.84", Lee, because you've been
22 following the evidence, I know.
23 **A.** Yeah.
24 **Q.** And you understand I think, as we do, that HTLV-III
25 testing was not available --

1 **A.** Mm-hm.
2 **Q.** -- at that time.
3 We might be able to cast some light on it if we
4 look at TREL0000267_090, please.
5 This is a letter of the previous year,
6 11 July 1984, from Dr Wassef at Treloar's. It's not
7 clear which doctor it's being addressed to but it
8 says:
9 "For your information, I enclose copies of ..."
10 And we see the reference to bleeding episodes,
11 transfusions, et cetera.
12 Then this:
13 "He remains HBsAg negative."
14 Then there is a reference to:
15 "His Anti HBc was ? weakly positive and Anti HBs
16 was positive on specimen taken on 12.1.84."
17 So that would suggest that a sample of your
18 blood was taken on 12 January, although we can't find
19 anything particularly in the records that correlates
20 with that.
21 **A.** Yeah.
22 **Q.** And was then stored --
23 **A.** Mm-hm.
24 **Q.** -- and tested for HTLV-III at some point later, second
25 half of '84 or at any view by March '85?

1 **A.** That's what it looks like, yes.
2 **Q.** Were you aware that your samples were being stored for
3 testing?
4 **A.** No.
5 **Q.** And was anything ever said to you about hepatitis B at
6 this time?
7 **A.** Um, all I knew was that I was kind of fairly unique
8 among the haemophiliacs that I'd never come into
9 contact with hepatitis B. I know they were talking
10 about doing a vaccination against hepatitis B because
11 I hadn't come into contact it with it before.
12 **Q.** But any hepatitis B testing was not reported to you?
13 **A.** No, I didn't know, obviously, they were testing for
14 it.
15 **SIR BRIAN LANGSTAFF:** Are you going to go through some of
16 the records with this in mind? What I have in mind,
17 I just happened to notice, as you went through -- it's
18 267, so many zeros, 23, then _002 -- 267_023, 002.
19 **MS RICHARDS:** So page 2, Soumik.
20 So I think it will be TREL0000267_023.
21 **SIR BRIAN LANGSTAFF:** That's it, thanks.
22 **MS RICHARDS:** And then the second page.
23 **SIR BRIAN LANGSTAFF:** If one looks at the "Biochemistry"
24 there, "SGOT persistently raised", then if we go to
25 page 267_028 at page 4, ten days later, I think:

1 "Biochemistry: Moderate to marked" -- is it? --
2 "increase in SGOT."
3 So it looks as though the records there are of
4 abnormal SGOT readings.
5 Do you have any clue yourself what SGOT stands
6 for?
7 **A.** I've no idea.
8 **SIR BRIAN LANGSTAFF:** So it follows that no one ever told
9 you?
10 **A.** No.
11 **MS RICHARDS:** And we'll come back to this issue when I ask
12 you about how you found out about hepatitis C. But
13 was -- were raised liver function tests or concerns
14 about your liver function ever discussed with you
15 during your time at Treloar's.
16 **A.** No. No, not at all.
17 **Q.** And then if we go to WITN1541005, please. And if we
18 go to page 12. If we look at the top of this we can
19 see it's an "AIDS Surveillance and HIV Death Clinical
20 Report Form".
21 This is something being reported by the
22 hospital, St Mary's Hospital Portsmouth, in 1994. But
23 if we go to the very bottom of the page, and we zoom
24 in on what's said at the bottom, "Date of first
25 positive test", so it's the bottom right-hand corner.

1 There's reference there to:
2 "Date of first positive test: 6.9.83, last
3 [negative] 7.6.83", which doesn't seem to match up
4 with what else we have seen in your records.
5 Do you have any understanding of what those are
6 referring to?
7 **A.** Well, the only thing they do match is the records from
8 the National Haemophilia Database, but apart from
9 that, no.
10 **Q.** And they don't match anything in your Treloar's
11 records?
12 **A.** Well, no, because they're talking about -- well, we
13 had January '84 mentioned. No, obviously it doesn't
14 fall within that range.
15 **Q.** Now what's your recollection of how you learnt that
16 you had been infected with HIV at Treloar's?
17 **A.** Well, contrary to a lot of the haemophiliacs at
18 Treloar's, I believe I wasn't told until 1986. And
19 the reason why I say this is that I was told while
20 I was at sixth form college, because I remember there
21 was -- with Treloar's, their holidays, their Easter
22 holidays and Christmas holidays, were three weeks in
23 duration, whereas the Alton College holidays, where
24 I was attending at the time, were only two weeks. So
25 there was one week where it was just a few of us

1 actually at the school. And so my recollection, it
2 was in that Easter holiday of 1986, and it was me
3 and -- it happened to be the previous witness that
4 gave evidence.
5 We weren't together, I believe that we were seen
6 separately. I think I went first. And I believe
7 Dr Aronstam was there, and almost certainly Dr Wassef.
8 I believe there was a member of the nursing staff as
9 well, and it was then that I was told that
10 I was HTLV-III positive.
11 **Q.** And can you recall what, if anything, they told you
12 about the significance of that diagnosis?
13 **A.** Well, I knew that -- well, they told me that my life
14 would be limited. They said they didn't know how long
15 I would have left. It could be anything from a couple
16 of years -- they said you could even survive up to
17 ten years, but the outlook was bleak, basically. That
18 was my understanding of it.
19 **Q.** And were you given any practical advice or assistance
20 that you can recall?
21 **A.** Not that I can recall, no. I can't remember much
22 after that. It was a bit of a shock, obviously.
23 **Q.** Then your recollection is that they -- that the other
24 boy being told on the same occasion was in fact, by
25 coincidence, the witness who gave evidence before the

1 break.
2 **A.** Yeah.
3 **Q.** And you were the two being informed on that date, is
4 your recollection?
5 **A.** Yeah.
6 **Q.** Were you aware, at that point in time, that you'd been
7 tested for HTLV-III?
8 **A.** No.
9 **Q.** So were you aware of why you were being called in to
10 see Dr Aronstam and the others?
11 **A.** No. It was, you know, it was something out of the
12 blue. Because, you know, during the holiday time you
13 don't expect -- there was very little contact because
14 obviously the rest of the haemophiliacs would have
15 gone home for the Easter holidays so, you know, there
16 was very few staff there during that period. So it
17 was a complete surprise to find, you know, that they
18 wanted to see us, you know, in that period.
19 **Q.** And your mum had died by then.
20 **A.** Mm-hm.
21 **Q.** The previous year. You can't, I think, recall whether
22 you told your dad or whether Treloar's told your dad?
23 **A.** No, I think it was me. I don't think Treloar's
24 communicated it to him.
25 **Q.** And what was your response, your reaction, to this

1 news?
2 **A.** Well, after getting over the initial shock, I think,
3 you know, I kind of put it -- tried to put it to the
4 back of my mind, to be honest. You know, I didn't
5 really want to think about it. You know, I thought,
6 well, you know, I just need to kind of get on with
7 life the best I can with what time I've got. That was
8 my philosophy.
9 **Q.** Were you given any form of support or access to
10 a counsellor at Treloar's?
11 **A.** No.
12 **Q.** Or anything like that?
13 **A.** No.
14 **Q.** And can you recall whether there was any different
15 arrangements made for your care at Treloar's, or your
16 accommodation?
17 **A.** Not that I can think of. I mean by this time I was --
18 it was a separate house just for sixth formers. I had
19 my own room anyway. I'm not aware of anything
20 particular in terms of things like the sharing of
21 cutlery or things like that. I don't remember
22 anything like that being prevalent.
23 **Q.** Now it was a number of years later that you found out
24 that you had also been infected with hepatitis C, is
25 that right?

1 **A.** Yeah.
2 **Q.** If we go to WITN1541006, if we go to the second page
3 to start with.
4 This is a form, we can see it's relating to your
5 time at Treloar's. It's Basingstoke & North Hampshire
6 Haematology Service. Dr Aronstam was identified as
7 the consultant, the ward is LMTC, Lord Mayor Treloar
8 College, and we can see that the test is being
9 requested by Dr Wassef, and it's 9 March 1982.
10 And what there is there, is a big stamp saying,
11 "Hepatitis Risk". Were you ever told that you were
12 regarded or -- you were regarded in any sense at all
13 as a hepatitis risk?
14 **A.** No.
15 **Q.** And was the phrase -- I've asked you about
16 hepatitis B. Was non-A, non-B hepatitis something
17 that was ever discussed with you at Treloar's?
18 **A.** I'd heard of it, but, you know, I wasn't aware of
19 really what it was or what its effects were or how it
20 could affect you. I'd just heard the term.
21 **Q.** Then if we go to the next page, this brings us forward
22 now to 1997, and we can see here a test for
23 hepatitis C and it's a positive test for hepatitis C,
24 January 1997.
25 **A.** Mm-hm.

1 **Q.** As far as you're aware, is this the first time you
2 were tested for hepatitis C?
3 **A.** As far as I know, yeah. And I mean on this particular
4 occasion, I think I was told that they were going to
5 test me for hepatitis C. But that was the first time
6 I knew they were going to do that. Whether, you know,
7 I'd been tested in the past, I've no idea.
8 **Q.** And you've described in your statement someone making
9 a cursory comment, "You know you have hepatitis C", or
10 something along those lines. Was that on this
11 occasion?
12 **A.** It would have been the view presumably following
13 this -- following, you know, the actual test. So
14 yeah, I believe it was probably on that next visit to
15 the hospital by, I think it was, Dr Green, the
16 consultant at the time.
17 **Q.** And that's in Portsmouth?
18 **A.** Yes.
19 **Q.** And were you ever given -- sorry, not "ever". Were
20 you at that point in time, whatever the precise date,
21 when you were told you had hepatitis C and what you've
22 described in your statement as being by way of
23 a "cursory comment" --
24 **A.** Mm-hm.
25 **Q.** -- were you given at that time any advice or

1 information about hepatitis C?
2 **A.** No.
3 **Q.** And was there any referral of you at that stage to
4 a liver specialist or anything along those lines?
5 **A.** No.
6 **Q.** Now you've told us in your statement -- we can take
7 that down, thank you.
8 You've told us in your statement that you were
9 then tested again in 2002.
10 **A.** Yeah.
11 **Q.** At a GUM department or GM clinic in Portsmouth, and
12 that's the time at which you were first referred to
13 a liver unit; is that right?
14 **A.** That's right, yeah.
15 **Q.** And you were referred to the Royal South Hampshire
16 Hospital in Southampton.
17 **A.** Mm-hm.
18 **Q.** You were seen by Dr Rosenberg for investigation of
19 your liver. And what were you told at that point?
20 **A.** I was told that the liver was very badly damaged and
21 they felt that it was so badly damaged that they
22 wouldn't be able to offer me any treatment to, you
23 know, eradicate it.
24 **Q.** We'll come on to subsequent issues in relation to your
25 liver in a moment but if we just go back then to the

1 second half of the eighties and early nineties. In
2 the years following you being told that you were
3 HIV positive, how was your physical health?
4 **A.** After when, sorry?
5 **Q.** In the second half of the eighties and the very early
6 nineties?
7 **A.** Yeah, it was okay. I mean, obviously I had the
8 problems with my joints, both ankles and my elbow, but
9 other than those target joints, I was pretty healthy,
10 as far as I knew. I didn't notice any issues that you
11 would associate with HIV or hepatitis C at that stage.
12 **Q.** You began to receive AZT in 1993.
13 **A.** Yeah.
14 **Q.** What was the effect of that?
15 **A.** I'm just trying to think. I don't think it affected
16 me that much because I think I was on the very low
17 dose. You know, I don't recall. I mean I think there
18 was possibly bouts of diarrhoea and things like that
19 but, because the dosage was quite low, I don't think
20 it was affecting me that much.
21 **Q.** I think it's right that your health then began to
22 deteriorate quite markedly --
23 **A.** Yeah.
24 **Q.** -- in the course of the 1990s.
25 **A.** Yeah.

1 **Q.** So you were diagnosed with PCP, pneumonia, in the
2 autumn of 1994?
3 **A.** Yeah, that's right.
4 **Q.** And you were 25 at the time and you started to have to
5 have lots of treatment in hospital?
6 **A.** Yeah, I mean, I was -- I mean, when I had the PCP
7 I was in for several weeks. It was kind of very
8 isolated, because it was on the east wing at St Mary's
9 Hospital in Portsmouth and it was just like a -- it
10 seemed like just a big hut, for want of a better term.
11 And, you know, I might have been the only person
12 there. And, you know, I was kind of out of it quite
13 a bit at the time, but yeah, it was a nasty, nasty
14 period and, you know, I wasn't sure if I was going to
15 survive it or not.
16 **Q.** And although you were able to return -- you recovered
17 from the pneumonia, you were able to return to work
18 for a period of time --
19 **A.** Mm-hm.
20 **Q.** -- you said in your statement that it took a long time
21 to recover your lung capacity and you've had some
22 difficulty breathing ever since.
23 **A.** Yeah. I mean, I had to be on a nebuliser for some
24 time, you know, after being discharged from hospital.
25 And, yeah, I was short of breath for quite some time,

1 yeah.
2 **Q.** And if we just look at one further document,
3 WITN1541010, please, and we go to the second page.
4 This is a report being made in October 1994 to
5 UKHCDO. It's headed:
6 "UK Haemophilia Centre Directors' Survey of
7 Patients' HIV infection."
8 And we can see that your condition is classified
9 as AIDS. There's then details of what you've been
10 prescribed if we go further down the page. There's --
11 both by way of anti-virals and prophylactic treatment.
12 There's then details given of your CD4 count.
13 Were you aware that that information or indeed
14 any such information about you was being provided to
15 UKHCDO?
16 **A.** No.
17 **Q.** Your consent was not sought for the provision of it?
18 **A.** No.
19 **Q.** Then you'd been working for P&O and you moved to Dover
20 in 2003?
21 **A.** Yeah.
22 **Q.** And you came under the care of Dr Winter --
23 **A.** That's right.
24 **Q.** -- at the Canterbury Haemophilia Centre. And he
25 became concerned about your liver?

1 **A.** Yeah.
2 **Q.** What steps did he take?
3 **A.** He did a referral to Kings College Hospital in London,
4 and I was duly sent to have blood tests done there.
5 **Q.** And you were called back pretty quickly after the
6 blood test results came in?
7 **A.** Yeah, I hadn't even got home and I had a call from
8 I think it was a Dr Rizzi or something along those
9 lines. And he said, you know, "We've got
10 abnormalities in your blood test results and we need
11 you to come back as soon as possible for more tests."
12 **Q.** And you were ultimately told that you were going to
13 need a liver transplant?
14 **A.** Yeah.
15 **Q.** You went on the liver transplant waiting list?
16 **A.** Mm-hm.
17 **Q.** And you got the call then in 2007, July 2007?
18 **A.** Yeah, that's right.
19 **Q.** You had the liver transplant?
20 **A.** Mm-hm.
21 **Q.** How long did you have to be in hospital for? Can you
22 recall?
23 **A.** I was in hospital three to four weeks, I think. I had
24 trouble trying to stabilise the anti-rejection levels
25 because once you've had a liver transplant, you have

1 to have an anti-rejection drug. In my case it's
2 called Prograf. And the dosaging on most people is
3 generally, you know, one tablet twice a day. But
4 because I was taking HIV medications as well, they
5 interacted with it, so they had to try and work --
6 they couldn't work out why the Prograf level was going
7 through the roof.
8 You know, as I say, when they discovered these
9 interactions, they had to try and stabilise that, so
10 it turns out that instead of having it once or twice
11 a day, I had to finish up having it, at that stage,
12 once every seven days, because the HIV was kind of --
13 the HIV meds was elevating the Prograf level so much.
14 So it took them a while to get that right.
15 **Q.** You talked about what you -- your words in your
16 statement, Lee, was a bonus of the liver transplant.
17 What was that?
18 **A.** Well, yeah, I suppose the only positive thing I think
19 that has come out of it is it actually cured the
20 haemophilia, because the liver produces the missing
21 Factor VIII that is missing from most haemophiliacs,
22 or Factor IX. So, yeah, it was just -- you know,
23 suddenly I had 60% factor levels all the time and --
24 so it was quite a shock to suddenly realise that you
25 don't need to take these Factor VIII injections

1 anymore that you've been taking all your life.
2 **Q.** You've then had, since then, a number of different
3 health problems?
4 **A.** Yeah.
5 **Q.** You'd suffered from a form of cancer in October 1998?
6 **A.** Yeah.
7 **Q.** Do you know whether that was associated at all with
8 the HIV or hepatitis C?
9 **A.** I'm not sure, but it's possible that the speed that it
10 developed may have been associated with it, from what
11 I found out since.
12 **Q.** And then in 2013 you were admitted to hospital in
13 Kent, and you were diagnosed with a very aggressive
14 form of non-Hodgkin lymphoma, Burkitt lymphoma.
15 **A.** That's right, yeah.
16 **Q.** And you, I think, have researched that and you've
17 discovered that those that have either had an organ
18 transplant --
19 **A.** Mm-hm.
20 **Q.** -- which you needed because of your hepatitis C
21 infection --
22 **A.** Yeah.
23 **Q.** -- or those with HIV have a much higher risk of
24 developing Burkitt lymphoma; is that right?
25 **A.** Yeah.

1 **Q.** And you've had to have significant treatment?
2 **A.** Yeah, I had to have, you know, a very aggressive
3 chemotherapy regime. It goes over number of cycles.
4 But -- and you have to stay in hospital throughout the
5 duration of this chemotherapy because it is daily.
6 Literally, they're giving you all sorts of different
7 fairly toxic drugs, and it knocks you for six. I mean
8 it's -- I can't describe how it makes you feel but,
9 you know, you basically lose -- for example, I had
10 really bad mouth ulcers. Some of the drugs gave me
11 hallucinations. I even had a fit while I was actually
12 in hospital during that period. It was really a
13 horrible time, and your immune levels basically go to
14 zero, you know, you just don't have any resistance to
15 infection at all. So I had to be isolated for, well,
16 it was up to three months before I was even allowed to
17 go out for a couple of days just because of the, you
18 know, because of how low my immune system had
19 obviously got as a result of all these cancer drugs
20 that I needed to beat the cancer.
21 **Q.** And you described in your statement being hospitalised
22 for a number of months.
23 **A.** Yeah.
24 **Q.** And you had to have regular platelet and blood
25 transfusions?

1 **A.** Yeah, I mean that went on even after I was discharged
2 from hospital, up to, you know, a year, year and
3 a half later, because, you know, the various drugs
4 they'd given me had basically knocked everything for
5 six. My platelet levels were extremely low. I think
6 they were around about 15 or something like that, and
7 my HB levels was regularly below 80. So it's -- so,
8 yeah, it was a regular thing. I had to go to hospital
9 two or three times a week to be tested, and then as a
10 result of -- I had to wait for the results of that
11 test and then that would determine whether I had to
12 have either platelet transfusion or a blood
13 transfusion.
14 **Q.** And what was the impact of all the treatment that you
15 had to have on you, physically and mentally?
16 **A.** Um, it was very draining. As I say, when I was -- you
17 know, when I was in hospital I couldn't even remember
18 things like my date of birth or, you know, what day it
19 was and things like that. But, you know, it very
20 slowly came back after I came home, but it took a long
21 time to kind of become, you know, a bit more normal
22 for want of a better term.
23 **Q.** Now you still had, at this point in time, hepatitis C?
24 **A.** Yeah.
25 **Q.** But you, I think, were treated with harvoni and

1 ribavirin in 2015?
2 **A.** Yeah, what happened was that they were picking up some
3 more anomalies on my liver tests. They believe it was
4 as a result of having, you know, the various cancer
5 drugs that was causing it. So what they wanted to do
6 was they wanted me to have this newer treatment as
7 soon as possible. They didn't want me to -- they
8 certainly didn't want me to -- they knew the liver
9 would be reinfected after I'd had the transplant but
10 they wanted to hold off as long as possible for, you
11 know, for newer drugs to come along that were far less
12 aggressive and wouldn't affect in the same way.
13 And at that particular point in time, you know,
14 the beginning of 2015, of course, that's when the
15 new -- the newer drugs came out and they felt that was
16 the right time to then try and, you know, knock the
17 hepatitis C out so that I, you know, I wouldn't have
18 that to contend with on top of everything else that
19 was going on at the time.
20 **Q.** And the virus cleared, the hepatitis C virus cleared
21 as a result of that treatment?
22 **A.** Yeah, it did yeah.
23 **Q.** But because of the long-term consequences for your
24 liver, the transplanted liver, you still have to
25 undergo regular monitoring?

1 **A.** Yeah.
2 **Q.** And then in early 2017 you noticed a lump on your lip?
3 **A.** That's right, yeah.
4 **Q.** What was that?
5 **A.** It turns out it was actually a form of skin cancer,
6 and it was just like a pimple to start with, sort of
7 like I noticed that sort of like at the beginning of
8 January. It started to get bigger, so by the
9 beginning of March I went to see my GP, and he thought
10 it might be cancerous so they then referred me on to
11 the hospital. They had a look at it and said they
12 thought it was, but weren't sure, but then they
13 decided they were going to cut it out but then they
14 said, "Oh, it might be too much of an infection risk",
15 so there was a lot of umming and ahing about when they
16 were actually going to do this procedure to actually
17 remove it. So by the time they did remove it, it was
18 some six months after I noticed it, and from at least
19 three months after I initially went to my GP before
20 they actually decided where they were actually going
21 to do it.
22 **Q.** And again, your understanding is that that particular
23 form of carcinoma is more prevalent in patients who
24 have had HIV or organ transplants?
25 **A.** Yeah.

1 **Q.** And what, broadly speaking, is your current physical
2 state of health, Lee?
3 **A.** Well, the latest problem I get now is that, as a
4 result of having the liver transplant, I had an
5 incisional hernia, and up to about two or three years
6 ago I didn't have any problems with it at all, but
7 now, in the last year or so, it's starting to give me
8 a lot more problems. So I've had a total of six
9 episodes in hospital over the past 15 months, I'd say,
10 where I've had to go into hospital because I've got
11 severe pains across my stomach and I couldn't eat
12 anything and I was throwing up, and -- and what it
13 turns out is that the hernia is obstructing the bowel.
14 So what occasionally happens is that the bowel gets
15 completely obstructed, and then they have to do things
16 like put an NG tube through my nose to drain my
17 stomach and give me fluids. And up to now, touch
18 wood, it's kind of cured it each time. But I'm still
19 waiting, at the moment, for actually having the hernia
20 repaired. Because of Covid that obviously hasn't gone
21 ahead. So I'm hopeful in the next few weeks they'll
22 actually be able to do it because I've finally had the
23 pre-assessment last week, so I'm hoping that will be
24 done fairly soon.
25 **Q.** Can I ask you then about the broader impacts of -- on

1 your life of being infected with HIV and hepatitis C,
2 and all the health consequences that you've described
3 that ensued.
4 First of all, in relation to your education,
5 what was the impact of the diagnosis on you in terms
6 of your approach to education?
7 **A.** Um, well, you know, my education was fine obviously up
8 to the diagnosis of HIV. I think I probably --
9 I think the diagnosis of HIV affected my performance
10 certainly at -- when it came to my A levels. I didn't
11 do very well at all at my A levels. I was fortunate
12 that I'd done just enough to do a higher national
13 diploma and then after that I was able to complete
14 a degree. But that's as far as I went, as far as
15 education was concerned.
16 **Q.** And you've said in your statement that when you were
17 doing your degree, you tended to keep yourself to
18 yourself. You had one or two close friends, but you
19 didn't want to have to tell people about your HIV.
20 **A.** That's true, yeah. I mean, with regards to -- because
21 of the stigma of HIV, I didn't tell anyone, to be
22 honest. You know, I didn't want to tell anyone
23 because, you know, I was -- you know, for fear of
24 rejection. So I, yeah, I just kept myself to myself.
25 I mean, part of it I think, was down to

1 Treloar's being like an institutional type place, you
2 know, where you only sort of, like, had a very small
3 circle of friends, to suddenly go to somewhere like
4 university where it's far bigger, I struggled to cope
5 with that. You know, I had my own room in the halls
6 of residence, and, to be honest, I had one or two
7 friends, you know, on the course that I was doing, but
8 apart from that I kept myself to myself. I stayed in
9 my room most of the time. I very occasionally went
10 out on student nights out but it wasn't very often.
11 **Q.** You got your degree and you got a work placement at
12 P&O Ferries and you started, I think, full time
13 employment there in 1993?
14 **A.** Yeah.
15 **Q.** I get the sense from your statement, Lee, that you
16 very much enjoyed working?
17 **A.** Mm.
18 **Q.** And enjoyed working there?
19 **A.** Yeah.
20 **Q.** But the various health difficulties that you've
21 described impacted upon your employment, is that
22 right?
23 **A.** Yeah. I mean, I was okay initially, until it got to
24 sort of like the early 2000s, when I think the --
25 obviously, the effects of the hepatitis C was kind of

1 coming up, and I found that I wasn't able to -- really
2 was struggling to sleep. My sleep pattern was
3 severely disrupted. So I was finding that I was --
4 you know, I was -- I was staying awake all night and
5 then sleeping during the morning. So at that stage,
6 work was quite accommodating, that they would change
7 my hours so that I kind of would start at midday and
8 then finish about 8 or 9 o'clock at night because then
9 I was -- I felt I was kind of at my best. And so,
10 yeah, they made allowances for that.
11 **Q.** Then there was a point in time with your work where
12 you had to effectively, because of the health
13 difficulties, make a sideways move rather than get
14 promotion?
15 **A.** Yeah, because they knew the liver transplant was
16 coming up and I was going to be out of the business
17 for, you know, three months at least, they felt that,
18 you know, they couldn't afford me -- to have no leader
19 of their team for that length of time, so they did
20 a sideways move for me to just work on individual
21 projects, should I say, and they got another person
22 who was head of another section to cover my section as
23 well.
24 **Q.** And ultimately, you were made redundant in, I think,
25 2008?

1 **A.** Yeah.
2 **Q.** And you believe that that redundancy, you being the
3 person selected for redundancy, was ultimately because
4 of the health issues which had resulted in you not
5 being able to progress in the way that you would
6 otherwise have anticipated?
7 **A.** Yeah. I mean, I came back to work, but I was still
8 getting very tired and I was falling asleep at my desk
9 a lot. You know, I just wasn't -- my heart really
10 wasn't in it anymore, if I was honest. You know,
11 I was just too tired and so on. Even after having the
12 transplant, you know, it was just very tiring. And
13 I just felt that, you know, it was, you know, it was
14 a struggle. But then I got of the news that --
15 because I'd recently only bought a house, sort of,
16 like, a few months before I was told that I was at
17 risk of redundancy. And, you know -- and it was to be
18 a -- basically they would merge two roles into one and
19 it was going to be me and this other person who had
20 been covering for my section, you know. It was just
21 going to be a straight contest between the two of us.
22 And I think it was inevitable really that, you
23 know, I probably wasn't up to it at that time, and as
24 a result, that's why I think I was made redundant.
25 **Q.** And in terms of personal relationships, you've

1 described in your statement the difficulties in
2 relation to that, because you were determined, if you
3 met someone and had a relationship with them, you
4 would tell them about your condition.
5 **A.** Yeah.
6 **Q.** But that made you hold back, and when you did tell
7 someone, sometimes there was sympathy, sometimes there
8 was shock.
9 **A.** Yeah. I mean, you know, at the end of the day, you
10 know, I wouldn't go ahead and meet somebody without
11 telling them beforehand because obviously, you know,
12 the nature of dating, you know, in this day and age is
13 more often through, you know, through messaging apps
14 and dating sites and things like that. And, yeah,
15 I mean -- yeah, I didn't want to put myself in the
16 position where -- you know, I had to be sure that the
17 relationship was going somewhere. But, on the other
18 hand, I didn't want to tell them in case I got an
19 immediate rejection after it.
20 So, you know, it's do you tell them early --
21 it's like what was said earlier: do you tell them
22 early on or do you wait and then -- then they say,
23 "Well, why didn't you tell me before?" You know, it's
24 that dilemma.
25 **Q.** And you did meet someone?

1 **A.** Mm-hm.
2 **Q.** Tracey.
3 **A.** Yeah.
4 **Q.** And you got married in 2008.
5 **A.** Mm-hm.
6 **Q.** But then that's when everything went wrong in terms of
7 your employment?
8 **A.** Yeah.
9 **Q.** You lost the house?
10 **A.** Yeah, because, you know, once I'd lost my job
11 I couldn't afford to pay the mortgage, and -- yeah,
12 I mean, debts built up. And yeah, eventually the
13 house got repossessed because I couldn't find any
14 other work obviously because of my illnesses.
15 **Q.** And eventually the marriage broke down?
16 **A.** It did, yeah.
17 **Q.** Although you're still, I think, on good terms?
18 **A.** Oh, yeah, we're still really good friends but, you
19 know ...
20 **Q.** And you would attribute that in large measure to
21 everything else that was happening because of your
22 health, the financial difficulties --
23 **A.** Yeah. I mean, there was a lot going on anyway, but
24 the health issues on top were, I think, just, you
25 know, the tip over the edge, if you like.

1 **Q.** Can I just ask you, then, your experience of the
2 trusts and schemes, the Macfarlane Trust in
3 particular.
4 You've talked in your statement about when you
5 were experiencing particular financial difficulties.
6 You tried to ask the Macfarlane Trust for assistance
7 with mortgage or with debt repayments. What happened?
8 **A.** Well, they said they couldn't help me, but they
9 actually sent I think it was somebody from the
10 Terrence Higgins Trust, somebody to talk about debt
11 management. But they came to visit me and -- but, to
12 be honest, they weren't any help at all. You know, it
13 was -- they talked about it, but they couldn't help me
14 financially in any way, they could only give me debt
15 advice, but -- and I could get that anyway. So
16 I didn't feel that was much help.
17 **Q.** And you said in your statement:
18 "My experience with the Macfarlane Trust was
19 that they would not consider anything until every
20 possible avenue was explored with other organisations
21 first. The whole process was just so degrading."
22 **A.** Yeah, it was. I mean, they -- you know, they insisted
23 on, you know, quotes -- various quotes for any --
24 anything that you want. I think the only thing I did
25 get out of them, from recollection, is I think I had

1 a part payment towards a Motability car, the advance
2 payment on my car. I think that was the only thing
3 I got out of them.
4 But other than that, it was just going through
5 the process of having to divulge all the -- you know,
6 all your income and expenditure. And the fact that
7 you had to divulge the income of other people as well,
8 that was in your household, you know, I was very
9 unwilling to do that, and I felt it was wrong they
10 were going to take into account the expenditure --
11 I had a -- I had a lodger living with me at the time
12 and, you know -- and she wasn't prepared to obviously
13 give out her financial information, and, you know,
14 I felt it was wrong that they should insist that,
15 because somebody was living under the same roof as
16 you, their income should be taken into account as well
17 as yours.
18 **Q.** And in terms of the Skipton Fund payments, although
19 you received the lump sum payments, the timing of the
20 stage 2 payment came too late to save your house from
21 being repossessed?
22 **A.** Yeah, it was, literally a month. I literally got the
23 payment a month after the house was actually
24 repossessed.
25 **Q.** And you'd said this in your statement, I just want to

1 read a paragraph from your statement, Lee.
2 **A.** Mm-hm.
3 **Q.** "As a result of being infected with contaminated blood
4 products I have lost my job, my home, my wife, my
5 ability to have children, the possibility of a decent
6 pension, life insurance, my future earnings potential,
7 had numerous serious health issues and who knows what
8 other health condition could be yet to materialise.
9 Ironically, the only thing I have gained is the cure
10 for Haemophilia, the very condition whose treatment
11 caused all the problems in the first place. Having
12 said all that, at least I am still here, against all
13 the odds, trying to live my life in the best way
14 I can."
15 **A.** That's fair.
16 **MS RICHARDS:** Those are the questions I have for you, but
17 I'm just going to first of all ask Mr Snowden, who
18 represents you, if he has got anything further he
19 would like me to ask.
20 Sir Brian, do you have questions for Lee?
21 **Questions from SIR BRIAN LANGSTAFF**
22 **SIR BRIAN LANGSTAFF:** Yes, just a couple of questions.
23 The first is that when you went to self-treat at
24 Treloar's, you described a chart.
25 **A.** Yeah.

1 **SIR BRIAN LANGSTAFF:** And that told you how many units you
2 would get for a certain percentage of Factor VIII in
3 your bloodstream.
4 **A.** That's right.
5 **SIR BRIAN LANGSTAFF:** Was this one chart for whatever
6 concentrate you had or were there different charts for
7 different brands?
8 **A.** No, there was one chart. I remember distinctly, it
9 depended on I think it was -- I can't remember if it
10 was based on body mass or something like -- or
11 something to do with surface area of your body.
12 I distinctly remember there was one chart for somebody
13 who was, let's say, smaller and then another chart for
14 somebody who was larger, shall we say. But that was
15 it. There was no differentiation between different
16 products or anything. It was all the same chart.
17 **SIR BRIAN LANGSTAFF:** So high potency would have exactly
18 the same as anything else, would it?
19 **A.** Um ... I don't know because I'd never had high
20 potency.
21 **SIR BRIAN LANGSTAFF:** Very well.
22 **A.** But I don't know how that was worked out.
23 **SIR BRIAN LANGSTAFF:** The other question is very
24 different. It really was, as counsel was summarising
25 in your own words everything that had happened to you,

1 I'd been reflecting that you've sat there in your
2 matter of fact way, described a whole series of events
3 happening to you all because not as you put it the
4 health issues on top -- I think they were underneath,
5 weren't they, everything that had happened to you?
6 **A.** Yeah.
7 **SIR BRIAN LANGSTAFF:** How have you managed it?
8 **A.** People often ask me that. I don't know. I've tended
9 to always have like a -- I try to have a positive
10 outlook on life. And, you know, it just, you know,
11 it's just another thing to battle with but I try not
12 to let it get me down. You know, I try to, you know,
13 put the problems at the back of my mind and try and
14 see something positive out of it. And that's the way
15 I've always lived. And I think maybe that's part of
16 the reason why I'm still here, because I haven't
17 allowed it to get me down. I haven't, you know,
18 tried -- I haven't really suffered from depression or
19 anything like that. You know, I just battle on, as it
20 were, and say oh it's just another thing. You know,
21 next. You know.
22 **SIR BRIAN LANGSTAFF:** And for someone who, when they were
23 at university, kept themselves to themselves because
24 of the fear of disclosing that you were HIV positive,
25 had seen relationships founder for that reason, and

1 when you came to the Macfarlane Trust, described
2 yourself as feeling it demeaning, degrading, that you
3 had to divulge all that information --
4 **A.** Yeah.
5 **SIR BRIAN LANGSTAFF:** -- why are you here sitting in the
6 chair there telling us all about what has happened to
7 you?
8 **A.** I just now feel that, you know, the story has to be
9 told, because, you know, we've all, all of us, both
10 the haemophiliacs at Treloar's and obviously the wider
11 infected blood community, it's, you know, I, you know,
12 I just had to -- I felt that I had to put it out there
13 along with, you know, along with others because I feel
14 it's important that people know how badly that we've
15 all been affected by this, you know, this, you know,
16 this -- having the infected blood. It's -- I just
17 needed to, you know, you need to hear, as you said
18 yourself, you know, you want to hear as many different
19 stories as possible, and I felt that mine was
20 something just a bit different from others.
21 **SIR BRIAN LANGSTAFF:** Indeed. Thank you.
22 **MS RICHARDS:** Lee, is there anything you would like to
23 add?
24 **THE WITNESS:** Yeah, I'd just like to read something if
25 I may.

1 Firstly, I'd like to pay tribute to all the
2 haemophiliacs of Treloar's. Many would say that we
3 put the life into Treloar's. Some would push the
4 boundaries while we were there but on the whole
5 I think we were a close knit bunch, and many close
6 friendships were formed between us. I personally
7 enjoyed my time at the school and kept in touch with
8 some of the staff after leaving. It was through them
9 that I started to learn that, one after another, the
10 haemophiliacs were dying of AIDS. I had a close call
11 too. But somehow managed to survive.
12 Out of the few of us that are left, struggling
13 on, some understandably just want to get on with their
14 lives. The rest demand the truth for all those that
15 they made a promise to get answers for.
16 We have heard clinicians from many Haemophilia
17 Centres give evidence. Unfortunately, most of the key
18 doctors at Treloar's are no longer alive, so
19 I appreciate that the job of the Inquiry is made more
20 difficult by having to piece together many incomplete
21 records and to rely on the reflections of those of us
22 who were there at the time.
23 As well as the families of those haemophiliacs
24 that have sadly passed, such as parents that should
25 never have had to bury their sons, I also want to

1 spare a thought for the students at Treloar's that
2 were not haemophiliacs who had formed close
3 friendships and relationships with the haemophiliacs
4 during this time, and also the care staff and teachers
5 who had little or no knowledge of what was going on at
6 the medical centre that were left to pick up the
7 pieces.
8 With the exception of one or two staff members
9 I lost touch with most of those I went to school with
10 after I left in 1987. It was only through reading
11 a local newspaper article in 2015 featuring the late
12 Steve Diamond and his wife Sue that I became aware of
13 tainted blood, and through joining them I was
14 reacquainted with several former school friends and
15 have also made lifelong friends with many others in
16 the group. This meant I no longer felt isolated and
17 we could talk about our experiences openly with people
18 who understand. Love you guys. And Steve, you really
19 were a diamond and are very much missed.
20 I also want to pay tribute to those who have
21 campaigned tirelessly for many years, including those
22 who have sadly passed, and those that gave evidence
23 a few weeks ago. It is in part down to their sheer
24 doggedness and determination that we now have
25 this Inquiry. So thank you.

1 I hope that the Inquiry can bring a closure to
2 all those who continue to suffer and, although it
3 cannot bring loved ones back or repair the damage
4 done, I hope that at least it may lead to some kind of
5 compensation to everyone infected or affected,
6 including bereaved parents and children who currently
7 get nothing.
8 I thank Sir Brian, the Inquiry team, and my
9 legal representatives for all the work so far and wish
10 the Inquiry well.
11 [Applause]
12 **SIR BRIAN LANGSTAFF:** It doesn't surprise me at all that
13 you've had the prolonged applause that you have,
14 because it's been obvious from your last remarks, as
15 it has throughout, that you have really sat there, a
16 fairly private person in many ways, saying what you
17 have about yourself as a matter of fact, because you
18 value other people. You haven't really done it for
19 yourself, I think you've done it for others. And that
20 I think is why you've had the recognition from
21 everyone here. And I just want to add my thanks to
22 you for, as you say, giving us another, different
23 story. Thank you.
24 **THE WITNESS:** Thank you.
25 **MS RICHARDS:** Sir, that's the last of the oral evidence

1 for today. This afternoon I will resume the
2 examination of the documents about Treloar's that I
3 began on Monday morning.
4 **SIR BRIAN LANGSTAFF:** Yes, well, we'll start that at 2.30.
5 So 2.30.
6 **(1.25 pm)**
7 **(The luncheon adjournment)**
8 **(2.30 pm)**
9 **Presentation by MS RICHARDS**
10 **SIR BRIAN LANGSTAFF:** Yes?
11 **MS RICHARDS:** Sir, we've looked on Monday at the annual
12 returns up to and including 1985. I'm not going to go
13 to any of the later annual returns but I'm going to
14 look next at some of the documents on a similar theme
15 exploring what products were used in what volume, and
16 if there was any discernible policy in terms of the
17 use of products.
18 If we start with TREL0000059_008, please.
19 This in fact is a letter about the use of
20 cryoprecipitate in May 1973 from a consultant
21 pathologist in Warwickshire to Dr Aronstam, and about
22 an individual pupil. But it's interesting to note, if
23 we pick it up halfway down that paragraph:
24 "One point which interests me is the amount of
25 Cryoprecipitate which I administered is rather less

1 than that given by yourselves. I have found that with
2 the admittedly relatively minor bleeds which [he] has
3 had here, a total of eight units given over two days
4 seems to control the haemorrhage adequately. If you
5 feel that it would be better to give larger doses
6 however, I will bring my treatment into line with
7 yours."
8 Again, that's an early indication of a theme
9 which emerges from some of the documents about the
10 volume of product used in reading pupils at the
11 school.
12 In terms of when concentrates were first
13 introduced, if we look at DHSC0100025_098.
14 This is an early reference or relatively early
15 reference to the use of concentrates. It's a letter
16 from Dr Rainsford to Dr Maycock, 18 March 1969, and it
17 refers in the first paragraph:
18 "Many thanks for your letter ... and for the six
19 bottles of dried concentrate. I certainly feel safer
20 now that we have something in reserve for emergency
21 purposes."
22 Then the letter continues with some information
23 about supplies to Treloar's. Dr Rainsford says in the
24 second paragraph:
25 "... the needs of the college for AHG now are no

1 heavier than they would have been before I came here
2 had the boys been adequately treated. I have no
3 information concerning any estimates having been made
4 for AHG before I ever came here. Furthermore, it is
5 only now that any accurate figures are available upon
6 which any estimate could be based."
7 It appears to be Dr Rainsford's view that there
8 had been under-treatment prior to his arrival at the
9 college, the school.
10 Then he says that he had:
11 "... discussed the supply of both cryoglobulin
12 and fresh frozen plasma with Zeitlin ..."
13 And that's a reference to the doctor at the
14 South London Transfusion Service, I think. We'll see
15 there a reply in a little while.
16 "... and at that time Zeitlin informed me that
17 his output of cryoglobulin could not exceed more than
18 100 bags a week. He did, however, agree to supply me
19 with 15 bottles of fresh frozen plasma and 24 bags of
20 cryo twice weekly. He has, however, not always been
21 able to maintain this. I now find that the bottles of
22 fresh frozen plasma we receive from Zeitlin only
23 contain approximately 300ml and I had assumed that
24 they would contain 450ml. Each case needing treatment
25 requires on an average 900ml of FFP or 9 bags of cryo.

1 Our records over a period of six months show that we
2 have on an average three cases to treat a day. You
3 will realise, therefore, how very short we are of
4 these materials and we often have nothing in reserve
5 should an emergency arise, except what you supply in
6 the way of dried concentrate.
7 "Personally I feel 100 bags of cryo a week is
8 a ridiculously small output for a whole Region,
9 especially so when it is remembered that one case
10 requiring open surgery could mop up the whole of it."
11 That gives some insight into Dr Rainsford's
12 approach as at 1969.
13 In terms, then, of evidence from individual
14 witnesses who attended the school, there are witnesses
15 who recall receiving fresh frozen plasma in the late
16 sixties at Treloar's, and then starting to receive
17 cryoprecipitate, '69, '70, '71. Then there is
18 evidence of pupils receiving concentrates as treatment
19 from about 1972 predominantly.
20 We'll look at some of the studies when we come
21 on to research later in the week. But there are
22 references to pupils receiving prophylactic trials of
23 Factor VIII in around 1973. Then, as we saw from the
24 annual returns as we go through the 1970s, the use of
25 factor concentrates increases substantially.

1 If we can then look, please, at HHFT0000916_003.
2 This is at the end or towards the end of the
3 1970s now and it's an exchange of correspondence
4 between Dr Craske and Dr Aronstam that we've looked at
5 previously, but not necessarily in the context of
6 focusing on what it means for Treloar's.
7 So 10 May 1979, Dr Craske wrote to Dr Aronstam
8 in the terms we see set out here, with, in the
9 second -- well, I'll pick it up actually in the first
10 paragraph:
11 "You'll be aware that the study of NHS
12 Factor VIII has now been going for almost a year; I've
13 not so far been notified of any cases of hepatitis in
14 patients treated with the designated batches used in
15 this study. Perhaps you could unless let me know
16 whether in actual fact you have had any cases after
17 these batches.
18 "I would suggest that for the second year of the
19 study some of this material should be used to treat
20 mild haemophiliacs coming up for non-urgent operations
21 such as tooth extraction. We found out from
22 observations at Oxford this is the best way of finding
23 out whether the material is associated with cases of
24 hepatitis, as most patients treated under these
25 circumstances will be susceptible to non-A, non-B

1 viruses in the transfused material.
2 "I am aware that you may prefer to use
3 commercial concentrate for some patients in this
4 class, but it would provide valuable information if
5 you could use some of the material issued in the way
6 I have suggested."
7 Then we have a handwritten entry at the bottom:
8 "I realise that the above suggestion does not
9 apply to the LMT boys."
10 Then we've looked again previously at
11 Dr Aronstam's response but if we can look at it again,
12 HHFT0000916_002. This is Dr Aronstam's letter to
13 Dr Craske of 14 May 1979:
14 "We have not had any cases of hepatitis
15 following NHS Factor VIII. As far as your suggestion
16 about transfusing mild haemophiliacs with this
17 material is concerned, I totally disagree with this
18 concept. I do not wish any of my mild haemophiliacs
19 to develop hepatitis in any form and therefore adopt
20 the policy of either using DDAVP or Cryoprecipitate."
21 Pausing there, it needs to be borne in mind of
22 course that Dr Aronstam was responsible not just for
23 the treatment of the pupils at Treloar's but for the
24 treatment of the population more generally in the
25 local area. And the Centre, whilst located at the

1 school, was a Haemophilia Centre which treated people
2 who were not pupils at the school.
3 We're not aware of there being, in any
4 significant number, if in any number at all, pupils
5 who were mild haemophiliacs.
6 **SIR BRIAN LANGSTAFF:** It will be counterintuitive to think
7 they would be there.
8 **MS RICHARDS:** It would.
9 **SIR BRIAN LANGSTAFF:** Because there would be no reason for
10 them not to be in mainstream education.
11 **MS RICHARDS:** Precisely. And perhaps implausible to think
12 there would be many local education authorities
13 willing to fund a placement at a boarding school for
14 someone with mild haemophilia. And certainly, not
15 just from the oral evidence we've heard, but in terms
16 of the records that the Inquiry has examined, they
17 have related invariably to patients with severe
18 haemophilia.
19 **SIR BRIAN LANGSTAFF:** So this response is not Dr Aronstam
20 taking a stand on behalf of his boys, but on behalf of
21 his adult mild haemophiliac patients?
22 **MS RICHARDS:** That would certainly seem to be the logical
23 deduction, sir, yes.
24 **SIR BRIAN LANGSTAFF:** Yes.
25 **MS RICHARDS:** With regard, then, to the students at the

1 school with severe haemophilia, there does not appear
2 to have been any specific policy in place in terms of
3 how to treat them. We've seen from the annual returns
4 very significant volumes of factor concentrate used
5 and a range of different commercial concentrates as
6 well as NHS concentrate as well.
7 And there doesn't appear to be anything,
8 certainly not in any of the documentation we've seen,
9 which suggests any particular type of policy of
10 reserving one particular type of concentrate for one
11 particular type of pupil or limiting pupils' exposure
12 to concentrates, or limiting pupils' exposure to
13 multiple batches. On the contrary, the evidence
14 appears to suggest very much the opposite in relation
15 to that.
16 If we look at that again, again in terms of just
17 trying to get an understanding to Dr Aronstam's
18 approach to treatment, IPSN0000331_008.
19 This is a file note of a meeting dated
20 31 August 1978. The meeting is said to have taken
21 place on 25 August 1978. It's a meeting between,
22 I think, the director of Speywood or a representative
23 of Speywood and Dr Aronstam.
24 It says in the first paragraph:
25 "Tony Aronstam, one time Haematologist at LMT,

1 returned from a spell in New York last summer, as
2 Director in charge of the whole unit and also the
3 Haematology/Pathology facility at Basingstoke.
4 "All orders for the Wessex area are processed
5 through the buying office in Winchester, but Aronstam
6 makes the decisions, as he is by far the biggest user.
7 His first requirement is convenience of
8 administration, since they can often have 15 infusions
9 to give at a time. The six months study of all
10 commercial concentrates last year showed Hemofil and
11 Factorate to be better than Koate in this respect. In
12 his opinion, solubility is slower with our product.
13 It is worth going back, if we can provide evidence to
14 the contrary."
15 Then in the next paragraph there is a discussion
16 about Dr Aronstam's methods of treatment of patients
17 with inhibitors and a reference to including Hyate in
18 their considerations, a reference in the next
19 paragraph to Dr Aronstam being interested in the PE
20 material. I think that's the polyelectrolyte
21 material, and:
22 "He believes animal [presumably a reference to
23 the porcine product] has a place in treatment, but has
24 never used it."
25 Then perhaps we don't need to go back to this

1 document, we can just pick up a couple of other
2 themes, it says:
3 "He mentioned Rizza's theory for the treatment
4 of inhibitors, by giving frequent low doses of human
5 Factor VIII. This is said to reduce the inhibitor
6 level.
7 "I referred to the hepatitis problem with Armour
8 material, but this was discounted. Aronstam believes
9 hepatitis is strictly a function of the number of
10 doses given and said that 48 of his present patients
11 at LMT have had it and it frequently recurs."
12 Again, obviously, I'll come back to issues about
13 hepatitis at a later stage.
14 So that is a report, and obviously it's
15 secondhand, but a report saying that Dr Aronstam's
16 first requirement was convenience of administration,
17 and then express preference for Hemofil and Factorate.
18 Then if we go to the witness statement of
19 Dr Painter, which is WITN5277001.
20 And Dr Painter, you will recall, was a clinical
21 officer within the Hampshire Health Authority and
22 working at Treloar's for a period between 1977 and
23 1978. If we go to paragraph 17, I think it is -- it
24 is the top of page 9, please, Soumik.
25 So he was asked about how decisions were taken

1 about what products to use for individual patients and
2 he said this:
3 "Apart from pupils who had been enrolled in the
4 'hepatitis study' (started before I took up post)
5 I don't know how decisions were made as to which
6 product someone should receive. I imagine it was
7 dictated to a certain extent by what material was
8 available at Treloar's at any given time.
9 "When it came to the concentrates, Hemofil was
10 the preferred option because it went into solution
11 more quickly than the others especially the 'Lister'
12 product which could take up to 20 minutes or more to
13 dissolve if I recall correctly."
14 Sir, that's consistent with what we saw in the
15 Speywood note of a recollection that convenience of
16 administration was a factor at least.
17 The evidence that we've heard this week, the
18 evidence we've heard previously from Treloar's pupils,
19 and the annual returns, all indicate that individual
20 pupils were given a variety of products, and we can
21 just look at a handful of further documents by way of
22 example.
23 If we start with TREL0000328_077, please. We
24 see here April 1979, a letter from Dr Swinburne to a
25 doctor in Scarborough. It refers to the patient

1 having come to see Dr Swinburne. She'd studied his
2 treatment records from Lord Mayor Treloar, and then we
3 can see the reference in the second paragraph:
4 "I note that he received a variety of products
5 at school, sometimes three different products within
6 2 or 3 days."
7 If we go to TREL0000056_014, this is -- again,
8 this is a different pupil. This is in relation to the
9 mid-1970s and we can see there Kryobulin, Kryobulin,
10 different batch of Kryobulin, and then Lister, two
11 different batches, and then a further two different
12 batches of Kryobulin, and so on.
13 And then if we look a little further down the
14 page, yes, sir, we can see, over a period of number of
15 weeks, a range of --
16 **SIR BRIAN LANGSTAFF:** Yet if we look at the bottom of the
17 page, where we skipped -- can we just go up? Keep it
18 there, please, Soumik.
19 At 27.5.75, part of the Kryobulin is the
20 batch 09N6974, and then that appears to be still
21 available on 1 July when it's given then.
22 **MS RICHARDS:** Absolutely.
23 **SIR BRIAN LANGSTAFF:** So it's part used, part reused.
24 **MS RICHARDS:** Yes. Yes. And there's appears to be no
25 obvious design in terms of trying to adhere to or

1 limit exposure to multiple batches, multiple donors,
2 different types of concentrate.
3 **SIR BRIAN LANGSTAFF:** Well, quite the reverse.
4 **MS RICHARDS:** Yes.
5 **SIR BRIAN LANGSTAFF:** And it may fit with one of the
6 reasons I asked the question I did of Lee Stay, was
7 that it appears that all commercial concentrate, all
8 concentrates were treated in exactly the same way when
9 it came to how much you needed, so you could pick and
10 mix.
11 **MS RICHARDS:** Yes.
12 If we could go to WITN1592011.
13 This, I think, is a document that we looked at
14 when Richard Warwick gave his evidence in 2019 but we
15 can see it's a letter from Dr Aronstam to Dr Swinburne
16 dated 23 April 1979, and we can see in the first
17 paragraph it says:
18 "Thank you for sending me a copy of the letter
19 you wrote to Dr Whitehead in which you state that you
20 think it would be wise for us to stick to one product
21 and suggesting Hemofil.
22 "Since Richard has been with us, he has received
23 a total of 208 transfusions. The material he has
24 received is broken down as follows ..."
25 Then we can see:

1 "Kryobulin 80
2 "Lister 73
3 "Factorate 24
4 "Hemofil 16
5 "Koate 15"
6 Then the view that is expressed in the final
7 paragraph says:
8 "However, his ability to take over 200
9 transfusions of concentrate without any reaction
10 suggests that there is not really a problem here and
11 in view of the difficulties we experience in supplying
12 replacement material for 55 severe haemophiliacs,
13 I would prefer not to confine Richard to a single
14 Concentrate."
15 So again, there an express rejection of
16 a proposal being made to confine exposure to a single
17 concentrate and saying don't want to do that, and
18 referring again to questions of what might be regarded
19 as convenience in terms of having 55 patients to
20 treat.
21 **SIR BRIAN LANGSTAFF:** Yes.
22 **MS RICHARDS:** Again, I won't put every document on screen
23 but we've got multiple witness statements from either
24 those who were at Treloar's or those who are the
25 relatives of individuals who attended Treloar's, which

1 tell the same story.
2 Sir, we have, for example, a statement -- well,
3 actually I will put it up.
4 WITN1353001. We can go to page 2.
5 This is a statement from a widow talking about
6 her late husband Charlie, and in paragraph 8 she says:
7 "From September 1979 to July 1988, Charlie
8 attended the Lord Mayor Treloar College ... where he
9 was treated with Hemofil, Factorate, Koate and Lister
10 and Kryob", so Kryobulin.
11 So there within a single school year we see
12 reference to five different types of concentrate being
13 used.
14 Then if we go to WITN1202001. If you haven't
15 got it, don't worry.
16 If you go to the third page, we can just see, if
17 we look at paragraph 14, it refers again to attendance
18 at Treloar's.
19 "This shows that I was receiving various brands
20 of [Factor] VIII products from as early as May 1974,
21 when I received Hemofil. Whilst at Treloar [this was
22 someone who left in 1978] I was also treated with
23 Lister Concentrate, Kryobulin, Koate and Factorate."
24 So the recollection of individual witnesses is
25 entirely consistent with the inferences that you might

1 wish to consider drawing from the annual return data
2 that we looked at.
3 We saw yesterday during --
4 **SIR BRIAN LANGSTAFF:** The total number being treated for
5 severe haemophilia was very little different from the
6 total number in quite a number of other centres we've
7 looked at, is it not?
8 **MS RICHARDS:** That's absolutely right. It might be
9 thought of as a middle-sized centre, perhaps.
10 **SIR BRIAN LANGSTAFF:** Admittedly they may have been rather
11 less moderate and mild.
12 **MS RICHARDS:** Yes.
13 **SIR BRIAN LANGSTAFF:** But none of those other centres
14 appear to have had any particular difficulty in
15 maintaining one commercial product, sometimes two for
16 the sake of making sure they didn't run out of supply
17 throughout the whole period, did they?
18 **MS RICHARDS:** Well, it's a mixed picture but that's
19 certainly true of some centres. There are other
20 centres where, again, there appear to be multiple
21 different products being used. Of course, what's
22 significant, or perhaps of significance here, to bear
23 in mind is that we're dealing with the treatment of
24 children.
25 **SIR BRIAN LANGSTAFF:** Yes. But the question is one of

1 whether the -- this was effectively chosen at one
2 inference being for convenience, or whether it was
3 forced upon the centre, because they couldn't get
4 enough products, and so had to pick and mix
5 themselves. But given the way in which the products
6 were used interchangeably almost for individuals,
7 despite obviously having the product in stock, it's
8 difficult to draw that conclusion, I think.
9 **MS RICHARDS:** Yes. We'll look in a few minutes at some
10 documents which show Dr Aronstam raising concerns
11 about insufficient supplies of NHS concentrate.
12 Whether he was unable to obtain a sufficient supply of
13 a single concentrate, there's no particular evidence
14 to show that he was, but the documentation doesn't
15 address that one way or another.
16 But if one assumes, as it were, that perhaps
17 that was the situation, and he had to buy a range of
18 different commercial concentrates or the centre had to
19 purchase a range of different commercial concentrates,
20 what one then doesn't see is any attempt to say,
21 "Well, I've got enough Kryobulin to treat 12 patients
22 of my 55, those 12 will only get Kryobulin. The next
23 12 will only get Hemofil. The next 12 ..." other than
24 when it comes to certain pieces of research and study,
25 and we'll look at that later in the week, then it does

1 appear to have been possible, at least for periods of
2 time, for the purposes of study and research to
3 maintain pupils on a particular concentrate.
4 But other than that, it simply doesn't appear
5 that there was any attempt to do so at any stage.
6 **SIR BRIAN LANGSTAFF:** And if there was a problem with
7 commercial supply, you'd expect to see that in the
8 Winchester purchase orders.
9 **MS RICHARDS:** Yes, or expected to see something which
10 articulated that as a particular difficulty.
11 **SIR BRIAN LANGSTAFF:** And if it applied to Hampshire,
12 Winchester, then you'd expect there to be evidence of
13 that sort of problem affecting other parts of the
14 country.
15 **MS RICHARDS:** Yes. And although there are from time to
16 time shortages of particular products we see over the
17 years, again, there isn't anything, given the whole
18 stretch of period that we're looking at in relation to
19 Treloar's, that would suggest that that's an
20 explanation for the approach that was adopted here.
21 **SIR BRIAN LANGSTAFF:** Well, at the moment it looks as
22 though the probable conclusion from this, again,
23 subject of course to what anyone wishes to submit to
24 me, is that this was a choice made for whatever reason
25 by the administration at Treloar's, at the centre.

1 **MS RICHARDS:** Yes.
2 And then -- and we can take that down, thank
3 you, Soumik.
4 As we heard yesterday during the evidence of
5 John Peach, you'll recall the letter we looked at from
6 Oxford inviting Treloar's to continue to use
7 NHS concentrates, to reflect the fact that that's
8 what Leigh had been treated with at Oxford.
9 And then we saw what in fact happened was
10 treatment with multiple concentrates and multiple
11 commercial concentrates.
12 On a similar theme, there's another example of
13 that. If we look at TREL0000175_090.
14 Sir, this another letter from Dr Rizza,
15 21 November 1978. It's about different pupils.
16 "Thank you for your letter of 10 November about
17 the above boys who are interested in learning self
18 therapy.
19 "I have not seen any of those boys for some time
20 now and providing you think they have grown to be
21 sensible and responsible individuals, I see no reason
22 why they should not go ahead to administer treatment
23 themselves."
24 "On looking through our records I see that none
25 of the boys has Hepatitis B antibody and that they

1 have all been treated mainly with NHS factor VIII
2 although [then one is identified] has had the
3 occasional dose of Armour. I think if possible they
4 should receive treatment with the NHS material."
5 So a similar request to the request we looked at
6 yesterday in relation to Leigh Peach.
7 If we then look at TREL0000036_004.
8 This is a document which relates to one of the
9 pupils who was the subject of Dr Rizza's letter, and
10 although we can see on the first page that the
11 treatment is with the Lister material, and likewise on
12 the second page, if we look down the bottom of the
13 second page we start to see use of Hemofil. And then
14 if we go to the next page, what we see is Hemofil and
15 then Factorate, and that continues over the page.
16 It's then predominantly Hemofil.
17 And then if we go to the next page -- these are
18 not in date order -- we see Koate and Hemofil.
19 If we go to page 7, we can see a range of
20 different products -- this is all the same pupil --
21 Hemofil, Kryobulin, Koate, Lister.
22 If we go on to page 9, Hemofil and Factorate.
23 So in fact, I think before that letter from
24 Dr Rizza had been written in relation to this pupil in
25 any event, the pupil had already been given commercial

1 concentrates but certainly that pattern then
2 continued, and there doesn't appear to have been any
3 attempt to accede to Dr Rizza's suggestion of adhering
4 to NHS concentrate.
5 Then moving on from the question of using
6 a range of different concentrates to the question of
7 how much concentrate overall was used, if we can pick
8 matters up in Dr Aronstam's thesis, TREL0000517.
9 If we can turn to page 106, we can see, bottom
10 of the page, Dr Aronstam says:
11 "During the years of the study the amount of
12 therapeutic material used [and this is at Treloar's]
13 rose by a factor of 2.5 from 561,640 units of
14 factor VIII in 1973 to 1,153,340 in 1977 ..."
15 Then there's reference to the table showing the
16 average weight of haemophiliacs and so on.
17 "The annual usage of Factor VIII [this is four
18 lines from the bottom of what we see on the screen]
19 per bleed has risen from 879 in 1973 to 1045 in 1977,
20 a factor of 1.2."
21 Then he refers to this increase being sustained
22 in the years '77 from '75.
23 Then if we look at the next page, the table or
24 the first of the tables that was referred to in the
25 text is the table we see here, which shows numbers of

1 patients, and then units of Factor VIII there set out.
2 And we can see the increase over the years.
3 So an approximate doubling between -- no, not
4 a doubling, sorry, an increase between 1973 and 1977
5 in terms of the number of patients, from 39 to 51, and
6 then proportionately a rather greater increase in
7 terms of units of Factor VIII.
8 **SIR BRIAN LANGSTAFF:** Yes, it's -- roughly, '77 is one and
9 a third times as many patients. It's getting on for
10 three times, not quite, the amount of Factor VIII. So
11 the individual amounts given has shot up.
12 **MS RICHARDS:** Yes.
13 Now, it's right to note, if we go to page 112 in
14 this document, Dr Aronstam says in the second
15 paragraph that:
16 "Over the five years of the survey the number of
17 bleeding episodes more than doubled."
18 Then he says:
19 "Treatment policy remained the same, the
20 presumption being, therefore, that the haemophiliacs
21 entering the College towards the end of the period
22 were more severely affected."
23 And then at the end of that paragraph he says:
24 "The College is probably now only seeing the
25 worst cases which cannot be managed at home ..."

1 If we look at the next page there's
2 a description of Dr Aronstam's or the College's
3 policy. This is specifically now looking at
4 particular types of bleed. If we pick things up --
5 well, we can see the second line there:
6 "From 15 to 17 years the elbow was the commonest
7 site."
8 And so on.
9 So he's talking about bleeds into the arm, and
10 says this:
11 "However caused, the increase of bleeding into
12 the arm in severely affected adolescent haemophiliacs
13 between the ages of 10 and 17 should warrant special
14 measures to manage and where possible to prevent these
15 bleeds. In response to these findings present policy
16 at the College in treating elbow bleeds in pre or
17 early adolescence is to ..."
18 Then we can see:
19 "a) treat these bleeds vigorously."
20 That's the articulation of policy, then:
21 "b) pay scrupulous attention to restoration of
22 function.
23 "c) give limited prophylaxis when recurrent
24 bleeds occur ..."
25 Then:

1 "... a programme of physical treatment ..."
2 That gives again some insight into what
3 Dr Aronstam's approach may have been, one of wanting
4 to treat bleeds vigorously.
5 If we look at the bottom of the page, he
6 identifies the marked increase in the use of
7 therapeutic material at the Centre between 1973 and
8 '77, and then says:
9 "A large part of this can be accounted for by
10 the increased bleeding frequency of pupils at the
11 College."
12 That's the point made on the previous page.
13 It's obviously right to point that out. And if we go
14 over the page, and we pick it up at the top of the
15 page, second line, he says:
16 "An increase in the number of transfusions
17 rather than the amount of factor VIII per transfusion
18 therefore accounts for some of the increased usage of
19 factor VIII."
20 If we go back to, in the same document, to
21 page 86, so this is an earlier part of Dr Aronstam's
22 thesis. And he says this, picking it up in the second
23 paragraph:
24 "As preparations of factor VIII became more
25 freely available, so reports of undesirable side

1 effects became more and more frequent, culminating in
2 the realisation that widespread parenchymal liver
3 disease appear to be a direct consequence of
4 transfusion therapy. Many other immediate and delayed
5 hazards have been described. While no really
6 convincing evidence has been presented to link the
7 majority of undesirable side effects to the quantity
8 of factor VIII transfused, it is logical to look for
9 the lowest dose of factor VIII likely to be clinically
10 effective."
11 So that appears to be an articulation of looking
12 at lower dosage. That doesn't appear to be borne out
13 by what we see elsewhere, either in terms of the
14 approach to individual patients or the overall policy
15 which is referred to in other documents as well of
16 vigorous treatment and prophylactic treatment.
17 **SIR BRIAN LANGSTAFF:** Can you remind me of the phrase
18 which he used? I think it is in the file note of the
19 meeting with Speywood, which would be IPSN something
20 or other, when he said he believed that hepatitis was
21 strictly a function of ... and I can't remember the
22 last few words.
23 **MS RICHARDS:** Yes. It's IPSN0000331_008. What he says
24 there bottom of the page is:
25 "... hepatitis is strictly a function of the

1 number of doses given ..."
2 **SIR BRIAN LANGSTAFF:** The number of doses. So his actual
3 view is, if we go back there to where we've just been
4 looking at 517_086, it's 0000517086.
5 **MS RICHARDS:** There's no underscore. It's just page 86,
6 Soumik.
7 **SIR BRIAN LANGSTAFF:** So if one puts the two together, he
8 has the view that the number of transfusions creates
9 the risk. The amount of each transfusion doesn't
10 necessarily but logically it might. That's how they
11 reconcile, presumably.
12 **MS RICHARDS:** Probably, yes.
13 **SIR BRIAN LANGSTAFF:** I mean otherwise they're saying
14 different things.
15 **MS RICHARDS:** Yes.
16 And then -- I'll be coming back to Dr Aronstam's
17 thesis in the course of the week, but again, on
18 similar themes about the way the Centre treated its
19 pupils, if we go to CBLA0003023.
20 This is a letter from Dr Stafford, the Devon
21 Area Health Authority, Plymouth Health District, to
22 Dr Maycock on 21 March 1978. And again it just
23 provides a snapshot which may illuminate the approach
24 at Treloar's. So it's a patient who has returned to
25 the care of Plymouth after leaving Lord Mayor Treloar

1 what's said to be last year, so presumably 1977.
2 What Dr Stafford says to Dr Maycock is this:
3 "With this in mind would you please help us.
4 Perhaps I might sketch the problem. Treloar had
5 a large research grant and were able to give the boys
6 740 units of Hemofil every alternate day. As the end
7 of his schooldays approached, they told him that this
8 form of prophylaxis would cease when he left school
9 and, when he came to us on his penultimate holiday, we
10 had quite a time trying to reassure him that he would
11 cover him. We had no choice, then, to continue the
12 Hemofil, since our supplies of Elstree preparations
13 were, and are, restricted. After some careful
14 negotiating [reference to the parents and The
15 Haemophilia Society] ... we cut his dose by half and
16 carried him through the latter part of last year with
17 a view to switching to Elstree products as soon as our
18 reserve stocks allowed us to use four bottles per
19 week. This we can now just manage."
20 It says in the next paragraph:
21 "... we have achieved the switch ..."
22 But the patient "still fails to have confidence
23 in our surveillance".
24 And then it says:
25 "We cannot fail to have in mind the financial

1 aspects of this contretemps ... Treloar were running
2 at over £20,000 annually, at the current price; we
3 were obliged, even with half that, to ask for
4 a specific grant from the local DMT to cover this
5 boy's therapy ..."
6 And he refers at the end of the letter to having
7 written to Dr Aronstam to enter a mild protest at our
8 predicament.
9 But then that is an indication, as I say by way
10 of snapshot, to two very different approaches to
11 treatment: a large amount of treatment by way of
12 Hemofil, so commercial concentrate, every alternate
13 day on a prophylactic basis at Treloar's; and then
14 a much lesser volume given once the patient has
15 returned to the home area.
16 Then if we can see a letter from Dr Aronstam
17 himself, at TREL0000072_029, 18 May 1979, to
18 Professor Ingram at St Thomas'. This is about
19 a different pupil.
20 We can see in the second paragraph Dr Aronstam
21 says:
22 "Traditionally at Treloar's, we have used a 20%
23 rise for simple, uncomplicated haemarthroses and a 30%
24 rise for complicated haemarthroses and muscle bleeds."
25 And he says in the last sentence of the

1 paragraph:
2 "We have also noted in a recent survey, which is
3 awaiting publication, that muscle bleeds on the whole
4 require more transfusions per bleed than joint
5 bleeds."
6 Then this:
7 "I am aware that there are many publications
8 around at the moment extolling the virtues of lower
9 doses of Factor VIII. All I can say, is that I have
10 yet to see anything that could be hard data and the
11 results must be classed as anecdotal."
12 Then he goes on to refer to his own double blind
13 controlled trial of three different doses in the
14 management of haemoarthrosis involving the major
15 joints, and again I'll come back to that when we look
16 at the research later in the week.
17 And then he says further down that paragraph:
18 "An interim analysis at this stage of about 100
19 elbow bleeds has shown convincing evidence that
20 treating elbows with the lower dose results in delayed
21 return of full motility (I also think that there is
22 accumulating evidence that the low dose is inefficient
23 in many other situations)."
24 And then he says it's apparent that when the
25 elbow is a target joint, the low dose is even more

1 harmful.
2 Then if we pick it up in the last but one
3 paragraph:
4 "As far as the prophylaxis dose is concerned,
5 our own studies have shown that a 30% dose for
6 prophylaxis is more efficient than the lower dose.
7 When using prophylaxis to protect a particular joint,
8 I think that a higher dose is always justified.
9 "Finally, I should point out that the
10 adolescents in my charge come to me at a greatly
11 changing stress on their joint. I believe that I am
12 the custodian of these joints during their time with
13 me and if I can send them from the College with their
14 joints intact, then I believe that I have done some
15 part of what I should. Because of this
16 responsibility, I think it would be wrong for me to
17 use unproven dosage schemes for any length of time."
18 Again, that may provide some insight into
19 Dr Aronstam's particular approach into treating
20 bleeds.
21 **SIR BRIAN LANGSTAFF:** Is there any indication anywhere in
22 how he selected those pupils at Treloar's who will get
23 the lesser treatment which he thought would be not
24 fulfilling his responsibilities?
25 **MS RICHARDS:** I'm not sure whether there is or not, sir.

1 Can I check? I'm going to come on to a number of
2 studies including this one later in the week --
3 **SIR BRIAN LANGSTAFF:** We'll look at it then perhaps.
4 **MS RICHARDS:** -- and see if we have that information or
5 not.
6 Then if we look -- then this goes back to the
7 question of overall usage of Factor VIII.
8 If we look at HHFT0001073, this is a report in
9 I think 1986 from the Treloar Haemophilia Centre to
10 the region. I'm going to come back to a lot of this
11 report at a later stage when we look more specifically
12 at the question of the response to AIDS.
13 But if we go to page 6, and we look at the
14 bottom half of the page, under the heading "Treatment
15 of Bleeding", Dr Aronstam says this:
16 "The annual use of Factor VIII, which peaked in
17 1984, has decreased by one-third since then, although
18 the number of bleeding episodes treated has not
19 altered significantly. Table 1 also shows very little
20 change in the total number of transfusions given and
21 that the number of transfusions per bleed is largely
22 unchanged. We have, however, significantly reduced
23 the average amount of Factor VIII given per
24 transfusion."
25 So this is post-1984, is what he's saying, they

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1 have reduced the average amount of Factor VIII given.
2 Then he says:
3 "This is due to a combination of factors.
4 Firstly, our intensive regimes in the early 1980s have
5 improved joint and muscle states and bleeding episodes
6 are less severe and less frequent, thus requiring less
7 Factor VIII. We have also studied the responses to
8 treatment over the years and have learned the minimum
9 doses which are needed in different situations."
10 Can I then move to a slightly different topic,
11 which is just to look at, first of all, mechanics of
12 supply, and then to look at concerns raised by
13 Treloar's about shortages of supply.
14 So in terms of mechanics of supply, we looked
15 earlier this afternoon at that letter in 1969 from
16 Dr Rainsford to Dr Maycock thanking him for
17 a provision of an early and emergency supply of
18 freeze-dried concentrates. And he referred in that
19 letter to concerns about the limited supply of
20 cryoprecipitate he'd been receiving.
21 If we just look at a letter from the Dr Zeitlin
22 referred to in Rainsford's letter. It's at
23 DHSC0100025_100.
24 And you'll see it's a letter of 20 March 1969,
25 National Blood Transfusion Service, South London

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1 Transfusion Centre. So Dr Zeitlin is the director at
2 the South London Transfusion Centre in Sutton and he's
3 writing to Dr Maycock:
4 "Rainsford sent me a copy of his letter to you
5 of March 18th. When I met him in September of last
6 year we agreed on the figures which he quotes, and
7 these have been maintained, with perhaps two
8 exceptions, when the St Thomas' demands were
9 exceptionally heavy. More recently Rainsford seems to
10 have reassessed his position and was asking for the
11 equivalent of 10,000 cryos a year. This, together
12 with our other quite heavy commitments, is quite out
13 of the question, and one wonders what happened to the
14 Treloar cases before he took over."
15 Then the next paragraph:
16 "Finally, Rainsford feels that 100 bags of cryo
17 a week is a ridiculous output for the whole region.
18 In point of fact the whole region (Wessex) is not
19 producing any!!"
20 That's the perspective of the Transfusion Centre
21 at that stage supplying Treloar's with its
22 cryoprecipitate.
23 If we go on a few years to 1974, OXUH0000652,
24 this is a letter from Dr Aronstam to the Department of
25 Health and Social Security to Dr Waiter there. And we

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1 can see from this that the source of supply now of
2 cryoprecipitate is now the Wessex Regional Transfusion
3 Centre, so no longer looking to receive a product, it
4 would seem, from South London. It says:
5 "Dear Dr Waiter,
6 "The Treloar Haemophilia Centre is based at the
7 Lord Mayor Treloar Hospital at Alton and services the
8 needs of fifty severely affected haemophiliac boys who
9 reside at the Lord Mayor Treloar College. In
10 addition, the Centre is responsible for the needs of
11 all other haemophiliacs in its catchment area, which
12 is the whole of the North Hampshire Health District.
13 "During 1973 this Centre used 900,000 units of
14 Factor VIII in the treatment of haemophilia. We used
15 approximately 650,000 units of Factor VIII as
16 Cryoprecipitate, 50,000 units as Fresh Frozen Plasma
17 and about 200,000 units as Human and Animal
18 Concentrate."
19 So this gives us a snapshot of the picture
20 before we have the annual returns available from 1976.
21 "Our official supply from the Wessex Regional
22 Transfusion Centre at Southampton is the equivalent of
23 10,000 bags of Cryoprecipitate or 182 bags per week
24 throughout the year. I have been repeatedly told by
25 Dr Smith that this is the absolute maximum production

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1 he is able to make available for me.
2 "The excess material we have used is the
3 equivalent of another 77 bags of cryoprecipitate
4 a week or 5,000 units of Concentrate per week. I have
5 had to obtain these extra materials from a variety of
6 sources often at very short notice and at great
7 difficulty to both myself and the sources. I have had
8 to beg for materials from other transfusion centres:
9 from the Lister Institute, from the Oxford Unit; from
10 the Bristol and Edgware Transfusion Centres and from
11 other Haemophilia Centres who have supplied me with
12 material unofficially. I have also had to, when all
13 else has failed, buy off the commercial market and
14 have spent about £1,000 in the past year.
15 "This situation is quite impossible. We are
16 never able to plan ahead and there is always the
17 danger that our sources, entirely unofficial, will dry
18 up leaving our large pool of haemophiliac boys without
19 any reserve therapeutic materials for emergencies. At
20 a recent Symposium attended by, amongst others,
21 Drs Rosemary Biggs and Katharine Dormandy, it was
22 agreed that the sort of work we are doing should be
23 supported and there should somehow be available
24 adequate therapeutic materials for this purpose."
25 Then the top of the next page:

1 "I have calculated that, on the commercial
2 market, our shortfall of Factor VIII would cost
3 £26,000 annually. I feel it imperative that our
4 supplies are guaranteed, especially as we are looking
5 after boys from all over the country and may therefore
6 be quite reasonably be regarded as providing
7 a national service. I should like to appeal to you to
8 make the necessary funds available so that, until
9 a guaranteed supply can be made available from within
10 the Health Service, we are able to buy all our needs
11 on the commercial market."
12 So you will see that's Dr Aronstam's stance as
13 at 1974. Clearly wanting to maintain what he regarded
14 as the necessary supply for the treatment of the
15 pupils at Treloar's and indeed for the treatment of
16 the haemophiliacs in the wider catchment area.
17 So we can see at that point in time it would
18 appear that Dr Aronstam was able to make his own
19 purchases of commercial products, but his request was
20 for enhanced funding.
21 If we look then at OXUH0003765_020, we can see
22 that these are the "Minutes of Haemophilia Centre
23 Directors and Blood Transfusion Directors within the
24 Oxford Haemophilia Supraregion ... 19th June, 1978",
25 and the second attendee down is identified as being

1 Dr Aronstam.
2 There's a discussion now in 1978 about the issue
3 relating to supply at page 4, so we can see the
4 heading halfway down the page, "Supply of Therapeutic
5 Materials", and then if we look at the next paragraph
6 down:
7 "Dr Aronstam said that he was encountering
8 problems because of the change of policy over ordering
9 commercial [Factor] VIII. Initially he had ordered
10 the commercial [Factor] VIII on prescription directly
11 from the Commercial firms, but now he had to get it
12 via his Regional Blood Transfusion Centre and budget
13 ahead for how much he would need. He did not think
14 that he would be able to manage within his budget."
15 Then:
16 "Dr Smith [who I think was the Director of the
17 Wessex Transfusion Centre] said that he did not think
18 that there was any problem in the Wessex Region apart
19 from the one at Alton, which was a special case
20 because of the large number of haemophilic boys at the
21 College. He was awaiting the DHSS's reply to a
22 request for official recognition of the special
23 situation at Alton."
24 Then if we skip down two paragraphs, it then
25 says:

1 "The question was raised as to whether or not
2 Alton should send a bill to the other regions for the
3 [Factor] VIII used by boys at the College. This was
4 discussed but thought difficult as the NHS did not
5 like to do cross-accounting and it would prove very
6 difficult to organise this for Alton in isolation.
7 "There was a strong feeling amongst the
8 Directors that the DHSS be reminded of the continuing
9 shortage of NHS freeze-dried factor VIII and of the
10 continuing need to buy commercial factor VIII."
11 So that's the discussion in 1978. Then if we
12 just go back, I'm going to slightly earlier in the
13 1970s.
14 There's a letter from Dr Aronstam, PRSE0002515.
15 This is looking at shortages on a national
16 scale, and what he viewed as under-treatment,
17 effectively, or insufficient treatment being therefore
18 possible on a national scale and not simply looking at
19 the position of Lord Mayor Treloar College, although
20 he refers to it in his letter.
21 So it's a letter from Dr Aronstam -- I'm so
22 sorry. It's a letter from Dr Biggs -- my apologies --
23 to The Lancet, June 29, 1974, about the national
24 picture.
25 Then if we pick up the reference, bottom half of

1 the page, to Treloar's. We can see it's about ten
2 lines up from the bottom. It says:
3 "Even with dire economy, some centres have been
4 hard pressed to maintain minimum treatment. For
5 example, the treatment of the boys at the Lord Mayor
6 Treloar College at Alton in recent years has been
7 maintained against a background of begging and
8 borrowing from other centres from one week to the
9 next. Were the school not supplemented in this way,
10 it is calculated that there would be a deficit of
11 about 260,000 factor VIII units annually."
12 So it -- contrary to what one might think is the
13 picture which emerges from other documents including
14 the returns, which appears to show very substantial
15 volumes of concentrates being used, the perspective of
16 Dr Aronstam apparently shared by Dr Biggs and perhaps
17 some of the other Directors does appear to be that
18 there is insufficiency for Treloar's to perhaps treat
19 pupils as much as it would like.
20 Then the letter from Dr Biggs continues with an
21 overall expression of concern about what's said to be
22 insufficiency of NHS product and, therefore, the need
23 to supplement that by reference to the purchase of
24 commercial products.
25 If we then go to DHSC0100005_159, this is a --

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1 sorry, go to the second page.
2 This, again, looks at the picture in the early
3 part of the 1970s, so it's:
4 "Anti-haemophilic Factor Issues 1970-74 ...
5 Principal Users."
6 We can see it gives a pattern of usage from 1970
7 through to the first half of 1974, and figures for
8 a number of centres.
9 We can just pick up the picture in relation to
10 Treloar at the bottom of the table. So we can see the
11 figure there given, 38, then 34, 66, and then by 1973,
12 497, and then the 504 for January to June is not to be
13 doubled, but is representative of what's said to be,
14 extrapolating, likely to be the annual usage for that
15 year.
16 So, again, for that period when we don't have
17 the annual returns, it appears to show a significant
18 increase in terms of product usage in that first part
19 of the 1970s.
20 And if we just go back to the whole table, we
21 can see, for example, Treloar's comparing very
22 similarly to the Royal Free in terms of what's
23 anticipated for 1974. The Royal Free are a much
24 larger centre, albeit I don't think we have figures
25 for the number of severe haemophiliacs at that point

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1 in time at the Royal Free.
2 But significantly more, by way of example,
3 than -- or some more than it seems to be anticipated
4 for use at large centres such as Manchester Royal
5 Infirmary.
6 And then there's another letter -- sorry, I'll
7 find it in a moment -- at CBLA0000219.
8 This appears to be an example of what was
9 described as the begging and borrowing. So this
10 a July '74 letter from Dr Aronstam to Dr Maycock.
11 "Thank you for your letter offering to provide
12 five bottles of this material per week. As you know,
13 this is not the answer but it is certainly a help and
14 I would be very grateful for this to be instituted as
15 soon as possible.
16 "May I take it that I can still try to obtain
17 more as dire needs arise?"
18 If we look, however, at CBLA0000745, we get
19 a slightly different picture here. So this is
20 March '78, Dr Aronstam to Dr Stafford. Again, it's in
21 the context of an individual patient but it's the
22 wider points being made by Dr Aronstam that are of
23 interest.
24 Picking it up in the second sentence of the
25 second paragraph:

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1 "You may be interested to hear that we now use
2 prophylaxis routinely in many clinical situations, and
3 we feel that it can be of positive benefit when some
4 of our boys are going through difficult patches.
5 "We are obviously more fortunate than you in
6 that the Wessex Region is supplying us with all
7 material we need for our admittedly enthusiastic
8 programme. The climate with regard to prophylaxis
9 appears to be changing and I do hope the wind of
10 change blows your way fairly soon."
11 As well as putting perhaps a slightly different
12 complexion, at least by 1978, on the concerns
13 expressed earlier in the seventies on the issue of
14 supply, it may reflect the possibility that it's the
15 enthusiastic programme, to use Dr Aronstam's own term,
16 and the use of prophylaxis which may be leading to
17 Dr Aronstam, or the Centre more broadly, at various
18 stages saying, "We don't have enough, we need more."
19 If we then look at a letter the following year,
20 again, it perhaps gives yet a different perspective.
21 It's HHFT0001062.
22 Here we have Dr Aronstam writing on
23 19 November 1979 to the regional medical officer in
24 Winchester, expressing difficulties in terms of
25 getting sufficient resources. So it says:

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1 "Following our conversation last week I have
2 been looking into ways of conserving resources.
3 I have explored several avenues with mixed success:
4 "1) I have attempted to switch to the cheaper
5 brands of commercial concentrate, but have been
6 frustrated because the transfusion service has bought
7 its stocks up to the end of the financial year and no
8 amount of switching on my part will save any money.
9 "2) I have approached my biggest supplier of
10 concentrate and asked them to cut their price. They
11 have responded by offering a certain amount of free
12 material over the next few months, but for the reasons
13 mentioned above, this again will not save any actual
14 hard cash.
15 "3) I have asked BTS to supply me with more NHS
16 cryoprecipitate which would save money on commercial
17 concentrate, but is much less convenient for us to
18 use. However, I have been frustrated in this too
19 because of a Regional directive to send more plasma to
20 the Lister Institute to make NHS concentrate and there
21 is, therefore, less available for locally produced
22 cryoprecipitate. This double squeeze is perhaps not
23 appreciated by yourself, but the two aims of a) using
24 more cryoprecipitate and b) sending more plasma to the
25 Lister Institute are not compatible.

1 "4) ..."
2 "And then this refers back to the double blind
3 controlled trial:
4 "... We have recently complete a double-blind
5 controlled trial in the treatment of hemarthrosis and
6 I am able to from this work halve the dose of
7 factor VIII which we are giving for ankle bleeds. In
8 the long term this should result in substantial
9 savings."
10 And he refers to a paper.
11 "5) I have, in addition, enjoined the College
12 academic staff to institute more severe discipline in
13 the hope that spontaneous bleeds may be reduced in
14 frequency. This goes very much against my views on
15 the management of haemophilia and I am bitterly
16 disappointed at having to resort to these measures.
17 In response to my appeal the headmaster is sending out
18 the enclosed letter to all parents."
19 And obviously I can ask the headmaster about
20 that tomorrow.
21 "6) Finally, the only other option left is to
22 under treat the boys. This I am in no circumstances
23 prepared to do and if all else fails and your mention
24 of curtailing on admission to the College would still
25 come about, I would like you to put in writing the

1 possible options and how you feel I can still save
2 money if all the above measures fail."
3 So again, provide some insight into
4 Dr Aronstam's thinking at the end of the 1970s,
5 although perhaps not very easy to reconcile with his
6 March '78 letter talking about being able to get all
7 the material they need for their admittedly
8 enthusiastic programme.
9 Sir, I note the time. We started late, but I'm
10 conscious I've been going for an hour and five
11 minutes, and I'm proposing to do a little more today,
12 but it may be that others would benefit from a break.
13 **SIR BRIAN LANGSTAFF:** Yes, well we'll take a break in that
14 case until 4 o'clock.
15 **(3.35 pm)**
16 **(A short break)**
17 **(4.02 pm)**
18 **SIR BRIAN LANGSTAFF:** Yes?
19 **MS RICHARDS:** Sir, there's just another four or five
20 documents on the topic of supplies, mechanics of
21 supply and shortages to look at before looking at some
22 documents relevant to the question of prophylaxis.
23 DHSC0002197_084 please, Soumik.
24 This is a letter written by Dr Aronstam dated
25 18 April 1980 to the British Medical Journal, and it's

1 on the topic of supply. It says:
2 "Dear Sir,
3 "re: Factor VIII Supply and Demand
4 "Both Biggs and Cash have estimated the
5 requirements of factor VIII in the United Kingdom to
6 be around 50,000,000 units per annum. Both these
7 authorities have based their calculations on the
8 annual usage of factor VIII up to and including 1975.
9 For reasons documented below, I believe this figure to
10 be now a very serious underestimate of future
11 requirements ..."
12 Then he gives his reasons:
13 "(a) An explosive growth in prophylaxis
14 (negligible in 1975 in the United Kingdom) has taken
15 place from 1976. The use of prophylaxis has been
16 shown to substantially increase the usage of
17 factor VIII, two to four times the amount of
18 factor VIII in current use being required for
19 a prophylactic programme.
20 "(b) The number of patients on home therapy in
21 the United Kingdom increased by one third in 1976.
22 Rizza has shown that patients on home therapy use 15%
23 more factor VIII than those on hospital-based
24 treatment. This increase in material usage may be
25 balanced out by the trend to lower dosages for early

bleeds treated at home. However, the 15% failure rate at low dosage which is not very different from the retransfusion rates for boys at Lord Mayor Treloar College, cannot be ignored. As the majority of bleeds occur into the knees, elbows and ankles, it is disturbing to contemplate the effect of lowering the dose of factor VIII still further in the 15-20% of joint bleeds which would have failed to respond even to standard dosage."

Then his point (c) refers to lengthening lifespan:

"The lengthening of haemophiliac life-span is likely to lead to a doubling of the haemophiliac population."

Point:

"(d) It is self evident that most haemophiliacs who were able to produce children in the past were likely to have been suffering from milder forms of the disease. Because the severity of the disease breeds true in families an improvement in survival and therefore of a reproductive capacity is likely to bias the haemophiliac population to the severer forms. As the severest 20% of the haemophiliac population use 80% of the blood resources, this will have a considerable impact on demand of factor VIII in the future."

Point (e) relates to the treatment of patients with inhibitors and he refers to:

"Patients with low inhibitors levels and low antibody response to treatment with factor VIII are now treated with high doses of factor VIII for almost all bleeds."

So those are the reasons that he identifies for considering that the Biggs and Cash estimate is a very serious underestimate.

Then he says this:

"It is apparent from my own experience that the National Health Service cannot provide more than a fraction of my needs for the treatment of 70 severe haemophiliacs. The shortfall is made up by the purchase of expensive commercial concentrates and it has been made plain to me that there will be pressures to cut the amount made available and in the foreseeable future no prospect of any increase. If this situation is reflected nationwide, and I have no reason to believe that it is not, then the escalating requirement must shortly overtake the diminishing resources and create a major crisis in the expectations for haemophilia treatment.

"I think it is essential that we recognise and attempt to avert this approaching crisis. As it is apparent that the National Health Service facilities are incapable of processing enough of the voluntary donations from this country, surely we should explore the possibility of commercially successful private industries fractionating the material for the National Health Service. This approach would provide a glimmer of hope in what otherwise seems a very gloomy prospect."

As well as writing in those terms to the British Medical Journal --

SIR BRIAN LANGSTAFF: Was this published?

MS RICHARDS: Ah, do you know, I think it was, or his expectation was that it was. But we have it in this form, and I'll have to check.

But if we look at DHSC0002197_083, we can see on 30 April that Dr Aronstam wrote to Patrick Jenkin, Minister for Health and Social Security saying:

"I enclose a copy of a letter awaiting publication in the British Medical Journal. I think you may not be aware of the facts presented and possibly not of the commercial alternative to a therapeutic disaster."

And that is presumably a reference to what he says at the end of the letter about the possibility of asking commercial private industry to fractionate NHS material.

There was certainly a letter published in the BMJ from Dr Aronstam in September 1980. I'll need to compare the text. It's on the same theme but whether it was identical in text I'll need to check.

We know that because Dr Biggs -- I'm sorry, Dr Bidwell wrote to Dr Aronstam in response in October 1980, taking issue with some of what he'd said, but I just want to pick up then on Dr Aronstam's own letter back to Dr Bidwell because our concern today is to learn more about the approach at Treloar's and, in particular, the approach of Dr Aronstam.

That's at CBLA0001199.

It's a letter of 10 November 1980 in response to Dr Bidwell's letter of 29 October, and you'll see she had used in her response phrases such as "ill-informed" and "half-truths", but I want to pick up what is said in the last paragraph:

"My main concern [says Dr Aronstam] is the provision of sufficient factor VIII for the adequate treatment of my patients and I remain concerned that there is still no prospect in sight of the National Health Service being able to provide me with sufficient factor VIII. I remain dependent on the

1 purchase of expensive commercial concentrate much
2 against my will."
3 Is what Dr Aronstam there said.
4 And then we've looked previously, I won't go
5 back to the document itself, at the UKHCDO meeting in
6 September 1980, at which there was a discussion about
7 the switch to the pro rata system of returns in terms
8 of what would be made available to the Haemophilia
9 Centre would depend upon what the local Blood
10 Transfusion Centre was able to send to BPL. But there
11 was a specific discussion that then followed about
12 what would happen for the Wessex region because of
13 Lord Mayor Treloar's -- what was said to be its
14 special position.
15 If we can go to CBLA0001294, this is a document
16 we looked at in part during the presentation on the
17 Belfast Haemophilia Centre because it contained
18 a discussion of the position in relation to Northern
19 Ireland. So it's a report for the advisory committee
20 on the National Blood Transfusion Service, and it's
21 a report, internal Department of Health report,
22 February 1981. We'll see the heading is:
23 "Pro rata Distribution of Blood Products", and
24 paragraph 1 says:
25 "As Members know, from 1 April 1981 it is

1 intended to introduce a system of pro rata
2 distribution of certain blood products to ensure that
3 [Regional Health Authorities] receive such products in
4 proportion to the quantity and quality of plasma sent
5 to ... (BPL) for fractionation."
6 So that was the general scheme. But if we go to
7 the second page, we can then see the specific
8 discussion in relation to how that scheme might apply
9 in Wessex. So if we zoom in at the top half of the
10 page -- thank you -- paragraph 5:
11 "Each RHA [Regional Health Authority] has at
12 least one Haemophilia Centre. However, Wessex RHA
13 faces a special problem regarding its level of
14 Factor VIII usage because of the Lord Mayor Treloar
15 Hospital. The Hospital might be more accurately
16 described as a residential school and its pupils (40),
17 all of whom are severe haemophiliacs, are drawn from
18 all over the country.
19 "6. Any system of special allocations must be
20 kept as simple as possible to avoid additional work
21 for BPL. One possible method of calculating such an
22 allocation for the Lord Mayor Treloar would be on the
23 following lines ..."
24 Then we can see what's set out.
25 "BPL produces 14 million [units] of Factor VIII

1 per annum for use in approximately 1,800 severe
2 haemophiliacs. Therefore a special allocation could
3 be made to the Wessex RHA (in addition to that due
4 under the pro rata distribution) of 7,500 [units] per
5 pupil. This figure could be reviewed annually to take
6 into account BPL's increasing production and changes
7 in the number of pupils in the Hospital. As
8 Appendix 1 shows under a strict application of pro
9 rata, Wessex [Regional Health Authority] would lose
10 approximately 288,000 [units] per annum. This system
11 would 'restore' 300,000 [units] to the region. Such
12 an allocation could be accommodated within the 20%
13 figure described above.
14 "7. The Secretariat acknowledges that this is
15 very much a 'rough and ready' assessment. However, a
16 more sophisticated basis of calculation, e.g. one
17 based on individual patients' needs or a system which
18 sought to take into account individual arrivals and
19 departures could place an additional administrative
20 burden upon BPL at a time when the pro rata system
21 itself will inevitably add to the Laboratory's
22 workload. There could also be difficulties in
23 defining patients' 'normal residence' when, as
24 sometimes happens, a patient's family moves to Wessex
25 to be closer to the Hospital."

1 Then if we look at the third page we can see,
2 towards the top of the page, under the heading,
3 "Summary", paragraph 10, that:
4 "The Committee's views are sought on ..."
5 And then a number of questions, but the first of
6 which was:
7 "a. whether a special allocation should be made
8 to Wessex RHA because of the Lord Mayor Treloar
9 Hospital ..."
10 And:
11 "b. If so, how might that ... be assessed ..."
12 And in terms of the decision that was made, we
13 can see it briefly referred to, we haven't got all the
14 underlying documents available today but if we just
15 look at CBLA0001341, we can see in this letter from
16 Dr Lane to the DHSS dated 24 April 1981, it says:
17 "I believe it is now agreed that the only
18 special provisions for factor VIII distribution are as
19 follows ..."
20 And the first there is the Lord Mayor Treloar
21 College. So the decision to have a special allocation
22 was thus approved.
23 The final topic on the question or, as it were,
24 under the heading of blood product usage and
25 approaches to treatment, is just to look a little bit

more at the question of prophylaxis.
Sir, we have seen in the oral evidence that we've heard this week various references to prophylactic treatment, and what we've seen this week is, as far as we can ascertain, pretty representative in terms of the approach to prophylaxis generally for other Treloar's pupils. So we've looked at the records, thousands of pages of documents, ultimately in terms of individual medical records of pupils at Treloar's, and we see prophylaxis, prophylactic treatment, as a regular feature of the treatment of the pupils at Treloar's.
Sir, I'm not going to go back then to any of the individual witness statements, but we've referred to a number of individual statements in our written note, in addition to those from whom we've heard orally, which discuss the use of prophylactic treatment, on an individual basis.
There's just a handful of further documents which again perhaps just throw a little further light on Treloar's approach to prophylaxis.
If we look at TREL0000332_068.
Sir, this is a letter from Dr Aronstam, 14 November 1978. It's to Professor Lee at St Mary's Hospital, Portsmouth. Again, it's in the context of

a specific patient, and this is not a current Treloar's patient. We can ascertain that from the date of birth we see at the top. 1959 is probably not a current Treloar's patient.
But again, there's a general insight into Dr Aronstam's views on prophylaxis. Sir, we can see at (a) Dr Aronstam says:
"I undertake the clinical responsibility for 55 of Britain's severest haemophiliacs for thirty-six weeks of the year. There is no way I would be prepared to take on this commitment without the freedom to make my own clinical decisions."
Then there's reference to a particular conversation held with Professor Lee's registrar. I don't think we need to go into that.
He says in the next paragraph:
"I should point out that my patients come from many sources, and have been managed in many different ways - some good, and some bad. I try to have a consistent approach to treatment here, which means that I occasionally use a different approach to that of the Home Centre.
"(b) As far as prophylaxis itself goes, I am well aware of its potential for reducing the frequency of bleeding episodes, having published two controlled

trials from this Centre. What I am also becoming increasingly aware of is the potential danger to our haemophiliac population of hypertransfusion with blood products. Over the past year only 12 of our 55 boys have had liver function tests which remained normal. Several authorities have recently reported increased incidences of chronic aggressive hepatitis. There is also accumulating evidence that the haemophiliac population has a higher blood pressure than the normal population and our observations here suggest that this may also be related to frequency of transfusions."
Then there's a reference again to the individual patient.
"I am therefore increasingly wary of the indiscriminate use of blood products in our boys. This does not mean that I do not use prophylaxis in certain situations. I believe that the clinical indications for prophylaxis are ..."
Then we can see three indications given:
"...frequency of bleeding. By this I'm talking about 20-30 bleeds per hundred days."
Sorry, can we take this document down. There's a name that's not been redacted. I'm just going to read the relevant parts of the remainder of this letter if I may.

Dr Aronstam says:
"I believe the clinical indications for prophylaxis are 1) frequency of bleeding, 2) the covering of a bad patch, 3) cover for an extended course of physiotherapy and for invasive procedures."
Then he says:
"I do not believe in extended prophylaxis in any other situation."
There is then a discussion about the treatment of the individual patient again, and then, at the bottom of the second page, just for your note, sir, when you look at the document again, Dr Aronstam refers to available resources of Factor VIII, and says:
"This country is not sufficient in Factor VIII and even if I believed that prophylaxis was always the right management for all haemophiliacs, we are still in the position of rationing this form of treatment. It is up to all of us to allocate resources responsibly and as we see fit."
Then his next point in the letter is headed:
"The influence of different environments", and Dr Aronstam says this:
"The situation at Treloar College currently is that treatment is immediately available and our boys

are almost bullied into the early reporting of bleeds. Consequently, they lose minimal time from school compared to ..."

Then he compares it to the situation of those having to be admitted elsewhere.

Then he says at the end of the letter:

"From our extensive experience of prophylaxis, I can assure you that unless combined with an active course of physiotherapy, prophylaxis does not improve either joint function or the underlying bleeding frequency."

Sir, we can see there -- sorry, November 1978 -- Dr Aronstam, as it were, expressing some qualifications or limitations on the use of prophylaxis.

Then again, just to try to get an insight into his overall approach to prophylaxis, if we look at TREL0000108_016, again, this is a letter -- this is 16 January 1980. This, I think, is a letter to a parent. But if we just pick it up in the second paragraph, third line, Dr Aronstam says:

"We only give prophylaxis in short courses here and only when a particular joint is being threatened. I am afraid we do not have the resources to give any of our 55 severe haemophiliac boys a long course of

prophylaxis just because of bleeding frequency. You will realise that it all costs a lot of money and the National Health Service just does not have that sort of money at the moment. Please rest assured however that if at any time I feel that your boys warrant a short course of prophylaxis they will certainly get it."

SIR BRIAN LANGSTAFF: The view expressed there in January 1980 compares with his indications for treatment just over a year earlier, which appeared to indicate that the indication for prophylaxis was 20 to 30 bleeds in every hundred days, which would suggest long term prophylaxis, so they don't fit, do they?

MS RICHARDS: No. And, sir, the purpose of going to these documents is really to map out what appears to be a degree of inconsistency, or at least tension, in what is said by Dr Aronstam at different times, both in terms of availability of supplies and in terms of the approach to prophylactic treatment.

SIR BRIAN LANGSTAFF: I mean, he is entitled to change his views.

MS RICHARDS: Absolutely.

SIR BRIAN LANGSTAFF: But it's not obvious at what stage and on what basis.

MS RICHARDS: No, and we obviously can't ask him. And so

the only way to try to ascertain what his approach might have been and what the significance of that might then have been in turn for what happened at Treloar's is to look at what he says at various times to various different people.

There is also a section on prophylaxis in his thesis but I'm going to come on to that again when I look at research, which will be on I think Friday of this week.

Then a document that I think is probably consistent with the oral evidence we have heard but if we just look at it, TREL0000075_100, this is a letter to Dr Hann, Great Ormond Street, July 1978. Again, the first paragraph is concerned with the individual patient, but if we pick it up in the second paragraph, he says:

"In our experience prophylaxis is much more effective given on alternate days than twice weekly. If he is now under your care and you wish him to continue with prophylaxis while with us, we will need to resolve the frequency and I would be grateful if you could let me have your views on this."

Written confirmation there of what we have heard orally was the experience of some of the pupils, that when they were on courses of prophylaxis, it intended

to be on an alternate day basis.

There's then just, I think, a couple of letters which indicate that the use of factor concentrates on a prophylactic basis continued into 1983 and 1984, so we've been looking at documents largely from the seventies and 1980.

But if we look at TREL0000343_044, so this is a letter from Dr Aronstam, 19 March 1984. It's concerning a child. We can tell that it's addressed to a consultant paediatrician, and it's a relatively young child, I can indicate that much.

Then there's a discussion in the last paragraph, sorry, in the second paragraph, first of all, there's a discussion about prophylaxis, where Dr Aronstam says:

"I am sure that the correct approach is a course of effective prophylaxis."

And there:

"I think the only guidelines to the correct regime are to titrate the results against the dose. If there is breakthrough bleeding, then it is necessary to increase the dose and/or frequency of infusion. On his present regime it appears that the major problems occur on Sundays and certainly in my own experience I have found an alternate day regime

1 preferable to a fixed three times weekly schedule."
2 So there is a view expressed in March 1984 about
3 using prophylaxis for this child. And it's just --
4 note that set against what we see in the last
5 paragraph of the letter.
6 "I note your comment about factor VIII
7 preparations affecting 'T' cells. This is a very
8 worrying problem for all of us in haemophilia care.
9 At present, the general view is that while the disease
10 is horrific, the numerical risk of it is nevertheless
11 very small and should not deflect us from the
12 appropriate treatment. Naturally we are all reviewing
13 the situation constantly."
14 Now, the reference to the disease that is
15 horrific must, I think, be a reference to AIDS.
16 That's the only inference that makes sense. This
17 might tend to suggest that Dr Aronstam's approach to
18 the use of prophylaxis has not changed at all, at
19 least as at March 1984, by what else was happening in
20 terms of the knowledge of risk of AIDS.
21 Then if we just move to the end of 1984,
22 TREL0000247_007, this is a letter to Dr French at the
23 Haemophilia Centre in Nottingham, 14 December 1984.
24 Again, about a different patient.
25 And we can see if we look at the third

1 paragraph, reference there to the prophylactic
2 programme. It says -- sorry, can I pick it up in the
3 previous paragraph. My fault.
4 "He has been on prophylaxis for almost the whole
5 length of this term."
6 So this is the autumn term of 1984 it must be,
7 because the letter is being written in mid-December
8 '84.
9 "Having [broken] through the 20% raise alternate
10 day prophylactic barrier, he likewise did with the 30%
11 alternate day and consequently we started him on 15%
12 raise daily in an attempt to decrease the frequency of
13 bleeds into his elbow. His daily prophylaxis was
14 stopped on 19.11.84 because of the changeover to
15 heat-treated factor VIII. In the following week he
16 bled four times into his elbow, before his 20% heat
17 treated Factorate prophylaxis was resumed on
18 27.11.84."
19 So we can I think infer from that that this
20 program of prophylaxis for almost the whole term in
21 the autumn of 1984 continued until what we've seen
22 there is the date of 19 November on unheated
23 concentrates, and then there was a switch to at the
24 end of November prophylaxis was resumed, this time
25 using heat-treated Factorate.

1 So the same approach again appearing to be taken
2 to the use of prophylaxis at the very tail end of 1984
3 with everything that was otherwise known at that point
4 in time.
5 Then the last document on the issue of
6 prophylaxis is at TREL0000092_132.
7 This takes us into July 1987. We can see from
8 the second main paragraph that there is still a 20%
9 alternate day prophylaxis programme being undertaken
10 in 1987. Again, this is in relation to a different
11 patient again.
12 But we can then see what Dr Aronstam says --
13 sorry, it's Dr Wassef says in the next paragraph:
14 "He has done very well in the past two months
15 while on prophylaxis. The decision to terminate his
16 prophylaxis was taken after careful consideration
17 because of the recent increase in the number of
18 published papers about the immuno-suppressive effects
19 of Factor VIII concentrate, particularly in anti-HIV
20 positive haemophiliacs."
21 Then he goes on to talk about having stopped the
22 prophylaxis and giving the patient a rest.
23 So we can see there termination of
24 a prophylactic programme there because of what's said
25 to be the risks of Factor VIII concentrate but there's

1 no indication at any earlier stage in the documents
2 we've seen of prophylaxis coming to an end because of
3 the potential risks involved.
4 Sir, the last topic I'm going to cover today, it
5 just looks at the involvement of Treloar's clinicians
6 in UKHCDO. I'm going to do that to lay the groundwork
7 then for an exploration of what the documents show us
8 about knowledge of risk on the part of Treloar's
9 clinicians in relation to hepatitis and HIV, which
10 I'll come on to tomorrow afternoon.
11 We can just see from a number of documents that
12 clinicians at Treloar's really were very closely
13 involved with UKHCDO and UKHCDO meetings.
14 Dr Rainsford attended the 1968 Haemophilia
15 Centre Directors meeting. If we just look briefly at
16 HCDO0001013, we can see there it's the minutes of the
17 meeting of Haemophilia Centre Directors held at the
18 Oxford Haemophilia Centre 1st October 1968. And if we
19 look down the list of attendees, which helpfully is in
20 alphabetical order, towards the bottom we can see:
21 "Dr SG Rainsford, Lord Mayor Treloar College."
22 I'm not going to go into the detail of what was
23 discussed at each and every one of these meetings but
24 Dr Rainsford was thereafter a fairly regular attendee.
25 Dr Aronstam was a regular attendee from

1 April 1971 and, again, if we just look briefly at
2 that, HCDO0001014, we can see this is the meeting of
3 5 April 1971. And if we go down the page and the list
4 of attendees, we can see Dr Rainsford is there
5 identified as attending and Dr Aronstam. They're
6 recorded as representing at that point Alton General
7 Hospital.
8 In terms of attendance, I'm not going to go to
9 the documents but I'm just going to give a list of the
10 meetings and who attended when in the course of the
11 1970s and early '80s.
12 Sir, the 27 October 1972 meeting was attended by
13 Dr Arblaster, Dr Aronstam and Dr Rainsford. The
14 November '74 meeting was attended by Dr Rainsford and
15 Dr Arblaster. The September '75 meeting was attended
16 by Dr Aronstam and Dr Rainsford. And although Dr Kirk
17 is not listed in the list of attendees, it's clear
18 from the minutes of the meeting that Dr Kirk was there
19 too.
20 Sorry, I've missed 1974. That was a joint
21 meeting with blood transfusion directors in
22 January '74, Dr Aronstam and Dr Rainsford both in
23 attendance. There are some meetings for which we
24 don't have a list of attendees, so we can't tell who
25 was there.

1 But if we then go to January '77, Dr Rainsford
2 and Dr Kirk were both in attendance; October '77,
3 Aronstam, Kirk, Rainsford and Painter, so four
4 representatives from Treloar's in attendance; in
5 November '78 it's just Dr Aronstam; November '79 it's
6 Dr Aronstam; and then, when we move on into the early
7 eighties, Dr Aronstam was present, September '82,
8 October '83, September '84, October '85. So he was
9 a regular attender of Haemophilia Centre Director
10 meetings. He was then a member of the AIDS group of
11 the UKHCDO, which met from January 1985 onwards.
12 But it wasn't simply a question of attendance at
13 the general annual meetings of Haemophilia Centre
14 Directors. If we look at LOTH0000012_122, this is
15 a meeting of the Reference Centre Directors on
16 14 September 1981 and, if we go to page 6, we can see
17 bottom half of the page there is a heading
18 "Designation of the Treloar Haemophilia Centre":
19 "The question of designation of Treloar
20 Haemophilia Centre as a Reference Centre was raised by
21 Dr Savidge. He drew attention to the fact that the
22 Centre had very special and wide experience in the
23 management of haemophilia in adolescents and played an
24 important role in introducing the boys who attended
25 the College to home therapy. It was pointed out in

1 discussion that Treloar Haemophilia Centre was not in
2 the same situation as the Haemophilia Reference
3 Centres who had patients referred to them from wide
4 areas and who provided a comprehensive service all the
5 year around. The Treloar Haemophilia Centre was
6 closed down during the college holidays and patients
7 had to go to Basingstoke for treatment.
8 Professor Bloom thought that there might be serious
9 problems if Treloar was designated as a Reference
10 Centre, and he wondered whether perhaps it would be
11 better for Dr Aronstam to be invited to attend the
12 Haemophilia Centre Reference Directors meetings
13 without the official designation of Treloar's as
14 a Reference Centre. Dr Jones suggested that
15 Dr Aronstam should be co-opted to attend the
16 Haemophilia Reference Centre Directors meeting as the
17 Expert in Adolescent Haemophilia Management in the
18 same way as Dr Craske was invited to attend the
19 meeting as the expert in Hepatitis. It was agreed
20 Treloar Haemophilia Centre could not be designated as
21 a Reference Centre but that Dr Aronstam should be
22 invited to attend the meeting of Reference Centre
23 Directors on account of his special experience of
24 managing haemophilic boys at the College."
25 And that is what then happened. So the

1 Reference Centre Director meetings after 1981 were
2 attended by Dr Aronstam. He was there at the 1 March
3 '82 meeting; the 6 September '82 meeting; the
4 14 February '83 meeting, that was one of the very
5 significant meetings in terms of discussions about
6 AIDS; the 19 September '83 meeting; the 13 February
7 '84 meeting; the meeting on 10 September '84; and then
8 18 February '85.
9 So he was not in attendance at the May 1983
10 special meeting of Haemophilia Reference Centre
11 Directors but otherwise he was effectively privy to
12 all the information that was being discussed at
13 Reference Centre Directors meetings, including of
14 course the various updates provided by Dr Craske, of
15 particular relevance when we look at knowledge of risk
16 of HIV and AIDS.
17 In addition, as again we'll look at probably on
18 Friday, when I look at the question of research,
19 Dr Kirk was a member for a period of time of the
20 Hepatitis Working Party in the seventies and so he too
21 would have had access to some of the particular
22 reports being produced by the Hepatitis Working Party
23 and by Dr Craske on the issue of hepatitis.
24 So the next topic I'm going to address orally is
25 a rather large and significant topic: knowledge of

1 risk of hepatitis and HIV. I don't think there's much
2 to be gained from starting it at nearly quarter to
3 five in the afternoon after a long day. So I'm going
4 to suggest that I can pick that up tomorrow afternoon
5 after we've heard the evidence of the headmaster,
6 Mr Macpherson, in the morning.
7 **SIR BRIAN LANGSTAFF:** Yes. So Mr Macpherson tomorrow
8 morning, at ten o'clock. Ten o'clock tomorrow.
9 **MS RICHARDS:** Thank you, sir.
10 **(4.38 pm)**
11 **(Adjourned until 10.00 am the following day)**
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1 **I N D E X**

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