

Friday, 5 July 2019

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**(10.05 am)**

SIR BRIAN LANGSTAFF: Morning. Our first witness this morning wishes to be known as Bill, does he?

MS RICHARDS: Yes, sir.

SIR BRIAN LANGSTAFF: Please.

**WILLIAM WRIGHT, affirmed**

**Questioned by MS RICHARDS**

Q. Bill, you received Factor VIII concentrate on one occasion, and one occasion only, in May 1986.

A. That's correct.

Q. You were infected with hepatitis C as a result.

A. It was initially termed non-A non-B but it was later termed hepatitis C.

Q. You'd had bleeding problems as a child. What can you tell us about that?

A. The first memory I have is of being in a regional hospital, I'm not sure if I am allowed to say which one, Dumfries and Galloway Royal Infirmary, and as a very small child being in a lit room and I had a bump the size of a golf ball on my forehead and I must only have been three or four, and I remember being held down by the doctors and nurses. The daylight was behind me. It was a sunny day and they came toward me with a massive great syringe.

1           My understanding of the purpose of that was to  
2           relieve the bulge on my head and I just -- it's one of  
3           those moments that you don't forget and obviously  
4           I was screaming. In those days you didn't have any  
5           parents around.

6           I then had other incidents where my mother in  
7           particular remembers an incident where I had a really  
8           bad dental episode where I was bleeding from my teeth,  
9           and we had a very kind nurse next door who assisted  
10          and somehow -- I lived in the village of New Abbey  
11          which is seven miles outside Dumfries, a beautiful wee  
12          village in Kirkcudbrightshire and that was I think  
13          a bit of an event.

14          There were one or two other episodes but once  
15          I became a wee bit older, my situation was that I was  
16          pretty normal and I had problems with bleeding noses  
17          as a teenager. I mean, I remember being admitted to  
18          Dumfries and Galloway Royal Infirmary and this is  
19          a bit grim folks I had bleeding noses where I ended up  
20          of course picking it, when they clotted.

21          But, generally speaking, I was very, very active  
22          but I was given the old green haemophilia cards and  
23          I think I need to check my Factor VIII percentage at  
24          that time, they said it was either 30 or 40 per cent,  
25          somewhere in that sort of region.

1 Q. As you said you led a very active life. You did lots  
2 of sports and although you had been given a card as  
3 a mild haemophiliac, effectively, you did not require  
4 any treatment with any blood products during that  
5 period of your childhood?

6 A. No, not at all. I played football, a bit of rugby but  
7 my greatest passion ... my greatest passion were the  
8 mountains and I say that with so much emotion because  
9 I cannot now climb mountains anymore.

10 I, as a scout, used to visit the Galloway Hills  
11 and I was absolutely hooked. We went into bothies at  
12 weekends and we had a rare old time. Much of it was  
13 actually as much sitting round the bothy fire at  
14 nights as being in the pissing wet rain when the mist  
15 was down.

16 But I went on to climb mountains across  
17 Scotland. In fact, you know much of the world  
18 I climbed the highest mountain in Australia with Rosie  
19 and another friend and I went on to work for the  
20 British Mountaineering Council and climb with some of  
21 the best climbers in Scotland -- sorry, in Britain.  
22 It was my great passion. As a climber, I climbed into  
23 the extreme grades.

24 Q. In 1974, you had some further investigations and tests  
25 at Glasgow Royal Infirmary. What can you tell us

1 about those?

2 A. That's correct the school system in Dumfries was a wee  
3 bit weird. If you at that time passed the old 11  
4 plus, after the end of second year of secondary school  
5 you went to, in the case of, even though I lived in  
6 Kirkcudbrightshire, you went to Dumfries Academy which  
7 was kind of the equivalent to a grammar school and  
8 I was fairly ambitious. Neither my mother or father  
9 had benefited from a full education. They couldn't  
10 afford it.

11 So they pressed me to do the best in life in  
12 that respect and I remember a meeting with the deputy  
13 headmaster of that school, the usual stuff, mother and  
14 father sitting there, me sitting here, him talking to  
15 them saying, "This boy's not university material", and  
16 that, obviously, prompted me to look at other  
17 professional opportunities in life, in the likes of  
18 the police or the armed forces or whatever but,  
19 because I carried a haemophilia card, that was  
20 obviously going to be pretty tricky.

21 So arrangements were made for me to go and spend  
22 a week in Glasgow Royal Infirmary and have a series of  
23 tests. I should mention, by the way, in relation to  
24 the deputy headmaster, I did go to university and  
25 I got a pretty damn good degree!

1                   But the purpose of that was to see how fit  
2                   I was, and after a week's tests they said, "No, you're  
3                   fine. You don't need to carry a haemophilia card".

4           Q. We have a couple of the documents we can see. If we  
5           have up on screen please, Paul, 2287003 is a letter  
6           7 October '74 referring to some reports:

7                   "We can take it there's no contraindication to  
8                   his leading a completely normal life. That means  
9                   there is no reason he should not join the police force  
10                  or the army."

11                  Then if we go to 2287003, please, Paul, next  
12                  page, we have a letter 18 September '74 with the  
13                  report. It talks in the first paragraph about you  
14                  having been considered to suffer from mild  
15                  haemophilia, leading a healthy, active life and then  
16                  it goes on to question whether or not you had mild  
17                  haemophilia or mild von Willebrand's, identifies your  
18                  factor levels and says:

19                         "I don't consider he can be regarded as  
20                         suffering from mild haemophilia or indeed  
21                         von Willebrand's disease."

22                  So the way you've put it in your statement,  
23                  Bill, is from that point onwards you were effectively  
24                  classified for medical purposes as like anybody else?

25           A. Yes.

1 Q. You did have a couple of bleeds after that,  
2 I understand.

3 A. Yes. Oh yeah, I fell off Ben Nevis. I'd been  
4 climbing in winter on an ice route on the north face  
5 of Ben Nevis and it was still in quite early days of  
6 my winter climbing career and this was when I was  
7 still a student.

8 I was, you know, we had taken the ropes and the  
9 harnesses off and there was a blizzard running. I was  
10 actually with Rosie's brother climbing at the time,  
11 and this was before we got hitched, by the way, and  
12 I still married her, and as you do I was coming -- we  
13 were coming down and we just wanted to get the hell  
14 out of there, as you do when you're winter climbing in  
15 Scotland. It's a place that needs the deepest of  
16 respect.

17 Basically, when you try to come down quick you  
18 sit on your bum and take an ice axe behind you to  
19 break. However, I went through a patch of very thick  
20 mist and suddenly found myself sort of over a drop and  
21 I got stuck between an ice boss and the ground behind  
22 me and I did that -- the boss caught me on my chin and  
23 I did that (*indicated*), and I was a bit stunned and,  
24 of course, Rosie's brother was miles away and  
25 I managed to recover my position and thought, "Hmm,

1           there's a bit of blood here", and Ian when I caught up  
2           with him says, "Oh, you're in a right mess".

3                       So I was admitted, I went that night to Belford  
4           Hospital in Fort William and they stitched me up,  
5           three stitches on the outside and two on the inside.  
6           I can't remember quite which, and I have got  
7           a photograph and it's not very pretty. It limited my  
8           love life for some time.

9                       The other occasion was a road traffic accident  
10          where, again in winter, we were driving to go  
11          climbing. It was just after I graduated and I broke  
12          this finger (*indicated*). In fact, I had a compound  
13          fracture with bones sticking out of it and it is  
14          actually true what they say, you're just as likely to  
15          have an accident driving to the mountains as on the  
16          mountains.

17                      So, you know, they patched me up and then pushed  
18          it all together and I've still got the scar today, but  
19          it eventually recovered. It did re-bleed and it took  
20          some time because it seeped but the problem I had was,  
21          you know, when I'd first looked at it there was  
22          actually sort of flesh sticking out and so on and so  
23          forth.

24          Q. You've described those occasions as missed  
25          opportunities to classify you as someone with either

1 a mild bleeding disorder or at least somebody who was  
2 not to be regarded as entirely normal in that respect?

3 A. My Factor VIII levels to my knowledge were never  
4 tested at that time.

5 Q. You have said in your statements, Bill, that the fact  
6 that aged 16 in 1974 you were told completely normal  
7 in terms of bleeding and that nothing further was  
8 picked up on either of the occasions where you didn't  
9 bleed in an entirely normal way, you think it might  
10 have made a difference to what then happened  
11 in May 1986.

12 Can you help us with that.

13 A. Well, because I didn't know what was about to happen  
14 a couple of weeks later, I can't fully recall the  
15 discussion with the GP or the accident and emergency  
16 unit. Rosie has a better recollection than I of what  
17 we talked about when I came back from those visits  
18 but, I mean -- there's obviously reference to this in  
19 my medical records but the actual, you know, I can't  
20 tell you word-for-word the nature of that discussion.  
21 I remember where our GP was and I vaguely remember the  
22 first visit to accident & emergency when I was sent  
23 home with water on the knee but I am dependent more on  
24 Rosie's recollections and what's in my medical records  
25 than my own recollections at that time.



1 Q. But by May 1986 when the events we are going to  
2 discuss next happened you weren't essentially in any  
3 system in terms of either being classified as  
4 a haemophiliac or being treated as such?

5 A. Absolutely not.

6 Q. So May 1986 you sustained an injury to your left  
7 thigh.

8 A. Yes.

9 Q. How did that happen?

10 A. The medical notes are wrong on that. Basically, I was  
11 on a visit to the Peak District which was a mixture of  
12 a climbing and a partying weekend. We got together  
13 with some friends from Portsmouth and instead of  
14 falling off the crag, I slipped on the path on the way  
15 down to a quarry called Lawrence Field, and I remember  
16 falling quite heavily because I'd got a heavy rucksack  
17 with gear on, and not thinking a great deal about it.

18 Then, as often happens in a lot of climbing  
19 weekends, it rained. So we did a mixture of things  
20 which involves either going to the pub or we actually  
21 had, in a place called Froggatt Barn, we actually  
22 had -- and it's probably about the same distance, this  
23 barn is about the same distance as from Sir Brian to  
24 you and there was about 20 of us playing football on  
25 a concrete floor in there and that of course didn't

1 help.

2 I eventually that weekend drove home and this  
3 thigh (*indicated*) was twice the size of my right thigh  
4 and I thought this is not very clever, which of course  
5 drew me to -- Rosie said, "You'd better go and see the  
6 doctor".

7 Q. So you went to see your GP and what did the GP say?

8 A. He sent me up to A&E. Sorry, yes, he said, first of  
9 all, rest, which I did. I had, you know, I was off  
10 work for a week/ten days, something like that.

11 Q. And it didn't get any better and you went back to the  
12 GP?

13 A. Well, it got bigger and I went back to the GP and he  
14 then sent me up to A&E.

15 Q. One of the observations you have made in your  
16 statement is that there was no communication between  
17 the GP and the hospital about anything to do with your  
18 medical background. You were simply sent to A&E.

19 A. Yes, just take yourself up and see what they say.  
20 They'll x-ray it or whatever.

21 Q. This was A&E at the Royal Infirmary of Edinburgh?

22 A. The old Royal Infirmary of Edinburgh, which the  
23 Chairman will be well familiar with.

24 Q. What did they do on this first visit to A&E?

25 A. I think they said you have water in the knee, just go

1 home.

2 Can I make an observation on that, please?

3 Q. Yes, absolutely.

4 A. I've obviously reflected on this quite a lot. When  
5 you're in our position or my position you think about  
6 missed opportunities. There was no gate-keeping.  
7 There was no system where you walked in the door, no  
8 visible, "Ah, you've got a bleed, you've got  
9 a haematoma. We need to take you from there and take  
10 you down a different path, admit you, put you on bed  
11 rest and look at the options".

12 Now, it's been claimed that there were systems  
13 in place and during the evidence that my consultant,  
14 Professor Ludlam -- doctor, professor, I may make  
15 a comment on that -- that there was a system in place.  
16 We never saw any evidence of it.

17 Q. Having been simply sent home on that first trip to A&E  
18 on the basis that you might have water on the knee,  
19 what then happened?

20 A. Yes, yes. Sorry, I'm quite tired. It's been a long  
21 week.

22 I did go back to work and Rosie at the time, we  
23 had a wee flat in the Grassmarket. We were about to  
24 get married in three months, and we had a tiny wee  
25 flat and I remember because Rosie was on night shift

1 in sort of mid-evening I was standing washing the  
2 dishes having come home from work, I do not know,  
3 6/7 o'clock after an after tea and I suddenly felt  
4 a pang of pain and the pain remained. So I thought,  
5 "Oh boy, this is not good". There was no NHS 24 in  
6 those days so I took myself up to accident & emergency  
7 in Edinburgh Royal Infirmary.

8 Q. At the point at which you had previously had gone to  
9 accident & emergency, as I understand it, you hadn't  
10 been seen by any haematologist on that occasion?

11 A. No.

12 Q. You hadn't been asked anything about any history of  
13 bleeding?

14 A. Not that I can recall.

15 Q. And there was no testing of your factor levels?

16 A. No.

17 Q. So this second visit to the accident & emergency  
18 department was late on 13 May 1986?

19 A. That's correct.

20 Q. What can you recall about that?

21 A. Being on a trolley for two hours.

22 Q. And then what?

23 A. Well, I was then in considerable pain because anybody  
24 that's had a knee bleed into a large haematoma in  
25 their thigh will know what that's like, and I was also

1           pretty tired but I do remember this young doctor and  
2           he did say to me, "We're going to give you something".  
3           One of the things was gas and air and I now know about  
4           gas and air, Entonox, because I have survived two  
5           child labours, so I now know what that stuff does.

6                        But I -- there was no -- I never had any  
7           discussion about what was about to be done to me.  
8           There wasn't a discussion and there wasn't -- there  
9           wasn't any explanation.

10          Q.   You've said in your statement that you have a vague  
11                recollection of being asked some questions by nursing  
12                and medical staff?

13          A.   Yes.

14          Q.   You informed them of your previous possible diagnosis  
15                of haemophilia.

16          A.   Yes.

17          Q.   And then a point in time came at which you were given  
18                something. Were you told even what it was that you  
19                were going to be given?

20          A.   I don't think so.

21          Q.   And you weren't told of any risks of infection that  
22                might follow from the treatment that you were going to  
23                be provided with?

24          A.   No.

25          Q.   That treatment, as you subsequently learnt, was

1 Factor VIII.

2 A. Mm-hm.

3 Q. Was there any assessment of your factor levels, any  
4 clotting screen undertaken, as far as you know, prior  
5 to that?

6 A. No, and there's no record in my medical records of  
7 that and for me that's obviously an opportunity  
8 missed.

9 Q. Now, at some point the following morning -- these  
10 events happened overnight, 13 to 14 May 1986 -- and at  
11 some point you saw Dr Ludlam on the 14th and you were  
12 told you'd been given Factor VIII products.

13 Were you told anything on the 14th, as far as  
14 you can recall, about --

15 A. I vividly recall that moment.

16 Q. Will you then tell us that vivid recollection, please.

17 A. I was in a room on my own. It was one of these old  
18 single rooms in the Royal Infirmary with very tall  
19 walls and not particularly -- not particularly big.  
20 Obviously, I was pretty woozy because they had given  
21 me a lot of sedatives the night before. In fact,  
22 Dr Ludlam told me they'd given me enough to put  
23 a horse out.

24 He then informed me that I was a haemophiliac  
25 and that they'd given me Factor VIII. My immediate

1 reaction to that was -- he assured me that I'd be okay  
2 but my immediate reaction to that was I'd seen enough  
3 in the media at that time -- living in Edinburgh,  
4 which in the mid-1980s, frankly, North Edinburgh was  
5 the AIDS and hepatitis B capital of Europe because of  
6 intravenous drug use -- of being quite worried and  
7 alarmed about that. He reassured me about that.  
8 Nevertheless I was of course later to receive  
9 a hepatitis B vaccination.

10 So when he informed me about the possibility of  
11 non-A non-B, his tones were very reassuring.

12 Q. And when he told you about the possibility of non-A  
13 non-B in that reassuring manner, that was on  
14 14 May 1986?

15 A. Yes.

16 Q. That first meeting with Dr Ludlam a few hours after  
17 you had received the Factor VIII?

18 A. Yes.

19 Q. You were told straight away pretty much after you had  
20 been given the treatment that you might get non-A  
21 non-B hepatitis?

22 A. Yes. The words were, "You have a 50 per cent  
23 possibility of contracting non-A non-B", because when  
24 you've been through such a drama, you remember moments  
25 like that.

1 Q. We have details of what you received in terms of the  
2 actual product and batch number in a letter a number  
3 of years later dated 6 December 1996.

4 Paul, it's 2287007, please.

5 We can see it's a letter from John Hanley to  
6 Dr Ludlam 6 December 1996:

7 "I have checked the blood product records on  
8 this patient, date of Factor VIII infusion 14 May,  
9 batch number 0430, units 2,000, ten bottles", and then  
10 he says this:

11 "I have asked the PFC to clarify which virus  
12 inactivation method was used on this batch. From the  
13 beginning of 1985 NY was heated at 68 degrees for  
14 24 hours. From mid-1986 heat treatment on Z8 at  
15 75 degrees for 72 hours was introduced; after only  
16 a few batches this was changed to 80 degrees for  
17 72 hours."

18 Then if we look at the next paragraph:

19 "I think, almost certainly, that this batch was heated  
20 at 68 degrees for 24 hours. I will confirm this as  
21 soon as the PFC get back to me next week. This method  
22 of heating did not effectively eliminate HCV."

23 So you're understanding is that the Factor VIII  
24 product with which you were treated was, as described  
25 here, heated at 68 degrees for 24 hours which did not



1 effectively at that stage eliminate HCV?

2 A. That's correct.

3 Q. Now, we've got and you've provided to the Inquiry two  
4 letters written by two of the doctors who were  
5 involved overnight on 13 and 14 May 1986 with your  
6 treatment and we'll just look at those please, Bill.

7 Paul the first in time is 2287009 and we can see  
8 this is a letter from the registrar, 16 May 1986, to  
9 Dr Ludlam. It says this:

10 "I was called at approximately 1 am on Wednesday  
11 14 May by Dr McLure, casualty officer, to be told  
12 about a Mr Wright who had sustained a traumatic  
13 haematoma on the left thigh several days prior to that  
14 evening."

15 It refers to you having been previously seen by  
16 orthopaedic surgeons:

17 "He was thought to be a mild haemophiliac and  
18 had re-bled into his left thigh. I asked what sort of  
19 haemophilia A or B he has. The casualty officer was  
20 uncertain. I therefore said I would ring the resident  
21 on call for ward 23 in order to clarify the diagnosis  
22 from any records we had."

23 Just pausing there, the Royal Infirmary of  
24 Edinburgh Haematology Centre at that stage would have  
25 had no records relating to you, presumably?

1 A. No.  
2 Q. "I next asked the Infirmary switchboard to connect me  
3 to the resident on call. I was initially put forward  
4 to Dr Filshie and told him the story but he was only  
5 on call until midnight, therefore I was transferred  
6 to ..."

7 That is redacted but in fact there's no reason  
8 you can't mention the names, Bill, that's just an out  
9 of date document. It's a Dr Austin?

10 A. Yes.

11 Q. "I told Dr Austin the problem, asked him to find the  
12 notes in the Haemophilia Centre, transfer the patient  
13 to the Centre and ring me back with a diagnosis and we  
14 would consider therapy. Anticipating being up most of  
15 the night I fell asleep awaiting the call. The next  
16 thing I knew the alarm went at 7 am."

17 A. She fell asleep.

18 Q. So that's the account from that doctor again --

19 A. She didn't come in.

20 Q. That's Dr Craig, again, although it is redacted there,  
21 Bill, that is being removed.

22 A. She was the responsible person who was overseeing and  
23 can I offer a view as to what I think happened there.

24 Q. Certainly. Do you want to do it after we look at the  
25 letter from Dr Austin.

1 A. Sorry, apologies.

2 Q. No, no, it's entirely a matter for you, Bill, as to  
3 whether --

4 A. Might I take my jacket off?

5 Q. Of course.

6 A. I'm sorry, I'm quite warm.

7 Q. I should say, sir, whilst Bill is doing that, these  
8 letters have relatively recently been provided to the  
9 Inquiry and the doctors involved have therefore not  
10 been notified but they will be asked to provide  
11 a response if appropriate. We do, in fact, have their  
12 near-contemporaneous accounts in any event in this  
13 correspondence.

14 So, Bill, the second letter is 2287008 and this  
15 is dated 4 July 1986, again just so we can make sense  
16 of it, the first letter was from Dr Craig to  
17 Dr Ludlam. This is from Dr Austin to Dr Ludlam:

18 "I write to you in connection with my  
19 involvement in the management of Mr William Wright.  
20 My first knowledge of this patient came during  
21 a telephone call from Dr Craig at her home at about  
22 2 am on 14 May. She told me a haemophiliac had  
23 presented in casualty with a thigh bleed. He had  
24 a life-long history of prolonged bleeding and easy  
25 bruising and had carried a haemophilia card at school.

1 He had been seen recently in casualty by the  
2 orthopaedic surgeons but had now returned and would  
3 need haematological intervention.

4 "Dr indicated she preferred not to come into the  
5 hospital herself and hoped that I would be able to  
6 deal with the case. I tried to clarify her  
7 instructions, asking whether Factor VIII would be  
8 indicated. Her reply as I understood it left me with  
9 the impression that this would be the case. I then  
10 contacted Dr McLure, the casualty officer who had seen  
11 Mr Wright and who had originally spoken to Dr Craig.  
12 He confirmed that she had outlined a similar line of  
13 treatment to his and so I asked him to send the  
14 patient up to the Haemophilia Centre. When I saw this  
15 patient on ward 23 he had a tense left thigh haematoma  
16 and was in considerable distress. I gave him 2,000  
17 units of Factor VIII and provided him with analgesia."

18 Then it talks about the arrangements for your  
19 admission.

20 So those are the two accounts provided to  
21 Dr Ludlam, the first account two days after the  
22 events, the other a few weeks later. What  
23 observations would you like to make there?

24 A. Well, the first observation I have is those accounts  
25 were never given to me. Dr Ludlam sat on this for ten

1 years without telling us and it was only when we  
2 served a summons that we learned what was happening  
3 and I -- well, it's for the Inquiry to judge but the  
4 fact that Dr Ludlam had asked for those letters about  
5 me and not provided me with a copy and we had to go  
6 chasing after our medical notes is a matter for the  
7 Inquiry to decide whether or not that's fair.

8 The second point about this, and I was pretty  
9 shocked when after 13 years -- we were shocked, we  
10 were very shocked after 13 years when we saw this, the  
11 second observation I have is I do remember the young  
12 what would be an F1 at the time being there.

13 I wasn't aware of the phone calls that were  
14 taking place but I -- I was -- sort of somewhere in  
15 the background there was obviously some discussion  
16 about trying to check up on something, whether it was  
17 my history or whatever, but nevertheless for me I was  
18 given that product without -- and I was there for two  
19 hours. You can conduct a Factor VIII test down in the  
20 lab fairly quickly.

21 In fact, we've had that experience since. I've  
22 been in and out of casualty in Edinburgh Royal  
23 Infirmary to check on a bump in my wrist in 45  
24 minutes. That was about four or five years ago on  
25 a Saturday afternoon at quarter to 5. You can check

1 Factor VIII levels very readily.

2 I've learned that my -- I was given this product  
3 that had such a dramatic effect on my life without  
4 testing my Factor VIII level beforehand.

5 Q. One inference that could be drawn from the letters is  
6 that there were failures of communication. Although  
7 the letters weren't provided to you at the time, was  
8 the possibility of failures of communication ever  
9 conveyed to you by Dr Ludlam or any others at that  
10 time?

11 A. Well, I remember what he said the next morning. He  
12 acknowledged there had been a bit of a drama last  
13 night, but bear in mind I'd got a whacking great  
14 haematoma in my leg, I'd been up until quite late and  
15 then been given, you know, enough to put a horse out.  
16 So the exact detail of that conversation, even if he  
17 was passing information to me at the time, he was  
18 doing so in a position where I was in a very  
19 vulnerable position and, I mean, the only thing I do  
20 recall was that the circumstances perhaps being  
21 somewhat contentious.

22 Q. Have you seen in any of your records subsequently  
23 obtained any evidence of any consideration having been  
24 given to any alternatives to Factor VIII?

25 A. No, no. You mean DDAVP or cryoprecipitate or bed rest

1 or transaminase or whatever, no.

2 Q. You, many years later, became aware of the existence  
3 of DDAVP as a possible alternative. I think you were  
4 treated a number of years later with DDAVP.

5 A. You bet.

6 Q. If we have up on screen 2287011 this is a letter that  
7 was written to you by Dr Evans who I think you met  
8 through a Haemophilia Society function?

9 A. Yes, Llandudno in North Wales. We were living at the  
10 time in Cheshire and there's a bit of a gap here  
11 because this was in April 19 ...

12 Q. '96.

13 A. '96 and we had two children by then, and I went out to  
14 this Haemophilia Society gathering and I got another  
15 shock because I was sitting in a room and Dr Evans is  
16 there and there was, I can't remember, 10, 15, 20  
17 people -- 15/20 people there, that I'd not met before  
18 and I had met Dr Evans before, and we're talking about  
19 each other's circumstances and somehow my story came  
20 up about having been infected in 1986 in Scotland with  
21 my haemophilia levels 30/40 per cent. And they all  
22 looked at me, "Oh this is a bit weird", and obviously  
23 when you're a bit of an oddity you take notice of  
24 that.

25 They're asking me questions about that and

1 saying, "30/40 per cent? 1986?" And at that point  
2 I realised something was seriously wrong. I had gone  
3 for ten years, we had gone for ten years, apart from  
4 what happened in 1988, never realising that my  
5 infection might have been avoided.

6 Q. If we look at this letter, what Dr Evans was here  
7 telling you about the use of DDAVP in mild haemophilia  
8 was this:

9 "Although it was known as long ago as 1977 that  
10 DDAVP raised Factor VIII levels in mild haemophilia  
11 and von Willebrand's disease, it took a little time  
12 before it was realised that it could be used regularly  
13 for treatment. It was not until October 1983 that  
14 a leading article appeared in The Lancet which made  
15 the following statements: DDAVP can be used to treat  
16 patients with mild haemophilia, carriers of  
17 haemophilia with low Factor VIII concentrates and  
18 patients with VWD. Now that blood products may  
19 transmit the factor responsible for the acquired  
20 immunodeficiency syndrome as well as hepatitis, the  
21 advantages of DDAVP for certain patients have become  
22 more obvious."

23 That was a publication in the Lancet in  
24 October 1983. In fairness, I should point out that  
25 Dr Evans goes on to say there's no comment that it's



1 the treatment for choice for mild haemophilia. At the  
2 time, I do not think that it was generally agreed by  
3 Haemophilia Centre directors that it should always be  
4 used for mild haemophilia and then he talks about  
5 a problem that can arise when emergency treatment is  
6 needed on someone who hasn't been tested to see if  
7 DDAVP worked.

8 But that's when you realised that there had been  
9 a possible alternative treatment of DDAVP back  
10 in May 1986?

11 A. Yes.

12 Q. Which, as far as you understand, was never considered  
13 for your treatment?

14 A. Correct.

15 Q. Just returning to 19 --

16 A. Well, can I just make a comment on that?

17 Q. Yes, absolutely.

18 A. With respect to the meeting we had with Dr Ludlam in  
19 1999, which we might come on to.

20 Q. Yes.

21 A. I mean, he expressed views about DDAVP. My experience  
22 later or my experience had been DDAVP really worked.  
23 In fact, it really worked too well when I had a liver  
24 biopsy.

25 Q. What did Dr Ludlam say when you met with him in 1999

1           about DDAVP?

2       A.    Might I be able to pass that question to Rosie later  
3           when she gives evidence.

4       Q.    Absolutely, when Rosie gives evidence, I'll ask her  
5           that.   Thank you.

6       A.    She was with me.

7       Q.    Returning then to 1986 can we have up on screen  
8           please, Paul, 2287010.  This is a letter not part of  
9           your medical records, I understand you saw this for  
10          the first time in the course of the Penrose Inquiry;  
11          is that right?

12      A.    Yes.

13      Q.    It's a letter 27 June 1986.  It's from Mr Boulton,  
14           Deputy Director of the Edinburgh and South East  
15           Scotland Regional Blood Transfusion Service, to  
16           Dr Perry director at the PFC.  It says this:

17                    "Dear Bob, may I pass on to you a couple of  
18           verbal comments about blood products from Christopher  
19           Ludlam."

20                    Then we can skip over the first paragraph.  Then  
21           it says this:

22                    "A young haemophiliac who had previously had  
23           minimal therapy with Factor VIII received an infusion  
24           of the current heat treated product a month ago.  He  
25           now shows signs of liver enzyme rises indicating non-A

1 non-B hepatitis. Christopher is a bit ruthless with  
2 his own staff about this because he feels that this  
3 patient should have received 8Y or an equivalent  
4 product. However, the patient is apparently quite  
5 well clinically."

6 As far as you understand, this description is  
7 about you?

8 A. This came as a massive shock. During the course of  
9 the Penrose Inquiry, in the preliminary report, there  
10 was reference to this young man of 28-year old at the  
11 time in 1986 and the description fitted me perfectly,  
12 and it was yet another bit of the learning exercise  
13 that we've all come to experience during the course of  
14 this story and I think I was in the house at the time  
15 and, the usual thing, I was jumping up and down and  
16 poor Rosie was having to -- but I now saw it and of  
17 course I started to then flick through having seen the  
18 reference in the preliminary report, I then started to  
19 go through this whole series of correspondence of  
20 letters about me, again about me, that I had never,  
21 ever been made aware of.

22 Q. This is a matter of weeks since your treatment.

23 A. Yes, it's actually not quite accurate by the way  
24 because by then the patient is apparently quite well  
25 clinically. I think by June/July/August my ALT levels

1           were hitting 1,200. Again, anybody that's familiar  
2           with the experience of hepatitis C knows what that's  
3           like, so it took a while for my body to get used to  
4           it. I vividly remember I was on a sailing trip down  
5           at Kielder Reservoir and I threw up on a weekend we  
6           had down there. It didn't help that I capsized the  
7           dinghy 20 times but that's another story.

8                         At that point my haematoma was recovering and  
9           I was trying to get back into the outdoors but  
10          I vividly remember the really serious nausea that  
11          I had at that time as my body adjusted.

12         Q. The other slight inaccuracy, as I understand it, in  
13          this letter is that you had not previously had minimal  
14          therapy with Factor VIII, you had had zero therapy  
15          with Factor VIII?

16         A. I'd had none, none, zero.

17         Q. This is a few weeks after your treatment. You are by  
18          this time under the care of Christopher, Dr Ludlam.  
19          Did he ever express to you a degree of ruthfulness or  
20          tell you that he felt that you should have received 8Y  
21          or an equivalent product?

22         A. No.

23         Q. We're just going to look at a handful of other  
24          documents that I know you are familiar with again  
25          through Penrose rather than having been provided to

1           you at an earlier stage.

2       SIR BRIAN LANGSTAFF: May I just ask a question here.

3           The significance of 8Y is that that would be the  
4       English product which had been heat-treated to a level  
5       which subsequently was found to convey no hepatitis.

6       A. The evidence, sir, had been since on the English  
7       product, it hadn't received -- it was a trial product.

8       SIR BRIAN LANGSTAFF: At the time?

9       A. Yes, but I have a wee bit of a weird view on -- well,  
10      it's not a weird view, I believe it's a logical view  
11      in terms of a period of trial.

12           You may try a product on 10, 20, 30, 40, 50  
13      people. By the time you get to 10 people you're  
14      starting to build a picture. By the time you go to 20  
15      you've got a better picture. By the time you've got  
16      to 30 you've got a very good picture. If that's the  
17      best product available, then you reach toward it for  
18      the safety of the patient.

19           So the evidence, as I understand it, was  
20      certainly by the autumn of 1985 the English -- no  
21      offence, guys -- were pretty confident that that was  
22      the best product for them.

23      SIR BRIAN LANGSTAFF: But the implication of this would be  
24      that Dr Ludlam in Edinburgh thought that the  
25      department there had a choice available to them of

1 giving you 8Y rather than the Scottish heat-treated  
2 product, which was known or thought to be not yet  
3 effective against hepatitis.

4 A. He later secured a supply. Just after I was infected  
5 he secured a supply of 8Y.

6 MS RICHARDS: And those are the letters we're about to  
7 look at, sir.

8 SIR BRIAN LANGSTAFF: I see. I am jumping the gun.

9 MS RICHARDS: You are, but to reach the correct outcome in  
10 terms of the issues that are being explored.

11 So we have that letter 27 June 1986. We then,  
12 if we could have up on screen, Paul, these are the  
13 Penrose references, please, Paul, so PRSE0004097  
14 please. So we're now on 7 July 1986 and Mr Boulton  
15 the Deputy Director again of the Regional Blood  
16 Transfusion Service is writing to Dr Perry again at  
17 the PFC saying this:

18 "Sorry to be pestering you again. Last week  
19 Dr Ludlam wrote to Brian asking if it would be  
20 possible to obtain some of the BPL products for use if  
21 a previously untreated haemophiliac presented for  
22 replacement therapy."

23 Then there was a discussion about quantities and  
24 the request is made at the end of the letter for  
25 possibly 10,000 units or, if not, about 4,000. We

1 see, I don't know if we have the letter that Dr Ludlam  
2 wrote, but by the end of June or beginning of July he  
3 has requested some of the BPL 8Y products.

4 If we turn on please, Paul, to PRSE0000702, this  
5 is a letter from Perry to the Blood Products  
6 Laboratory, to BPL in Elstree, dated 10 July 1986:

7 "Very occasionally a haemophiliac without  
8 previous exposure to Factor VIII concentrate [such as  
9 you, Bill] presents in Scotland for treatment. One  
10 such virgin patient presented very recently and was  
11 treated with our current product (68 degrees for  
12 24 hours) and subsequently developed markers for non-A  
13 non-B hepatitis, although he remains clinically well.  
14 It is our intention, as you probably know, to  
15 introduce a product heated at 80 degrees for 72 hours  
16 within the next two months and which will be  
17 comparable in terms of non-infectivity with your 8Y  
18 product. Pending the introduction of this product in  
19 Scotland and Northern Ireland I write to ask if it  
20 would be possible for you to supply PFC with a very  
21 modest quantity of 8Y, 50 vials, to cover the  
22 treatment of similar virgin patients who may appear  
23 between now and September. This request originated  
24 from our own haemophilia directors and in light of our  
25 imminent introduction of a product comparable to 8Y

1 does not seem unreasonable and should not place an  
2 overwhelming burden on your supply."

3 If we then have up on screen PRSE0003693,  
4 please, Paul, this is a letter 24 July. It's from  
5 BPL, Mr Pettitt at BPL, back to Dr Perry at the  
6 Protein Fractionation Centre in Edinburgh. It refers  
7 to the letter on the requirements for virgin  
8 haemophiliacs and then it proposes perhaps Scotland  
9 would like to participate in our trial of Factor VIIIY  
10 and then four paragraphs down:

11 "In case there are patients who do not strictly  
12 meet the criteria for trial now or in the future I've  
13 put aside some 8Y for immediate despatch to PFC or any  
14 other destination if you require it. I can arrange  
15 same delay delivery if necessary. Would you like this  
16 additional product to be sent to PFC now or have you  
17 made adequate arrangements for cover ..."

18 Then just two more letters, Bill, before I ask  
19 you to comment on them PRSE0001397, please. This is  
20 the same date, 24 July. We can see Dr Perry writing  
21 here to the Plasma Fractionation Laboratory in Oxford  
22 making the same request to them:

23 "I'd be grateful if you could supply PFC with 50  
24 vials of 8Y as a contingency in the event that  
25 a virgin haemophiliac presents for treatment."



1                   Then if we have please, Paul, PRSE0002616,  
2                   1 August 1986, the response from the Oxford Plasma  
3                   Fractionation Laboratory to the PFC in Edinburgh:

4                   "As requested, I am sending attached 50 vials of  
5                   8Y 3312 in case you wish to protect category 1  
6                   patients before your Z8 is ready."

7                   Then last letter, bill, PRSE0004290. This is  
8                   from Dr Perry, 4 August, to Dr Boulton at the  
9                   Transfusion Service at the Royal Infirmary:

10                   "Dear Frank, NANB transmission in virgin  
11                   haemophiliacs, just a note to conclude these  
12                   discussions. Could you let me know the batch of  
13                   Factor VIII involved in the transmission of non-A  
14                   non-B hepatitis to Dr Ludlam's virgin patient."

15                   Again you understand that to be you.

16                   "Whilst this outcome of treatment is not  
17                   surprising, we need to know the batch number and dose  
18                   to keep our surveillance cross-referencing records  
19                   complete."

20                   A. I was being watched.

21                   Q. We'll see that from some later letters as well, Bill,  
22                   after you moved from Edinburgh to Manchester.

23                   We see recorded in this letter of 4 August 1986  
24                   that the outcome of treatment, presumably referring to  
25                   the transmission of non-A non-B hepatitis to you, is

1 described there as not surprising.

2 The earlier exchange of correspondence shows  
3 a request being made after you have been treated with  
4 Factor VIII for there to be effectively an emergency  
5 provision of it from either Elstree or Oxford to  
6 Edinburgh to cater for circumstances identical to  
7 those in which you presented yourself at the Royal  
8 Infirmary.

9 A. Yes.

10 Q. As I understand it, your question is why that wasn't  
11 done earlier or one of your questions.

12 A. Well, in terms of following this correspondence,  
13 they're all very pally. It's not like a Scotland  
14 England battle here. The people in Scotland managed  
15 to get the English stuff very readily in my conclusion  
16 reading this.

17 Can I add a further comment about this?

18 Q. Absolutely.

19 A. I only learned about all of this when the preliminary  
20 report of the Penrose Inquiry came out and with  
21 colleagues in the legal team we thought this was an  
22 extremely significant matter, but we didn't get to  
23 explore it during that Inquiry in the depth that the  
24 strategic issues that it raised could have been  
25 explored.

1           I was never -- this is the first time I've been  
2           a witness at an inquiry. I was never invited to that  
3           inquiry to rehearse what we're just rehearsing now.

4       Q. Your supplemental statement makes the criticism or the  
5           observation that there appears to have been no system  
6           in place in Edinburgh to ensure that previously  
7           untreated patients such as yourself did not receive  
8           Factor VIII treatment?

9       A. Mm-hm.

10      Q. And instead were considered for alternative  
11         treatments?

12      A. Yes.

13      SIR BRIAN LANGSTAFF: Amongst alternative treatments, do  
14         we include here the experimental, apparently  
15         successful, 8Y?

16      A. Yes, that could have been an option along with DDAVP  
17         or cryo or whatever.

18      MS RICHARDS: If we just go back to the letter 2287010,  
19         please, Paul, in that second paragraph you will see  
20         it's there being recorded by Mr Boulton that it's  
21         Dr Ludlam who feels a few weeks after the 14 May that  
22         the patient --

23      A. That's the wrong paragraph. Sorry. Yes, that's the  
24         correct paragraph, yes.

25      Q. It's recording there that Dr Ludlam feels that this

1 patient should have received 8Y or an equivalent  
2 product.

3 SIR BRIAN LANGSTAFF: Subject to what is later to be said  
4 to me by Dr Professor Ludlam or others, this may carry  
5 the implication that he thought that there was  
6 a particular risk from Scottish product which there  
7 was not or likely not to be present in the English  
8 product.

9 MS RICHARDS: Sir, that's certainly one inference and  
10 I should of course have added that Dr Ludlam has been  
11 asked to respond and we understand is intending to  
12 respond.

13 A. That would have been the case at that point, sir.

14 SIR BRIAN LANGSTAFF: If he knew it then other haemophilia  
15 directors in Scotland would have known it and the  
16 question then arises why it was that the Scottish  
17 product wasn't successful in the same way, although it  
18 does appear steps were being taken towards that end.

19 A. Can I make an observation on that?

20 MS RICHARDS: Yes.

21 A. It came to our attention during the Penrose Inquiry  
22 that actually that supply of 8Y that Dr Ludlam  
23 obtained was retained in Edinburgh and it did not  
24 become available to other haemophilia centres in  
25 Scotland. I think I'm correct in saying that.

1 Q. Bill, returning then to your own personal  
2 circumstances whilst this correspondence is ongoing,  
3 by July 1986 you were feeling unwell.

4 A. Initially, I felt very unwell. Once the haematoma  
5 had -- I mean, I spent a period in hospital on bed  
6 rest and I had to have physiotherapy on my knee but  
7 I was -- you know, I was a young man and we were about  
8 to get married and and I was, you know -- the reason  
9 we got together is we both love the outdoors.

10 So I remember there was the episode at Kielder  
11 Water but there was other times when I was really  
12 struggling. I was a fit guy in terms of climbing  
13 hills and so on and I remember trying to walk into  
14 Knoydart, which is a very remote part of Scotland and  
15 being absolutely knackered.

16 So it took quite a long time. Eventually  
17 I actually did become fit again and I actually  
18 understand very, very well why it is that some people  
19 can have been infected with hepatitis C and for years  
20 feel perfectly well because after my body had adjusted  
21 to the initial impact of the viral load, you know,  
22 I got back to climbing hills, and in '93 I climbed the  
23 Old Man of Hoy, which is by no means the hardest thing  
24 I did, and did days on hills where I would walk  
25 30 miles and 8,000 feet, so for a while I did recover

1 my fitness -- for a while -- until I got on to  
2 interferon.

3 Q. But it was July 1986 when you had the raised ALT  
4 results that you've referred to and when you were told  
5 by Dr Ludlam that you had non-A non-B hepatitis?

6 A. Yes.

7 Q. What can you recall him telling you about the nature  
8 or seriousness of that condition?

9 A. Well, I can't tell you word for word.

10 Q. No.

11 A. But we gained an understanding that it was not  
12 a particularly -- in other words, the impression that  
13 the receipt of what was being communicated to us was  
14 such that we understood it was not a particularly  
15 serious condition. At that time, some people may  
16 remember in the mid-80s they talked about chronic  
17 active and chronic persistent and I was -- there  
18 seemed to be a wish to reassure me. The intent behind  
19 that again is not a matter for me; it's a matter for  
20 the Inquiry.

21 Q. You got married to Rosie in August of that year.

22 A. Yes.

23 Q. And the following year you --

24 A. Best thing I ever did.

25 Q. And the following year you moved to Manchester.

1 A. Yes.

2 Q. You registered with a new GP and you were referred to  
3 the Manchester Royal Infirmary Haemophilia Centre  
4 where, in due course, you were seen by another  
5 consultant.

6 A. I wonder if at this point, sir, I/we might be able to  
7 take this break that I requested because I'm afraid  
8 there's a fair bit of story to come.

9 I'm looking around the room, because I obviously  
10 hope that I'm not going to indulge on people's time  
11 too much that have come, but might we have, say, 10/15  
12 minutes just to get a cup of tea?

13 SIR BRIAN LANGSTAFF: Would ten minutes do you, do you  
14 think?

15 A. Ten minutes would do fine.

16 SIR BRIAN LANGSTAFF: We'll take ten minutes. Just after  
17 20 past 11.

18 **(11.12 am)**

19 **(A short break)**

20 **(11.25 am)**

21 MS RICHARDS: Bill, we'd got to 1987/1988, the period when  
22 your care transferred to Manchester and you came under  
23 the care of a different consultant there.

24 A. Yes.

25 Q. What did he tell you?

1       A. Well, we moved to Cheshire. It actually took quite  
2       a long time for us to (a) register with the  
3       haemophilia unit and (b) then to be referred to  
4       a hepatologist and in the drama of this, this was  
5       really one of the absolutely most memorable days of my  
6       life, by that stage I'd gone to work for the British  
7       Mountaineering Council in Manchester who had premises  
8       within the university precinct of Manchester  
9       University and it was actually really -- within that  
10      precinct was also Manchester Royal Infirmary.

11               By the time we eventually got round to buying  
12      a house, because it, actually we stayed -- we had to  
13      rent various places in between, we actually lived in  
14      an elderly care home for about three months I think  
15      because Rosie was a social worker and managed to pull  
16      the opportunity.

17               But I vividly remember that afternoon because  
18      this was my first visit, I think, to see  
19      a hepatologist and I walked into this waiting room and  
20      it was huge. There was piles of people there. My  
21      appointment -- you know, I had to be there at 1.00.  
22      Four hours later I'd still not been seen as one by one  
23      by one people went into the room. So I was pretty  
24      grumpy by the time I went in to this consultant, and  
25      you talked about Sir Percival, sir. Well, I'm afraid



1 I was a bit of a grumpy young Scotsman in terms of  
2 having been kept for that length of time.

3 Anyway, he looked at my notes and I think, you  
4 know, did one or two things and he then told me that  
5 I might have only ten years to live. By that time  
6 I was 30-year old. I now have my bus pass.

7 So I then walked back to the offices and  
8 I remember draping over the filing cabinet, as you do,  
9 and telling the general secretary who was still there,  
10 by that time it was about 6.00 at night and the office  
11 was empty apart from the general secretary and telling  
12 him this story, and I phoned Rosie.

13 Q. It was only once you were under the care of the  
14 Manchester Royal Infirmary that you understood that  
15 your condition was a very serious and chronic one.

16 A. That's absolutely correct.

17 Q. It's at that point, as I understand your witness  
18 statement and indeed that of Rosie, that you were  
19 given you say for the first time advice and  
20 information about risks of cross-infection and about  
21 the nature of the condition and the steps you might  
22 need to take.

23 A. Yes.

24 Q. You've suggested in your witness statement that the  
25 risks and seriousness of your condition had been

1 effectively played down in Edinburgh.

2 A. Yes.

3 Q. Is it your belief that they were played down because  
4 you think Dr Ludlam knew you shouldn't have been given  
5 Factor VIII?

6 A. Oh boy. The question of intent.

7 Q. You may not have a view, Bill, in which case there's  
8 no need for you to express one but this is your  
9 opportunity to if you do.

10 A. He was clearly severely embarrassed and maybe later  
11 you may wish to put the same question to Rosie who had  
12 experience of Dr Ludlam. He was not taking us aside  
13 and saying, "Look, things were gone wrong here". He  
14 didn't give us the advice that Dr Evans gave us, which  
15 was to consult a solicitor and, indeed, some years  
16 later we felt that he was trying to talk us out of it.

17 Q. You have learnt through looking again at your medical  
18 records that even after you transferred to Manchester,  
19 Dr Ludlam was in contact with your doctors and had  
20 asked to be kept informed of your progress.

21 A. Yes.

22 Q. We'll just look at a couple of letters. It's 2287004.  
23 This is a letter of 7 December 1987 from Dr Ludlam to  
24 Dr Delamore at the Department of Haematology at  
25 Manchester Royal Infirmary. It's writing to let them

1 know that you have moved into the Manchester area. It  
2 explains or it makes reference to the events in May of  
3 1986. It talks about you being treated with a single  
4 injection of Factor VIII concentrate and developing  
5 non-A non-B hepatitis following the Factor VIII  
6 infusion and then it says this:

7 "When he is reviewed at your clinic I should be  
8 most grateful if you could send me a note of his  
9 latest LFTs as I shall be interested in the continuing  
10 documentation of this unfortunate episode of  
11 hepatitis."

12 Were you aware that Dr Ludlam had been asked --  
13 had asked to be kept informed?

14 A. Well, not in relation to this letter. There is  
15 reference to when I informed Dr Ludlam that we're  
16 leaving Edinburgh of him referring me to a -- that  
17 I should register with a haemophilia unit once we got  
18 settled, but I didn't realise I was being watched to  
19 this extent.

20 Q. We can see there's a further exchange of  
21 correspondence or further correspondence if we look at  
22 2287005, please, Paul, and we go to the fourth page.  
23 We can see there's a letter, 3 May 1988, from  
24 a consultant haematologist to Dr Ludlam explaining  
25 that he'd seen you on Dr Delamore's behalf in the

1 haematology out-patient clinic. It refers to the  
2 results and says:

3 "We should be following up and will keep you  
4 informed as to how things go on."

5 Then there's various later correspondence in the  
6 course of 1988 between the Manchester Royal Infirmary  
7 and Dr Ludlam.

8 A. I wonder here -- the ALT readings here prompt me about  
9 a matter we covered earlier in relation to when I was  
10 first infected and, you know, the confidence about  
11 being told that I had got non-A non-B.

12 This is something obviously I have agonised  
13 about over the years because -- and, I'm sorry,  
14 I should have covered it when we discussed this period  
15 immediately after I was infected in Edinburgh. Is it  
16 okay to return to this?

17 Q. Yes, absolutely.

18 A. The reason that they were so confident that I had been  
19 infected and I was positive for non-A non-B were my  
20 liver function tests and I puzzled and puzzled and  
21 puzzled and puzzled about this and I had been a blood  
22 donor prior to my infection, and there's quite a bit  
23 of coverage in the Penrose report about this question  
24 of testing blood donations for ALT levels.

25 In terms of communication I was receiving, the

1 reason that they gave that they were so confident that  
2 I'd been infected was my ALT levels and that, when  
3 I puzzled about it, that made me think, well, why  
4 weren't they testing the donors? And of course  
5 I since became aware when I've read up on all of this  
6 they were using ALT tests in Germany in '65, in Italy  
7 I think the '70s or '80s, you know, much before other  
8 countries were using the test, much before.

9 I understand there are issues about false  
10 positives and false negatives, in other words somebody  
11 could have been infected and their ALTs hadn't risen,  
12 but I also vividly recall -- very vividly recall --  
13 a meeting that I attended in Edinburgh in the year  
14 2000 that had been set up with the Scottish National  
15 Blood Transfusion Service and the Haemophilia Society  
16 and there were two points in particular. The meeting  
17 is minuted, where a senior official from the Scottish  
18 National Blood Transfusion Service questioned that  
19 someone could have been infected in 1986 in Scotland  
20 and it was someone called Karin Pappenheim, who led  
21 that meeting. She was the Chief Executive in London  
22 of the Haemophilia Society at the time and most of us  
23 infected that were there were pretty silent. I put my  
24 hand up and said -- they basically, didn't believe  
25 there was anyone who could have been infected. I put

1 my hand up and said "It's me".

2 But the other thing that I remember from that  
3 was the remark that about ALT levels, that if  
4 donations had been tested one of the reasons, and  
5 there was, of course, costs involved in that, in  
6 testing donations, one of the reasons that there may  
7 have been difficulties in testing people, the  
8 official's words were they might have had a good drink  
9 the night before and I remember thinking if you live  
10 in certain parts of Scotland, the idea of what's  
11 a good drink might be interpreted rather -- shall we  
12 say there may be different interpretations upon that.

13 Sorry, I have diverted but I think it's really  
14 a very significant point to make.

15 Q. You said you wanted to make the point about ALTs.  
16 That's fine.

17 Over the years that followed from you being told  
18 of the seriousness of your condition in Manchester,  
19 you and Rosie established your life there, you had  
20 children?

21 A. Yes.

22 Q. You became very careful not to infect them through the  
23 precautions that you felt you had to take, razors,  
24 toothbrushes, when there were cuts not going near  
25 them?

1 A. Yes.

2 Q. You were open about your diagnosis with people?

3 A. Yes.

4 Q. Did you experience any particularly problematic  
5 treatment or stigma when you were trying to access  
6 dental or medical treatment?

7 A. There was one dentist in Cheshire who refused me.

8 Q. Did they give a reason for that refusal?

9 A. I've got hepatitis C.

10 Q. In the period prior to your first course of treatment  
11 for hepatitis C, how was your health generally?

12 A. Well, I was climbing. As I say, I was climbing with  
13 some of the best climbers in Britain by that stage.  
14 I mean, initially the first two or three years when we  
15 worked, I worked for the British Mountaineering  
16 Council, we were on the hills most weekends.

17 Yes, I mean, I would be tired but I could still  
18 do it. I mean, I was climbing into the extreme  
19 grades.

20 Q. It was the middle of 1993 when you started your first  
21 treatment with alpha interferon?

22 A. Yes.

23 Q. What can you recall about that treatment?

24 A. It's grim. It's just vile. And actually, funnily  
25 enough, because I have been so tired over the last two

1 or three days, when I get tired, because I've been  
2 here too many days this week, I was recalling some of  
3 the symptoms. Because of my liver, when I get tired  
4 the symptoms are basically like having a big hangover.  
5 When I was on interferon treatment, it was like a  
6 constant, permanent, huge, massive hangover, throbbing  
7 headache, nausea. There's a story about the nausea  
8 actually.

9 SIR BRIAN LANGSTAFF: Could we just pause there for a  
10 moment. I'm sorry, Bill, there's a problem with the  
11 transcript which has arisen.

12 *(Pause: technical issue)*

13 **(A short break)**

14 **(11.53 am)**

15 MS RICHARDS: Sir, for those listening and watching at  
16 home, we had a problem with the equipment on which the  
17 evidence is transcribed here in the hearing room which  
18 has now been resolved.

19 SIR BRIAN LANGSTAFF: Thank you.

20 MS RICHARDS: Bill, you were describing the effects of  
21 that first course of treatment like a very bad  
22 hangover.

23 A. Yes, constant for 12 months.

24 Q. You persisted with that treatment from June 1983 to  
25 June 1994?



1 A. Yes.

2 Q. What was the outcome of that treatment?

3 A. It failed.

4 Q. 1996, you returned to Edinburgh Royal Infirmary in  
5 terms of your care?

6 A. Yes.

7 Q. And you embarked upon a second course of treatment  
8 with interferon in 1997, this time with ribavirin as  
9 well I think.

10 A. Yes. That was quick.

11 Q. How long were you on that treatment for?

12 A. Oh, it was only -- I think it was less than two weeks  
13 because I had a telephone call from the haemophilia  
14 unit. The words weren't quite it's killing you but  
15 it's doing you some very, very serious damage. My ALT  
16 levels had shot up to over 1,000.

17 Q. You then embarked upon your third course of treatment  
18 in the period from August 2000 to February 2001.  
19 Again interferon and ribavirin, I understand?

20 A. Pegylated interferon and ribavirin.

21 Q. How was that course of treatment?

22 A. That was quite rough. That was pretty rough as well  
23 the difference being that I only took one injection  
24 a week rather than three a week. The pegylated  
25 element was a sort of sugary substance to make it last

1 longer.

2           However, there was reason to stick with it  
3 because within I think two months -- six weeks,  
4 I actually went PCR negative. I think that was for  
5 the first time and there was an incentive to endure it  
6 that time. So I saw it through for the six months and  
7 for, yes, at least four out of the six months I was  
8 PCR negative.

9 Q. You thought that this treatment might have beaten the  
10 hepatitis C.

11 A. We did.

12 Q. But it transpired at the conclusion of the treatment  
13 or afterwards that that was not the case?

14 A. Within a month there were traces reappearing and it  
15 came back with a bit of a vengeance, actually.  
16 However, the other -- the one before we go on to talk  
17 about what happened thereafter, briefly I took up road  
18 running because my viral load had been significantly  
19 decreased and I say quite proudly I managed to run  
20 a half marathon in one hour and -- didn't break the  
21 1.50 but it was about 1 hour, 51 minutes or something.

22 Q. You described the news that that third course of  
23 treatment hadn't worked in one of your statements as  
24 devastating.

25 A. Life then went to pieces for the next three or four

1 years, and this is the hardest bit of my evidence.

2 Q. You say in your statement you lost your way in life  
3 for a period of time.

4 A. That would be to put it mildly.

5 Q. You've given an account in your written statement. It  
6 is entirely a matter for you as to how much if  
7 anything you want to say.

8 A. No, no, I can do this. It's okay. No, it's  
9 important.

10 No, it's okay, Rosie.

11 I've tried to analyse why this happened.

12 I don't know if it was the disappointment of the  
13 treatment not working. I don't know if there was  
14 still vestiges of the interferon in my system because  
15 it's well-known it causes depression. I don't know if  
16 it was the hepatitis C when it came back. I don't  
17 know if it was because of my liver or I don't know  
18 it's because of a character trait, and I use the words  
19 quite advisedly about character trait rather than  
20 character weakness or defect, but I became very  
21 severely depressed, extremely. I descended into  
22 a very, very deep depression to the point of being  
23 actively suicidal and I fuelled it with alcohol and  
24 I became dependent upon alcohol.

25 This was at a period in our life where we had

1 two young children and there was a whole series of  
2 terrible events, things that I did that I am ashamed  
3 of, I feel guilty about and I will regret to the day  
4 that I die.

5 And thanks to the strength of an amazing wife  
6 and some supportive friends and family and an  
7 individual professional in Edinburgh Royal Infirmary,  
8 by the end of 2005 there was a series of events that,  
9 rock bottom-type events that I/we pulled things  
10 around.

11 The reason for my particular guilt is because of  
12 our son and daughter and when we went through our  
13 statements and we brought all this back, it was hard.  
14 But, actually, my son and daughter are the two most  
15 remarkable young adults, incredibly well-adjusted,  
16 both with very good university degrees, they're  
17 sensitive, they're kind and they're forward-looking  
18 and one of the things, the mottos that they gave me,  
19 our children taught me was deal with it and move on.  
20 And I am now not depressed. I got off the booze.  
21 I've been off the booze for 14 years. There were  
22 a couple of lapses that I might come on to but the  
23 last time I had a drink was over ten years ago.

24 I've listened to some stories about people who  
25 were affected in one way and there's one particular

1 story of a widow in Glasgow whose husband went down  
2 that road and never made it and it breaks my heart.

3 I was a bad person. I don't think I am a bad  
4 person and where I was destructive, I try now to be  
5 constructive and if you take all the episodes of when  
6 I was told that I might have only ten years to live,  
7 there was a time that I thought I was going to die  
8 when I had a liver biopsy, there was the false heart  
9 attack and then there was a situation in 2015 where  
10 things weren't looking clever, it's not possible but  
11 I would swap all of those if I could only relive those  
12 four years.

13 Q. In 2007, after the period that you've just described  
14 you embarked upon a fourth course of treatment for  
15 hepatitis C.

16 A. Yes.

17 Q. What happened during that treatment and after it?

18 A. You could say it failed again. I failed. By then,  
19 the consultant -- you know by 2007 I was 21 years into  
20 having the virus and the consultant was quite anxious  
21 that we did something and I got straightened out and  
22 we had another go. But it wasn't a good start because  
23 the night before it started was the report on  
24 Newsnight when Susan Watts did the report actually  
25 about, by then, Professor Ludlam and it failed.

1 Q. And you experienced during that treatment similar side  
2 effects to those you've described with earlier  
3 treatments, nausea, fatigue. You've put it in your  
4 statement as being floored by the treatment?

5 A. Yes. I was four-nil down.

6 Q. The principal consequence of that fourth course of  
7 treatment was to leave you with a condition of chronic  
8 fatigue.

9 A. Yes, that's correct and one of the things that struck  
10 us about that was that having had the experience after  
11 the third time where, you know, after I completed the  
12 interferon I was able to run the half marathon, we  
13 expected that at least I might get a bit of uplift but  
14 it didn't happen. Indeed, quite the reverse, and  
15 I was medically retired at the age of 49, not a great  
16 age to be on the scrap heap really.

17 Q. In the period from 2007 onwards, you've never regained  
18 your previous health?

19 A. No. No, I don't -- Rosie may well talk about this but  
20 the hills that I love, I simply don't have the energy  
21 and I'd like to make a point about this that people  
22 should be under no mistake about I look perfectly  
23 healthy. People say, "You look so well", but the  
24 fatigue and the exhaustion and the time that I devote  
25 to this story can be completely overwhelming. I mean,

1 this weekend it will be -- I'll sleep a lot.

2 Interestingly enough, and I hope it doesn't  
3 affect me in terms of what I say at the end, but  
4 I actually recognise the symptoms of the fatigue in  
5 the last 24/36 hours where when one becomes very,  
6 very -- when I become very exhausted, it washes up  
7 through you, and you actually you feel nausea, your  
8 appetite's affected, and you have that -- that  
9 headache's there and I mean, life's so much better  
10 than it was back in 2001 to 2005 but it's just there,  
11 that fatigue.

12 Much of the time, frankly, in a situation like  
13 this I think I'm probably operating on adrenaline.  
14 But then, you know, when those particular situations  
15 are over, I have to go back, very often I have to have  
16 a rest in the afternoon.

17 Q. In 2015 you embarked upon a further course of  
18 treatment for hepatitis C. What was your physical  
19 health like at the time and what advice and  
20 information were you given that prompted that  
21 treatment?

22 A. This is a point that I think Rosie might answer better  
23 than I, but ironically at the time that the Penrose  
24 Inquiry report came out, March 25, 2015, and the  
25 following day, 2016, I was experiencing this feeling

1 of exhaustion but also the adrenaline pushed back, so  
2 we got through it.

3 I'll forever be indebted to Dr Julie Anderson  
4 actually because it was her -- she said, "I'm speaking  
5 to you not as a haemophilia consultant. I'm speaking  
6 to you as a haematologist. Your white cell count  
7 neutrophils are going down below normal and your  
8 platelets are down below normal" and that's an  
9 indicator of going in the direction of non-Hodgkin's  
10 or carcinoma or whatever, and I was persuaded to  
11 consider a fifth attempt at treating the virus.

12 One of the options involved interferon. And  
13 I was absolutely adamant that I would not accept it.  
14 I frankly would rather have paid the ultimate price  
15 and died with dignity than go back on that stuff.

16 So there was obviously quite a lot of toing and  
17 froing between my health board and -- which is Tayside  
18 and Lothian Health Board, where I was treated, and an  
19 agreement was made to treat me with daclatasvir,  
20 sofosbuvir and ribavirin, and that treatment was  
21 originally was supposed to be for 24 weeks and would  
22 have cost tens and tens and tens of thousands of  
23 pounds was much easier, much, much easier to endure  
24 and I now have a sustained viral response.

25 I'm left with a scarred liver, liver cirrhosis,



1 and I have a lymph node in my liver about that size  
2 (*indicated*) but it's not getting bigger and a bulge in  
3 my liver and it's scarred, but that treatment meant  
4 that I wasn't suddenly going to go like that  
5 (*indicated*).

6 Q. Although the treatment cleared the virus, you have  
7 been left, as I understand it, with the chronic  
8 fatigue condition that you've previously described.  
9 That has not been eradicated by the treatment.

10 A. Yes, I think it's important to emphasise here that  
11 I have quite a high public visibility and I'm the  
12 Chairman of a charity which takes up a fair bit of my  
13 time, focus and energy. This Inquiry obviously  
14 currently takes up a fair bit of my time, focus and  
15 energy but I am drained. Many of us are drained.

16 I mean, I am able to be more active. I can play  
17 a round of golf, not brilliantly, but I'm not giving  
18 up on life. I mean, I think, if my time in life is to  
19 be shortened because my life expectation since 1988  
20 has been shortened, I want to use that time  
21 positively, constructively and usefully, and if I'm  
22 tired then I have to go to my bed and I have, as well  
23 as wanting to be positive and constructive, I also  
24 have a bit of a bucket list.

25 My daughter's arranged for me to jump out of

1 a plane in a couple of weeks, but you don't have to  
2 use a great deal of energy when you jump out of  
3 a plane tied to a Red Devil really.

4 Q. You have described in your written statement being  
5 infected as the defining factor in your life.

6 A. Yes.

7 Q. You have said that never a day goes by when you do not  
8 reflect on what might have been?

9 A. Yes. I mean, in some ways I can't change -- you know,  
10 I can't turn the clock back but obviously as someone  
11 who's reasonably -- I was about to say, and I'm stuck  
12 for words, I was about to say reasonably articulate  
13 and reasonably intelligent, you know, I do wonder what  
14 I might have achieved in life professionally and  
15 reflect on that.

16 But, no, it didn't happen and I try -- I try and  
17 use my time to the best of what I can do.

18 Q. Having had to retire medically in 2007 as you've  
19 explained, you have spent many of the following years  
20 working for Haemophilia Scotland?

21 A. Yes. Frankly, we set it up.

22 Q. You have contact with hundreds of people who have been  
23 infected or affected in consequence of that work.

24 A. Yes.

25 Q. You've said in your statement you feel a sense of

1 duty.

2 A. Absolutely. It's inescapable.

3 Q. And a responsibility to allow their stories to be  
4 heard.

5 A. I keep telling people the job that I have is to open  
6 doors and introduce people to each other so that we  
7 can support each other, and Rosie's not very happy  
8 about it because of the time and energy and focus it  
9 involves, because she gets the sharp end of the stick  
10 when I'm really tired, but I am so committed after the  
11 horror of the Penrose Inquiry to see things happen  
12 better.

13 I believe in this Inquiry, very strongly, sir,  
14 and I believe not only in what you're doing but your  
15 very human and able team and the sense of warmth and  
16 support that we've all had this time round in Scotland  
17 compared to the previous occasion is something that  
18 I think I might venture for all is much appreciated.

19 Q. I am going to ask you a little bit about the financial  
20 consequences of what you've described.

21 A. Oh boy. Yes.

22 Q. You lost an income through giving up work. I'll be  
23 asking Rosie as well to talk about that. Is there  
24 anything that you in particular would wish to say  
25 about that?

1 A. I wonder if at a later date when the Inquiry is  
2 investigating its various issues and comes to discuss  
3 the Scottish schemes, as someone who had a very  
4 significant hand in establishing those schemes in  
5 Scotland, I might be invited to comment at that point.

6 Q. You have anticipated, bill, in fact, my next question,  
7 which was whether you had any comments you wanted to  
8 make at this stage about Skipton or the SIBSS but if  
9 you want to defer that ...

10 SIR BRIAN LANGSTAFF: If you would prefer to leave those  
11 comments until later, then we shall see what we can  
12 do. I won't make promises which I might not be able  
13 to keep.

14 A. No, of course, sir.

15 SIR BRIAN LANGSTAFF: But we will see what we can do to  
16 accommodate them and certainly in writing.

17 A. Yes.

18 SIR BRIAN LANGSTAFF: No question about that.

19 A. Okay.

20 The question of money, the facts are following  
21 the advice of Dr Evans in 1996 we eventually served  
22 a summons in 1999. 20 years later that legal action  
23 is unresolved.

24 In terms of my loss of income, I mean I refer to  
25 what I said earlier in terms of I don't know just what

1 I would have achieved in life. Rosie until the last  
2 two or three years has been the main bread earner by  
3 far in our family.

4 MS RICHARDS: You have said in your statement one thing  
5 that has made a difference in the last two or three  
6 years, and you can deal with this in more detail in  
7 due course, has been the payments that you now receive  
8 through SIBSS.

9 A. Yes. I mean, I will when I sum up say something with  
10 regard to the general situation in terms of damages or  
11 compensation.

12 Q. In terms of the impact on Rosie and on your children,  
13 I'm going to ask Rosie about that to the extent that  
14 she wants to deal with it.

15 Is there anything that you would like to say at  
16 this stage about that?

17 A. No because if I start to talk about this lady sitting  
18 on my right I will end up on that floor in a howling  
19 mess.

20 Q. I will leave that then.

21 The final matter I was going to ask you about,  
22 Bill, is really one you have touched on already and  
23 that was about the Penrose Inquiry. I wasn't going to  
24 ask you about any detailed commentary on its outcomes  
25 but just about its impact on your life and the amount

1 of time you spent on it.

2 A. I was a core participant in the Penrose Inquiry and at  
3 the time that it started, which was about 2008 I think  
4 it was, and I think it was by 2009 we were getting  
5 toward the initial hearings. I was still very low in  
6 self-confidence following what happened in 2007.  
7 Haemophilia Scotland didn't exist, I had no position  
8 and the reason that we ended up toward the end of the  
9 Inquiry, obviously, on the day the report came out  
10 I had a very high profile and indeed the following day  
11 when the First Minister, Nicola Sturgeon, responded.

12 We'd formed Haemophilia Scotland. Originally we  
13 had been asked to form a Scottish committee of the  
14 Haemophilia Society, the UK Haemophilia Society.  
15 Within a year we decided that because of devolution  
16 that we wanted to do our own thing and Wales and  
17 Northern Ireland have followed since. That meant that  
18 as the inquiry went on I had more and more of a role  
19 in terms of briefing our legal team and, however, that  
20 Inquiry was entirely different.

21 I'm going to make a point when I sum up here.  
22 To give an idea for those who didn't experience the  
23 Penrose Inquiry, when the Chairman came into the room,  
24 we had to stand. We were there, we were never  
25 acknowledged by the Chairman. We had to fight to get

1 changes and I mean really fight to get changes to the  
2 list of topics. We spent hours, I remember one  
3 particular day where we were on the island of Colonsay  
4 and the mobile phone reception on the island of  
5 Colonsay is not great and Mr Dawson here wanting some  
6 briefing in order to respond to Lord Penrose, so we  
7 were trying to drive backwards and forwards in the  
8 hotel. It took a couple of days out of our holiday.

9 I remember as well as when the report was  
10 presented the last day -- well, there was actually two  
11 last days. The last official day everybody was  
12 thanked for all the efforts they'd made, including the  
13 security staff and the cleaners, but the Chairman  
14 didn't thank the core participants, even though we had  
15 devoted so much time. I am entirely confident, sir,  
16 that will not happen with this Inquiry.

17 Then we had the extra day about statistics  
18 where, frankly, and we have to, I think, offer  
19 a degree of sympathy but the Chairman was frankly rude  
20 to our counsel and those sitting behind him as he  
21 called them.

22 So it was not a particularly edifying exercise  
23 and what then followed on, however, was much more  
24 positive and I remember the day after because the  
25 difficulty in terms of -- if I can explain what

1 happened in relation to the public understanding of  
2 that day, we'd known for a week beforehand that this  
3 report was going to be -- we'd known about it only  
4 having a single recommendation and we thought, if  
5 you'll excuse me, "Oh shit, this is going to be  
6 rough".

7 So we'd been advised to set up a press  
8 conference in response, not in a different building  
9 but there, and with the help of Dan Farthing we'd  
10 organised a no media event in St. Augustine's Church  
11 nearby that afternoon, basically, so that we could,  
12 away from the media, give people the opportunity to  
13 comfort each other, and the First Minister of Scotland  
14 and the Cabinet Minister for Health and Public Health  
15 Minister came and just sat and listened to stories and  
16 that was the start of something entirely new in  
17 Scotland, an approach that was never taken in London.

18 However, when the poor Secretary of that Inquiry  
19 had, in the absence of the Chairman, delivered that  
20 report and people at the back were starting to become  
21 very agitated, she stopped and all hell let loose, but  
22 we had a press conference to deliver and I felt we  
23 cannot let this happen. We have to stick together and  
24 it was one of the hardest moments of my life and there  
25 was someone who came up and supported me who's present



1 today. And I went out in front of that group of  
2 people, half of them was the nation's media. All you  
3 see on the television now is the burning of that  
4 damned report but we stuck in there and we I believe  
5 pulled that around.

6 I was very passionate in response and I thought,  
7 "How the hell are we going to pull this around",  
8 because people were so angry and I remember ripping  
9 off the Penrose sign, but I also remember thinking  
10 this is not fair on a relatively junior officer of an  
11 inquiry. It wasn't even a QC that delivered the  
12 report, who had to deliver this bad news.

13 So here's me with a suit on I went up and shook  
14 her hand and said, "That could not have been easy to  
15 do", and of course people present who didn't know us  
16 just thought there's a guy in a suit shaking her head,  
17 congratulating her. But the story was actually very  
18 different and I will never, ever forget that day. We  
19 dealt with the nation's press and from then on we've  
20 had a working relationship with Government in Scotland  
21 and I think that's really important, sir, in terms of  
22 the recommendations of this Inquiry.

23 We don't make progress by throwing mud at  
24 people. We have to talk to Government. It's vital.  
25 There's a member of the Scottish Government here today

1           who I admire and we need to be constructive. We need  
2           to look forward and if we're going to get a resolution  
3           to this story, it's important that we reach our hands  
4           out rather than throw mud.

5       Q. Bill, those are the questions I have for you but  
6           I know that there's more that you wanted to say.

7       A. Yes.

8                   I'm sorry, I've kept everyone back for so long.  
9           I'm going to stand up.

10                   I hope I don't become overemotional because I am  
11           extremely tired but I want to stand up, sir, because  
12           I stand up with respect to you but the people I'm  
13           really standing up for are these people that the  
14           camera can't see.

15                   I look around this room and I see a woman that's  
16           lost her father, a couple of men who could have had  
17           a real working life, a man who's memory is badly  
18           affected, a man who had a liver transplant, a woman  
19           who's devoted 30 years of her life to her husband with  
20           HIV and AIDS. I see a daughter whose father I knew  
21           who died and another wife who lost her husband. I see  
22           some parents who have devoted their life to the care  
23           of their son. I see another widow who lost not only  
24           her husband but her whole livelihood. I see a man  
25           who's had other health problems who continues to live

1 with the impact of hepatitis C.

2 I see people not only from Scotland but from  
3 Northern Ireland and I think about the people who  
4 might be looking into this via the web. I think about  
5 a woman bed ridden living alone in the remotest, one  
6 of the remotest parts of Scotland, helpless, lonely.  
7 People from Aberdeen, a man in a wheelchair infected  
8 with AIDS, he's blind, he's had cancer and somehow  
9 he's still alive. I think of a woman who not only  
10 lost her husband from AIDS but she herself was  
11 infected with AIDS too. I think of a woman in  
12 Newcastle who lost her husband from AIDS, who's had no  
13 recognition. I think of people who need to move house  
14 because of the illness that they face and struggle to  
15 do so.

16 There are so many and they include obviously the  
17 wee boys, wee boys, with parents losing sons,  
18 particularly from Yorkhill.

19 I stand in awe and I'm not being impertinent,  
20 sir, I stand in awe at these people. But I also look  
21 here to the lawyers, particularly those of you who  
22 represent governments, central legal offices and so on  
23 and so forth. And governments -- governments for me,  
24 we've got two people here in Scotland today, ask them  
25 what they are going to do about this. I ask the media

1 not to report how emotional I am about this. Go and  
2 ask these guys who want to be our Prime Minister. Go  
3 and ask them what they are going to do about this  
4 disaster.

5 The Prime Minister, and this is a paper that  
6 I've been sent, it's not on relativity, sir, I was  
7 sent it prior to this Inquiry. Back in 1990 there's  
8 an internal document from Downing Street where the  
9 then Prime Minister, the man who preached family  
10 values, said -- the Prime Minister, however, feared  
11 that a judge might be prevailed upon to allow  
12 time-expired cases to be brought. He was worried that  
13 one of these cases might succeed which would be  
14 presented by the campaign as a victory on general  
15 issues. In other words, he didn't want us to win.

16 Where's the humanity in that? Where's the  
17 compassion? When we ask the leaders of our country if  
18 they are fit to be leaders, how do you judge these  
19 people? And I ask you as lawyers, particularly those  
20 of you who are here on behalf of Government, to go  
21 home today and examine your consciences and reach deep  
22 down into your very personal souls. I don't believe  
23 you're bad people but you are people who advise and  
24 you need to advise with compassion and humanity.

25 So, sir, I stand, we all stand, and we will

1 continue to do so until this matter's resolved.

2 I thank you.

3 Q. Bill, I am just going to ask Mr O'Neill and Mr Dawson  
4 if there's anything to ask. No.

5 SIR BRIAN LANGSTAFF: Bill, you have stood for us, for  
6 them, for them, for me. It will not surprise me if in  
7 thanking you for your testimony this morning they  
8 stand for you. Thank you.

9 We'll take a break for lunch and we'll come back  
10 at shall we make it 1.25. I think that gives us all  
11 time for lunch.

12 Would you like the hour?

13 A. I'm apologising, it took so much time.

14 SIR BRIAN LANGSTAFF: Don't apologise. You had to be  
15 heard. 1.25.

16 **(12.38 pm)**

17 **(Luncheon Adjournment)**

18 **(1.32 pm)**

19 SIR BRIAN LANGSTAFF: We now have Rosie, do we?

20 MS RICHARDS: Yes, sir.

21 SIR BRIAN LANGSTAFF: Please.

22 **ROSEMARY WRIGHT, affirmed**

23 **Questioned by MS RICHARDS**

24 Q. Rosie, we've heard from Bill about the circumstances  
25 of his infection in May 1986.

1           Is there anything, first of all, in relation to  
2           those circumstances and the events around May 1986  
3           that you wanted to add to?

4       A.   Not particularly about the events leading up to him  
5           being given the Factor VIII. I wonder why it wasn't  
6           picked up, why when he went to A&E and he came back at  
7           said, "I've got water on the knee", why you would have  
8           a haematoma and then it would become water on the  
9           knee -- I don't understand that.

10                 But I can confirm what he said in his statement.  
11           I wasn't there on the night that he was given  
12           Factor VIII. I was working in Perth.

13       Q.   Can I then take you forward a few weeks in 1986 to  
14           July 1986 when Bill was told by Dr Ludlam that he had  
15           non-A non-B hepatitis. I'm just going to ask to have  
16           put on screen one document. It is 2287012.

17                 It's the bottom of that first page. It's the  
18           entry of 11 July 1986:

19                 "Explained about abnormal LFTs. Reassured that  
20           most likely diagnosis is non-A non-B hepatitis.  
21           Patient is symptomatic nausea and feeling off colour.  
22           Advised to avoid alcohol at least until LFTs return to  
23           normal."

24                 First of all were you present when Dr Ludlam  
25           gave Bill the diagnosis?

1       A. No, I don't remember being present on that occasion.  
2           I think I did go back for one other appointment but  
3           I was working and it wasn't in Edinburgh. But my  
4           understanding from Bill was that, yes, you've got this  
5           non-A non-B and we did understand, because he was told  
6           the next day, about the 50 per cent risk of that, that  
7           duly that's what he was showing, and he was off  
8           colour. He's explained himself about being away in  
9           the North of England and feeling really ill when he  
10          didn't expect to be.

11                 And because we understood -- we understood it to  
12          be something that was there but should resolve and my  
13          recollection is it should be self-limiting and that  
14          actually -- that's consistent with our understanding  
15          that, yes, he needed to not drink alcohol, he didn't  
16          drink any alcohol on the night of our wedding, but  
17          that this was something that would play out over time  
18          and we were not particularly concerned about it.

19        Q. We have the term used in the notes is "reassured".  
20           You, as I understand it, simply got on with your  
21           lives. You got married in August of 1986 and you  
22           continued with your plans, moved to Manchester unaware  
23           that there was any significant ongoing health issue.

24        A. Yes. I mean, we didn't -- that summer in '86 we were  
25          still in Edinburgh. It was only at the beginning of

1           1987 that the opportunity for the job down south came  
2           up and so Bill secured that job. So he moved from  
3           a permanent contract to what we knew was a fixed term  
4           contract without any notion that this was going to,  
5           this illness would have any kind of long-lasting  
6           impact on our lives, which is why the following year  
7           it was such a shock when we found out that he still  
8           had it and it was serious.

9           Q. What do you recall of learning that Bill's illness was  
10          a serious one and that he had a potential prognosis of  
11          only ten years?

12          A. Just complete shock. He remembers the day that he was  
13          told that. I remember the day he was told that  
14          because I got home from work and I can see myself  
15          beside the phone and he's telling me on the phone, and  
16          we were young, we were not long married, the world was  
17          our oyster, we still felt in those days, and so it was  
18          a complete shock and our lives changed.

19          Q. You've drawn a contrast in your statement between the  
20          understanding of the nature and seriousness of the  
21          condition that the two of you gleaned following the  
22          consultations that Bill had in Manchester compared to  
23          the information that had been given in Edinburgh by  
24          Dr Ludlam?

25          A. Mm-hm.



1 Q. Is there anything further you would want to say about  
2 that?

3 A. Only that it became clear much more of the  
4 ramifications, so he was given the news that day and  
5 I, subsequently, was at the next appointment and it  
6 was with Dr Warnes and he explained about the  
7 seriousness of the condition. He explained about  
8 transmission. We asked what does this mean about  
9 having children and he said, well, there is a risk to  
10 me but they thought it to be a low risk and his advice  
11 was if you want to have children go ahead and do it.

12 I don't remember being given any written  
13 information at that time but certainly that was  
14 quite -- that was quite a thorough consultation.

15 Q. Before I ask you about the impact upon you and family  
16 life and indeed your observations of the impact on  
17 Bill of the cycle of treatments he went through,  
18 I just wanted to ask you very specifically about the  
19 meeting with Dr Ludlam that took place in,  
20 I understand, about 1999. This was after there'd been  
21 the initiation or around the time of initiation of  
22 legal proceedings?

23 A. Mm-hm.

24 Q. What can you recall about that?

25 A. I think it's the discomfort that we felt. We had --

1 we were about to serve a summons. You've heard from  
2 Bill that we went for many years thinking that he, you  
3 know, this is just life, there wasn't any question  
4 particularly about his treatment.

5 Then in 1996 we understood differently and began  
6 to look into this more and we were going to serve  
7 a summons, and Dr Ludlam invited us to meet with him  
8 in his office. It must have been in the Edinburgh  
9 Royal Infirmary, I can't remember exactly where but  
10 I can see the office.

11 And it was -- and I say it was uncomfortable  
12 because we felt that we were being told what do you  
13 mean, you know? Why do you think this? Surely,  
14 you've got this wrong, your understanding that maybe  
15 you didn't have the best treatment.

16 So I do remember him talking about going through  
17 other sorts of treatment and my recollection is that  
18 he said, "I can't say that if I'd been there on the  
19 night you wouldn't have had Factor VIII". That's what  
20 I remember, but he certainly didn't say I would have  
21 given you Factor VIII.

22 Q. Do you recall any discussion in that meeting about his  
23 views on giving DDAVP?

24 A. I think -- I don't recall in detail but I think he did  
25 go through, and I'm presuming that he had reasons why

1 he didn't think that that -- he didn't think that or  
2 there may have been issues with DDAVP. That wasn't  
3 necessarily the obvious choice.

4 Q. Can I ask you to describe from your perspective the  
5 cycle of treatments that Bill went through and the  
6 impacts those treatments had on him, on you and on  
7 your lives.

8 A. What I would say, it's just years and years of  
9 uncertainty, anxiety, and fear really because we went  
10 into -- we had our first child and then treatment  
11 became available. Before that, he had a biopsy to  
12 see -- really to see if treatment would be necessary  
13 and he went in and I went to collect him after he'd  
14 had the biopsy, he'd had DDAVP, it was very effective  
15 and he came home and he was being sick all the way  
16 home.

17 Then that evening he woke up and said, "I've got  
18 a real pain. I really -- I'm absolutely, I'm really  
19 scared", and I actually thought he was going to die  
20 because I thought he was potentially that was his  
21 liver bleeding because we knew that that was  
22 a possible side effect. So I had to get a friend to  
23 come and be in the house with our daughter and I drove  
24 him back the 25 miles to Manchester. In the end it  
25 was okay, it settled down, they considered that

1 probably the pain was to do with the amount of  
2 retching that he'd done. But that was the first time  
3 I was really scared.

4 As regards the treatment, I think we went into  
5 the first treatment fairly upbeat, not realising what  
6 it would be like, and I think that you can read and  
7 there wouldn't have been much to read in those days,  
8 but you can kind of read the side effects, but it  
9 doesn't really equip you for what then happens and he  
10 was ill. He was particularly ill immediately after  
11 the injections that he had to give himself and he was  
12 just ill for the whole period, really.

13 So we were both working. He was working and  
14 therefore that's really all that he could do. So from  
15 my perspective it was about also working and looking  
16 after our daughter.

17 Q. What was the effect of the hope of a treatment  
18 working, the treatment not working, a while later  
19 trying again, having the hope that the treatment might  
20 work and having that hope dashed, and having that done  
21 repeatedly?

22 A. I think that's what wears you down because between the  
23 start of that treatment and, say, at the end of 2015  
24 when he has had the sustained response from the most  
25 recent treatment, it's just years and years of not

1 knowing where you stand.

2 All the time -- you have got to keep -- well,  
3 you haven't got to keep trying to the treatment but  
4 you feel you need to keep trying to the treatment and  
5 each time and particularly the time in 2000/2001 that  
6 was more than physical symptoms. That affected him  
7 psychologically quite badly during the treatment and  
8 that's quite scary. Yeah, being the person who's the  
9 closest, being the person who's got two children to  
10 protect, and we then went through really difficult  
11 years, really difficult years.

12 Q. I'm not proposing to ask you anything further about  
13 those particular years. Bill has already spoken about  
14 them.

15 In 2007 following the fourth course of  
16 treatment, which again failed, we've heard from Bill  
17 about the chronic fatigue condition and I'd like your  
18 perspective on that, please.

19 A. That's what I mean by just years and years of one  
20 thing after another. I just felt we were always on  
21 the wrong side of the statistics. You need to try  
22 treatment because time's running out but treatment  
23 is -- we were really, really concerned about doing  
24 the -- he was really concerned about trying treatment  
25 again after our experience in 2000/2001. We prepared

1 for it because each time you had to prepare for it and  
2 think, well, we're not going to be able to do these  
3 things and, financially, that's an added burden.

4 The stark contrast, which is in my statement, is  
5 that the weekend before he started treatment one of  
6 our sets of parents looked after the children to allow  
7 us a weekend away and we had a full rock climbing and  
8 hill walking day, and he's never been able to do that  
9 again. He started the treatment. He didn't stay on  
10 it very long. He was dragging himself out of bed in  
11 the morning to go to work. He didn't stay on the  
12 treatment and his health just never recovered.

13 That was devastating. But it's another -- you  
14 know, it's like you pick yourself up. Bill turned his  
15 life around in 2006 and we had quite a good year and  
16 then it was all just shot down again.

17 Q. The loss to Bill of the hills and mountains was very  
18 obvious during his evidence and it sounds from your  
19 evidence as though it's a loss to you too because it  
20 is something you can no longer do together.

21 A. Yes. It's something I still do but Bill can't do and  
22 it's -- I suppose, you come together as a couple, it's  
23 easier to have a long-term relationship when you've  
24 got things in common and that was how we met and that  
25 was what we did, that was what we did with our

1 friends, and that's mostly been lost to Bill.

2 But from that treatment in 2007 he then had to  
3 give up work. We couldn't get any explanation.  
4 Nobody kind of could answer any questions as to why we  
5 were in this situation. At first it was suggested  
6 that it might still be the interferon in his system  
7 and he should improve, even though it hadn't taken  
8 very long on the previous two occasions or three  
9 occasions counting the small course of treatment in  
10 1997, but it just didn't.

11 So we then spent the next three or four years  
12 searching for answers and because there was nothing  
13 different in his liver function tests. There was  
14 nothing clinically different to indicate that his  
15 liver was any worse. So those years then we spent  
16 searching for answers on what could we do to help this  
17 situation and that's aside from the financial impact,  
18 of course.

19 We did eventually -- we went through a whole,  
20 you know, of course, as anybody who has been diagnosed  
21 with chronic fatigue understands, it's a diagnosis of  
22 exclusion so we tried this and we tried that and we  
23 did have a second opinion in Newcastle and I think  
24 that supported the view that it must have been caused  
25 by the interferon or the ribavirin, whatever, the

1 treatment.

2 So our life changed. In 2006 Bill was taking  
3 our daughter out rock climbing and 2007 onwards  
4 couldn't do that.

5 Q. In 2012 Bill had what you thought initially was  
6 a heart attack.

7 A. Mm-hm.

8 Q. You have described that to me as an example of how you  
9 became -- how things going wrong became normal.  
10 I wonder if you could tell us about that.

11 A. I mean, generally Bill has -- apart from the  
12 hepatitis, Bill has been generally well. He's not had  
13 other significant health problems and if he'd never  
14 had the hepatitis we might have had quite an ordinary,  
15 quite a nice life.

16 In 2012 he had chest pains and he'd had them for  
17 probably maybe on and off for 24 hours and they were  
18 getting worse, and it was Saturday afternoon and you  
19 were thinking maybe we should not leave this. So we  
20 phoned NHS 24 and they said, "Oh, you'd better go,  
21 with chest pains, you'd better go into the hospital  
22 and there's a GP unit there".

23 So we went there and he was put on the monitor  
24 and the doctor said, "Hmm, yes, Mr Wright, I think  
25 I have to inform you that you are having a heart



1           attack". I was there, yes. And I can just remember  
2           thinking, "What next?" And I almost felt -- and  
3           I remember that thinking, "My goodness, you've just  
4           got so hardened to bad news", that I don't think  
5           I even cried because it's about that you steel  
6           yourself, you had to steel yourself inside.

7                        The funny thing is that we then got taken up to  
8           the cardiac unit. They did further tests and said,  
9           "Hmm, we can't see sign of a heart attack. We think  
10          the doctor downstairs put the pads on whatever it is  
11          the wrong way round and that's what gave the  
12          funny ..."

13                       But I do reflect on that and think, you know,  
14          just think this is just one more thing.

15                       Around that time, his alpha-fetoprotein and  
16          platelets and that were beginning to cause more  
17          concern, so between about 2012-ish we spent those  
18          three years thinking the next scan is going to show,  
19          is potentially going to show a tumour. So I see  
20          things in different phases but there's always  
21          something and so your life is just -- you've never got  
22          a clear road ahead.

23          Q. In 2015 Bill had the treatment which finally cleared  
24          the virus, but how had his health been in the run-up  
25          to the treatment?

1       A. His health was getting worse. There's no doubt about  
2       that. His health was getting worse. He was sick most  
3       mornings, throwing up most mornings. He was  
4       increasingly having days where he was nauseous and he  
5       still does if he gets tired. It's about being able to  
6       pace yourself and sometimes you can't do that and  
7       sometimes the fatigue is quite unpredictable. We've  
8       kind of tried to work out what was it, why has it come  
9       on now, but it is unpredictable and that makes things  
10      difficult to plan for.

11                In that particular period, we had got to a point  
12      we weren't planning for more than three months ahead.  
13      We wouldn't have booked a holiday more than three  
14      months ahead because we were expecting at the next  
15      appointment to be told, "Hmm, yes", and we knew that  
16      time was running out. Dr Hayes at one point and  
17      I think round about 2012 sort of said, "Hmm, maybe  
18      five years of normal life left", because he was at  
19      year 25.

20                There was -- I mean, in the run-up to I'll just  
21      call it the new treatment we were having these  
22      conversations but Bill was very reluctant to -- very  
23      anxious about taking new treatment because of our  
24      experience of what we had gone through with other  
25      treatments starting from Factor VIII.

1 Q. I wanted to ask you about the impact of Bill's  
2 illnesses and the treatments that he received and the  
3 consequences of those on family life, on you and on  
4 the children.

5 A. The way that I would just say, and I've spoken to folk  
6 here, is that you do your best. You're in it  
7 together. As a partner you have to just pick up the  
8 slack. You have to be strong. You're not always  
9 strong, and sometimes you're impatient, but you also  
10 have to be aware of the fact your partner is living  
11 with not expecting to live very long and, therefore,  
12 when there's decisions to be made, say, for example,  
13 about money, it's difficult to say, well, we need to  
14 save that money or we shouldn't be spending it on  
15 something frivolous when you know that your loved one  
16 might not be there that long to spend it at all.

17 I think that underlying insecurity about money  
18 is a theme that has been for a lot of people is all  
19 those years of not knowing. You cannot plan. So the  
20 impact on us as a family is that our children grew up  
21 with uncertainty.

22 Now I like to think that we protected them as  
23 much as we could and that they've had a normal-ish  
24 life. As Bill said, they are fine. They recognise  
25 that there were some very tough times but they are

1 fine.

2 For me, I think I've described that it's  
3 a weariness. It's what's going to happen next?  
4 I have become the breadwinner. Our life might have  
5 been different. We would have done it differently.  
6 I would have worked more part-time and been at home  
7 with the children.

8 Bill's not without skills. He was -- I believe  
9 he was robbed of a career because of it and I've had  
10 to pick up the slack and work and thank goodness  
11 I have had the ability to work, that I have  
12 a professional qualification and have been able to  
13 support the family, otherwise, particularly in those  
14 years from 2007 until more recently, we would have  
15 been -- we were beginning to really struggle  
16 financially because when you lose your income, you  
17 know, just what savings you have just get whittled  
18 away.

19 Q. One impression that emerges from your statement in  
20 relation to financial impact is the insecurity that  
21 that engendered?

22 A. Mm-hm.

23 Q. That is -- I have spent all those years not feeling  
24 that we're financially secure, not able to plan for  
25 the future with that dilemma of, well, what do we use

1 the money on that we have got, what do we use that on?  
2 Our children worked from the age of 14 and they -- you  
3 might say, well, that's a good thing, they have learnt  
4 how to deal with money, but they learnt for that  
5 reason.

6 I felt myself in a situation where I could  
7 potentially have earned more money, I could have gone  
8 for different jobs but that would just have all been  
9 too much if Bill was going to be ill, if he was going  
10 to have more treatment and it was going to be as  
11 horrendous as before or if he was going to become  
12 really seriously ill and, obviously, other people have  
13 had to give up work to care and that was something  
14 that I had already discussed with my work to sort of  
15 find out what my situation would be, particularly  
16 between 2012 and 2015.

17 I have stayed with my current employer for  
18 various reasons but one of them being I'm  
19 a long-standing employee and I felt that I would --  
20 because that felt like it was going to be really quite  
21 a realistic possibility that they would treat me well  
22 with, you know, they would give me some discretion.

23 Q. I wonder if you can give us a sense of how everything  
24 you've described has just impacted day-to-day on  
25 ordinary living, social life.

1       A.  It's had its ups and downs and on a day-to-day basis,  
2       you know, we go along, you get on with your life.  
3       People will see Bill publicly and what you don't see  
4       is Bill coming back from doing whatever and desperate  
5       to get to his bed, dragging himself up the stairs.  We  
6       actually discussed should we be trying to move to  
7       a bungalow because of those stairs.

8               The tiredness, which makes that unpredictable,  
9       which has meant that we don't have -- we do have  
10      a social life but we don't have the social life that  
11      we would have done because quite often Bill would say,  
12      "I'm just too tired".  We obviously don't do the same,  
13      all the same leisure pursuits that we would have done  
14      and that has been a source of regret, sadness and also  
15      it's a strain on your relationship in the sense of  
16      meeting both people's needs.

17              So Bill's always supported me to go away and do  
18      my hill walking, which I'm still doing, but we then  
19      have to find other things to do together.  We would  
20      have been doing that together with other friends.

21              The children have been used to -- they were used  
22      to through their school life coming back and their  
23      father being in bed in the afternoon and having to  
24      sometimes -- well, not sometimes, having to work  
25      round, "Dad's too tired.  We can't do this, Dad's too

1 tired". That's not to say we haven't done some nice  
2 things.

3 My daughter reflected when we were going through  
4 our statements that she recognises now that what she  
5 thought -- what she considered was her normal life  
6 actually isn't other people's normal life and that  
7 they lived with this shadow. I think that's what  
8 I would describe it as a big cloud, a big shadow that  
9 affects lots of different aspects of your life.

10 Q. Rosie, those are the questions I have for you. Do you  
11 have anything further you would like to say?

12 A. Not in the same way as Bill. I'd just like to say  
13 that I think the whole issue of communication between  
14 doctors and patients is crucial and I hope from this  
15 Inquiry something will come that -- about lessons  
16 learned and how -- lessons learned about how patients  
17 and doctors work in partnership that gives patients  
18 some sort of more -- I suppose more control and more  
19 knowledge.

20 I recognise things have changed. Certainly from  
21 our experience we deal with our own, my own health  
22 conditions, whenever I've had to see a doctor, in  
23 a different way because I'm not going to just allow  
24 somebody to say, "It's this and I know best".

25 But I also want justice for -- I want people to

1 be able to move on because this Inquiry or an inquiry  
2 that really gets the truth of things that should have  
3 happened years ago and for people who have been  
4 infected, you maybe can't turn the clock back on that,  
5 that happened, but there were too many years that  
6 people were ignored and successive governments did  
7 nothing and that's added to the distress I think,  
8 certainly for me and Bill, but I think possibly for  
9 other people as well.

10 Q. Rosie, I'm just going to ask Mr O'Neill and Mr Dawson  
11 if there's anything else.

12 There isn't, no.

13 Sir?

14 SIR BRIAN LANGSTAFF: I have nothing to ask either but let  
15 me just say thank you too. Thank you to both of you.  
16 Thank you, Rosie.

17 A. Thank you. Thank you for listening.

18 SIR BRIAN LANGSTAFF: We will take a break. It will be  
19 a short break 20 minutes. So we will start again at  
20 just after 2.25.

21 **(2.06 pm)**

22 **(A short break)**

23 **(2.29 pm)**

24 SIR BRIAN LANGSTAFF: Our next witness I gather wants to  
25 be known as Richard.



1 MS FRASER BUTLIN: That's correct, sir.

2 SIR BRIAN LANGSTAFF: May we have Richard, please.

3 **RICHARD TITHERIDGE, affirmed**

4 **Questioned by MS FRASER BUTLIN**

5 Q. Richard, you're here to talk about your late wife  
6 Tricia who died of HIV in 2012?

7 A. Yes.

8 Q. Can you tell us first how you met.

9 A. It was through a mutual friend that I was sharing  
10 a flat with her boyfriend and they were working  
11 together and then we just met one New Year's Eve.

12 Q. What was Tricia like?

13 A. A little bit wacky, a little bit -- but a lot of fun.  
14 Just full of life.

15 Q. Tricia later wrote a book and in it she's described  
16 you two of you as this:

17 "He's a big tall relaxed Englishman from  
18 Hampshire whereas I am a small frenetic Scottish  
19 woman. What was it they say about opposites  
20 attracting?"

21 A. Yes, it was an interesting start that we had but, you  
22 know, when you hit it off with somebody it just hit it  
23 off and there was no question about it. It was almost  
24 at first sight really.

25 Q. You married in 1980.

1 A. Yes.

2 Q. And lived down in Surrey?

3 A. Mm-hm.

4 Q. In 1982 Tricia was pregnant with your eldest daughter?

5 A. Yes.

6 Q. What happen during that pregnancy?

7 A. She developed a bowel problem and it got really quite

8 bad as the pregnancy went on and it was a long labour

9 and it would just -- she just was in a lot of pain

10 with it and then she started to go for an examination

11 to see what the problem was. But she should have had

12 a caesarean instead of giving birth naturally because

13 she was quite small and the baby was quite large.

14 Q. But your eldest daughter was born naturally?

15 A. Mm-hm.

16 Q. And what was Tricia told about the bowel problem the

17 ulcerative colitis at that point?

18 A. Well, she was told by the consultant at Redhill

19 Hospital that it could be something that came with

20 pregnancy and if she got pregnant again it might just

21 go away. But as the pregnancy went on she got really

22 very ill and, you know, she developed this

23 pre-eclampsia and all sorts, but she wanted to leave

24 it until there was a viable, you know, chance that the

25 baby would survive.

1 Q. That was your second daughter in 1984?

2 A. Yes.

3 Q. And the colitis got worse and worse and Tricia was  
4 admitted into hospital?

5 A. Well, she got rushed in to St Mary's in Paddington  
6 when my daughter was -- well, the baby was about 28  
7 weeks and the only place that had a special care unit  
8 and somewhere to look after my wife was St Mary's in  
9 Paddington. But she was in a really bad way. She had  
10 bloated up with the pre-eclampsia and so she was just  
11 full of fluid, basically, so it was an emergency  
12 operation she had to go through there for.

13 Q. What was the operation that she then had? She had the  
14 emergency section?

15 A. She had an emergency section and Rebecca was born at  
16 2-pound. But while they were -- while she had the  
17 caesarean they had a look at her bowel and x-rayed her  
18 bowel and they said they thought it was fine and then  
19 when the x-rays come back they said it was paper thin  
20 and it would have to be taken out.

21 Q. So within 24 hours of the caesarean section what did  
22 she have?

23 A. She had an ileostomy where all her large bowel is  
24 removed.

25 Q. She was told she was the first ever patient to have

1 a caesarean section and a total colectomy at the same  
2 time?

3 A. At the same time, mm-hm.

4 Q. After the colectomy Tricia became unwell. Can you  
5 tell us what happened.

6 A. Yes, she was lying in the hospital bed and she kept  
7 complaining to the consultant that she felt this  
8 burning going on inside her and, you know, she was  
9 feeling really unwell and in quite a bit of pain. But  
10 the surgeon said it's just post-operative stuff, but  
11 it turned out to be septicaemia.

12 Q. What happened then?

13 A. I got called in the middle of the night where she had  
14 to have emergency operation and they needed my consent  
15 because they didn't think -- there was a chance she  
16 wouldn't survive anyway, so I got through there and  
17 I just sat all night and waited while they operated  
18 and drained all the whatever it is out and -- but  
19 fortunately she survived.

20 Q. Your understanding is that she received blood  
21 transfusions during both of those operations, both the  
22 colectomy and then the subsequent operation in  
23 relation to the septicaemia?

24 A. I think that is correct, yes.

25 Q. We will come to the letters a little bit later but

1           that is your understanding.

2       A.   Yes.

3       Q.   When Tricia came home from hospital, what was her  
4           prognosis?  What did they say to you?

5       A.   Well, it was just, at that point it was just rest and  
6           rebuild and, you know, she had the bag which she found  
7           hard to deal with but she got on with things and  
8           gradually she built up.  She was very weak when she  
9           came out and there was -- I think they may well have  
10          given her treatment for cancer as well or some  
11          treatment because all her hair fell out or most of it.  
12          It was coming out in lumps and she had her head sort  
13          of pretty much shaved or a crop.

14                 But she picked up, you know, and things  
15                 improved.

16       Q.   There had been some pre-cancerous cells found so she  
17           had some radiotherapy?

18       A.   Yeah.  Because she -- I actually didn't remember it  
19           but she reminded me she went to oncology but, yeah, so  
20           I think that's what she said while she was in  
21           hospital.

22       Q.   In 1985 she then had some revision surgery on her  
23           bowel but that was all relatively straightforward?

24       A.   That was just the final bit.  It's what they call the  
25           total colectomy I think, or is it a stumpectomy

1 I think it's called. So that was it that was the  
2 final bit of the jigsaw, so to speak.

3 Q. At about that time you both started seeing things in  
4 the media about an AIDS scandal?

5 A. Mm-hm.

6 Q. What did you and Tricia think about at that point?

7 A. Well, it was quite alarming really because it was all  
8 to do with St Mary's in Paddington how -- I can't  
9 remember whether it was on the news. I think it may  
10 well have been on the news or the paper that I bought  
11 at the time, the Mirror.

12 So as soon as we got the chance to see the  
13 consultant in a routine check-up she asked the  
14 consultant if she was in danger of having that.

15 Q. And what was his response?

16 A. No chance, no, don't be silly and that was it. Just  
17 waved his hand and ...

18 Q. In 1990 you moved up to Scotland, to Perth.

19 A. Mm-hm.

20 Q. From then until about 2000 what was Tricia's health  
21 like?

22 A. She was pretty good. You know, we just got on with  
23 things. Had a pretty normal life, you know. It was  
24 just normal really. She was in good health really.  
25 I mean, the bag was always a problem with her. She

1 never -- but she didn't tell people about it and she  
2 would wear tight jeans and things like that. She just  
3 never told people and nobody really knew and that's  
4 the way she wanted it because you know those sort of  
5 things people find a little bit odd, you know.

6 Q. But then in 2000 what happened to Tricia?

7 A. She started to develop symptoms. She got the red  
8 butterfly thing around there (*indicated*) and she  
9 started to get very tired. She had quite a lot of  
10 different sort of -- they thought -- she had lots of  
11 pains in joints and they started -- they had thought  
12 she might have had coeliac's disease or lupus or  
13 something like that or even arthritis. They tested  
14 her for all sorts of things. She had something like  
15 about 200 tests done on her.

16 Q. You were getting quite concerned about what was going  
17 on.

18 A. Yes.

19 Q. Then Tricia was also then made redundant from work.

20 A. Yes, she couldn't stay awake at work anymore. She  
21 actually came home at lunchtime and didn't eat and  
22 just slept because she was so tired. She fell asleep  
23 in her work and she just had no energy whatsoever.

24 Q. But the doctors were still not sure what was wrong.

25 A. No.

1 Q. You then went to see a doctor privately?

2 A. Yes.

3 Q. Did you get any answers then?

4 A. No. We went through the whole story. We told about  
5 the blood transfusions, about everything, and nothing.  
6 We didn't even get any feedback at all.

7 Q. When you raised the question of whether there might  
8 have been a problem with the blood transfusions, what  
9 were the doctors' responses to you?

10 A. Well, my wife had this sneaking feeling that  
11 something -- she always thought she had AIDS and we  
12 did sort of ask about it and they said, "Well, you've  
13 been tested for everything", and it just never really  
14 occurred to anybody to test her for that and even  
15 though, you know, you told them about the blood  
16 transfusions, the time slot when it happened and  
17 everything and, you know, but nobody really got to  
18 grips with it, you know.

19 Q. Between the year 2000 and 2002 you said in your  
20 statement Tricia's condition deteriorated?

21 A. Mm-hm.

22 Q. Can you tell us about that.

23 A. Yes. She was getting worse and worse. She looked  
24 awful. She had all this red blotchiness and she was  
25 getting a bit thinner and tired, more tired, and then



1 by Christmas 2002 she couldn't -- she was lying down  
2 for the whole of Christmas Day and then the next day  
3 she couldn't even sit up, she couldn't talk, she was  
4 sort of -- she was making no sense in the things that  
5 she was saying and it was patently obvious that she  
6 was very unwell.

7 So we got the doctor in and the doctor just  
8 rushed her up to Ninewells Hospital.

9 Q. At first doctors treated her with huge doses of  
10 antibiotics. Did they help?

11 A. They did, for the first couple of days things seemed  
12 to settle a little bit but then it just drifted back  
13 the other way and it was ten days after she was in  
14 that they asked to test her for HIV.

15 Q. And you agreed?

16 A. Yes.

17 Q. And the test came back positive?

18 A. Mm-hm.

19 Q. How were you told about her results?

20 A. My two daughters were with me and we went into  
21 a private room and the consultant told us Tricia was  
22 HIV positive and they were going to do some tests and  
23 things to see what was going on.

24 In some ways, it was a big shock but not  
25 surprising, you know. And then the consultant said

1           that we would all need to be tested to see if we had  
2           the virus.

3       Q.   What did the consultant tell you about Tricia's  
4           condition?

5       A.   He said that it was very serious.  She had a thing  
6           called -- he said that she had multifocal  
7           leukoencephalitis and that she had six to 12 months to  
8           live.

9       Q.   At that stage how much information were you given  
10          about the HIV and AIDS?

11      A.   Not a lot really.  You know, the community nurse  
12          probably was better than the consultant in telling us  
13          what was going on and, you know, about what it meant  
14          and all this sort of thing.

15                    But I knew a bit, but I learnt a lot more since,  
16                    so -- but there wasn't a huge amount of sort of  
17                    telling us what it was all about, no, not really.

18      Q.   You have said in your statement that initially the  
19          information you were given could have been better.

20      A.   Yes.

21      Q.   But after that the support and information you got was  
22          good and you felt you did have enough information at  
23          a later stage.

24      A.   Yes.

25      Q.   When you were given the diagnosis you were with your

1 daughters?

2 A. Mm-hm.

3 Q. What was their reaction to the news?

4 A. Well, pretty much the same as mine. You know, we were  
5 all shocked and then we just drove home and I think  
6 I bought a bottle of whisky on the way home and made  
7 a hole in it.

8 Then the next morning, the cold light of day,  
9 that's when you start to really think about things and  
10 what it means and, you know, we were looking at a six  
11 to 12-month time-frame. But -- it's pretty shocking  
12 really.

13 Q. Tricia was then started on HIV medication and with  
14 that first set of medication, how did she respond to  
15 it?

16 A. Not well at all. Not well at all.

17 Q. What happened?

18 A. She -- I don't know quite how to put it but she  
19 wouldn't -- there was no common sense in anything that  
20 she was doing. It was -- she wouldn't know night from  
21 day. She didn't know where she was in the house. We  
22 put a sign at the bottom of the staircase to say,  
23 "Your bedroom's that way", with an arrow because she  
24 kept going upstairs and our bedroom was on the ground  
25 floor. She just didn't know where she was.

1                   And then she would wake up and say let's go for  
2                   a walk and it would be like 2.00 in the morning and  
3                   I said, well, it's nighttime and she's, "No, it  
4                   isn't", and it's pitch black outside. She just  
5                   didn't -- I mean, it was a really weird time and she  
6                   didn't react well at all to the drugs.

7                   Q. What was her mental state like at that point?

8                   A. Pretty poor. In fact, very poor because the  
9                   inflammation in the brain had affected a lot of things  
10                  and with the medication that she was on and that, it  
11                  was just hopeless. She wasn't in a good place at all.

12                  Q. How did that manifest itself?

13                  A. Well, after -- well, that went on for about three or  
14                  four months -- about three months and then the  
15                  consultant changed the combination of drugs that she  
16                  was on to I think it was Viramune and Combivir and she  
17                  reacted much better to that.

18                  Q. In that really bad patch you have described in your  
19                  statement that she just simply couldn't stop crying?

20                  A. Oh, well, that went on for about five years. Well, it  
21                  went on until her tear ducts stopped working and  
22                  then -- the crying all the time was a big thing, but  
23                  then, you know, you find out afterwards that it's the  
24                  parts of the brain that were damaged affected her  
25                  moods and her logic and all the things that most of us

1 take for granted. She didn't have any of this.

2 Q. It wasn't just bouts of crying it was crying for hours  
3 and hours on end?

4 A. Sometimes it would be 24 hours almost. It was just  
5 non-stop. It was just a very difficult time coping  
6 with that. It's not easy to try and do something with  
7 somebody that doesn't understand what's going on and  
8 just crying for -- but she didn't -- I mean,  
9 presumably she just didn't know what she was doing,  
10 really.

11 Q. As you say they then changed her medication and things  
12 improved a little bit.

13 A. They started -- she started to pick up and, you know,  
14 her levels in the blood started to balance out better  
15 and get better. Yes, she did improve once the new  
16 drugs were in place.

17 Q. But you'd had to give up work in 2003.

18 A. Mm-hm.

19 Q. Why was that?

20 A. Well, she wouldn't let me out the house virtually.  
21 Well, it was as soon as I went away I would get  
22 a phone call to come back because she was crying and  
23 she got hysterical and even though we had somebody,  
24 her best friend, living with us for a time, she  
25 couldn't help. She just wanted me there all the time.

1 Q. You've described in your statement that you spent  
2 virtually all of 2003 sitting on the couch with her.

3 A. Yes. It was just -- she just didn't want me away from  
4 her. It was as simple as that.

5 Q. Did you tell Tricia about the diagnosis initially?

6 A. No.

7 Q. Why not?

8 A. Because her memory was so bad and because of the  
9 problems that she had between the GP, my GP and the  
10 consultant and myself and my daughters, we decided not  
11 to tell her because you would have to tell her every  
12 single day because she couldn't take in anything, so  
13 it would be like Groundhog Day for her every day and  
14 we thought that would be cruel, so we decided to keep  
15 it to ourselves and not tell her.

16 Q. You did tell her that she was HIV positive in  
17 April 2004?

18 A. Yes.

19 Q. Why did you tell her then?

20 A. Well, because she'd improved mentally, a bit mentally,  
21 that she could understand and also the psychiatrists  
22 were going to withdraw treatment unless she was told  
23 because the law in Scotland was slightly different to  
24 the one the England at the time and they said the  
25 patient has to know what's wrong with them, which

1 I objected to. But in hindsight it was probably the  
2 right thing to do but it was a lot of pressure that  
3 the psychiatrists put us under.

4 Q. When you told her her diagnosis, what was Tricia's  
5 reaction?

6 A. She was shocked. She said, "I knew, I knew", and that  
7 was it, and then started crying and -- she always had  
8 a feeling ever since the blood transfusions back in  
9 '84/5, she always thought that there might be  
10 something there and she just said -- that was all she  
11 said. She said, "I knew, I knew it".

12 Anyway, we went on from there and tried to piece  
13 things together. Fortunately, she did improve enough  
14 and she managed to cope, to a point.

15 Q. She said in her book that she also -- it made sense of  
16 how you'd been treating her for the last 6/12 months  
17 because you had been treating her like a princess.

18 A. Yes. She couldn't understand why we spoilt her so  
19 much and let her get away with everything but, you  
20 know, we only thought we had that small time slot  
21 anyway so thought well, you know, to hell with money,  
22 to hell with this, that and the other, so we just let  
23 her have what she wants.

24 Q. Did you tell anyone else about her infection at that  
25 point?

1 A. Yes, friends knew and Tricia's family knew and close  
2 family.

3 Q. What about friends who were just in the town that you  
4 lived in?

5 A. We live in a sort of funny wee area. I suppose you  
6 could almost call it like a hippy commune, but we all  
7 live in -- there's seven friends and we all live in  
8 the same area so we sort of walk through each other's  
9 gardens. It's a nice place to be and they're all  
10 close friends and I didn't have a problem telling them  
11 because, you know, they were good support as well  
12 through the time.

13 Q. From knowing her diagnosis for the next couple of  
14 years what was the impact emotionally on Tricia?

15 A. Well, the crying was the big thing. Everything was  
16 about -- she got terrible mood swings and, you know,  
17 various things. I mean, as I said, the logic side of  
18 her brain didn't work, the reasoning -- she didn't  
19 have any reasoning and she was just -- she was a shell  
20 of what she used to be, but the crying and the  
21 emotional side of it was awful.

22 Q. Then in 2005 Tricia took an overdose of diazepam?

23 A. Yes.

24 Q. Can you tell us about that?

25 A. She just got them out the medicine cupboard. I used



1 to keep the medicine in a cupboard but she got it out  
2 and she look a load of diazepam, but she was on so  
3 many drugs at the time the diazepam actually had no  
4 effect on her whatsoever.

5 We took her to the hospital. I was pretty angry  
6 with her, actually, and I took her to the hospital and  
7 they said, "No, she's fine", you know, no drugs had  
8 any effect on her. She was on lorazepam, I think she  
9 was on morphine sulphate at one time. I can't  
10 remember what that was for. She was on sleeping  
11 tablets, she was on -- I can't remember how many pills  
12 a day that she used to take but the doctors used to  
13 keep prescribing pills on top of pills on top of pills  
14 because they couldn't work out what to do with her.  
15 You know, they didn't have any idea how to deal with  
16 the problems.

17 Q. So she was admitted at that point into hospital for  
18 a period of time.

19 A. Yes. It was one of the worse things I've had to do.  
20 I had to get her sectioned into Murray Royal Hospital  
21 because she was just getting worse and she was on so  
22 many drugs and I thought this might be the only way  
23 that we could perhaps get her settled down. It's not  
24 a nice thing to do to see her, to walk away at night  
25 and they lock the doors and things.

1           But they did actually do a very good job, Murray  
2           Royal. They got her off a lot of the pills that she  
3           was on. They settled her down into a pill regime that  
4           seemed to be much better and, you know, it was --  
5           I suppose it was a lot easier for the psychiatrists to  
6           deal with her then when she knew what she had because  
7           when we used to go to meetings before that, the  
8           psychiatrist would almost say it, what she had, and  
9           I would look at them as if to say no, no, no. But  
10          they did get her off of a lot of hardcore lorazepams  
11          and things like that, which, you know, I couldn't have  
12          done that -- we couldn't have done at home because it  
13          was like going cold turkey and so they needed to  
14          monitor her, you know.

15          Q. The HIV also affected her brain in other ways and you  
16          have said in your statement that she heard voices?

17          A. Yes.

18          Q. What can you tell us about that?

19          A. Well, it was a particular -- we were going to  
20          a wedding. One of Tricia's family's wedding and she  
21          suddenly developed this sort of echoing in her head  
22          where if you said something to her it would just go  
23          over and over and over and over again in her head.  
24          The only way she could get round this, and it was  
25          driving her completely mad, was to have constant music

1 on all the time so something was -- it was changing  
2 all the time because she couldn't stand it. It was  
3 really quite a difficult thing for her.

4 Q. So from then on you lived in the house with music  
5 playing all day, all night, 24/7.

6 A. Yeah, mm-hm. It's fine for a while but it just gets  
7 to you. We didn't watch television because she  
8 couldn't concentrate on television so the music was an  
9 easy thing for her to be able to you know take in  
10 because she knew all the songs and things and she  
11 just -- so it was just constant, the music, day and  
12 night.

13 Q. You've said that it affected her logic and one of the  
14 ways it affected her reasoning and logic was that she  
15 would buy clothes.

16 A. Yes.

17 Q. What was that about?

18 A. Well, that was about, she always had to get on a high.  
19 She didn't have a medium level of mood. It was either  
20 high or on the ground. So she would go out and go  
21 round the shops and buy things to give her a high and  
22 she'd come back and for 20 minutes she'd be as high as  
23 a kite saying, "Look at what I've bought", and that,  
24 and then within 20 minutes it was back to the moods,  
25 you know -- it was back to the same old low mood,

1 black mood.

2 Q. You tried to reason with her about the clothes  
3 shopping. What did you say to her?

4 A. I said, "Do you think you've got enough now", you  
5 know, and she didn't -- she just couldn't -- she  
6 agreed and then the next day she'd be out buying more.

7 Q. You say in your statement she was like a child in some  
8 ways.

9 A. She was very child-like after the infection got into  
10 the brain. It was like having a young daughter, you  
11 know, again, but worse, if you know what I mean.

12 Q. Between 2005 and 2011 things had settled down a little  
13 and she was able to do some things.

14 A. Yes.

15 Q. You were able to go on holiday together?

16 A. Yes, we went to Australia. We went on family holidays  
17 as well and we tried to pack in as much as we could,  
18 really, because it was just -- and also, you know,  
19 planning for things like that kept her occupied and,  
20 you know, the excitement of going on a holiday would  
21 give her, keep her mood a bit better, you know.

22 There was less of the lows, so it was quite  
23 a good thing to do and -- but the holidays were  
24 actually quite hard work because you couldn't do the  
25 normal things, like we went to Australia and

1 I virtually saw nothing. Because by that time she'd  
2 actually turned to drinking. She started chain  
3 smoking when she got ill and I don't even know how  
4 many, she used to have these wee roll up cigarettes  
5 and people were doing it, like we had a few people  
6 rolling them she smoked that many and she'd given up  
7 smoking.

8 This is where -- and I said to her, "You're  
9 smoking too, far too much", but it didn't have any  
10 impact. You know, she just wouldn't see that as  
11 a problem. And then it was the same with the  
12 drinking. One night I remember I was trying to get  
13 her to relax and I said, "Why not just have a glass of  
14 wine and relax". Well, that was the worst thing  
15 I probably ever did because she took to the drink and  
16 ultimately that was her downfall.

17 Q. In that quiescent period, that slightly better period,  
18 she wrote an anonymous article for Grazia Magazine as  
19 well. It was published on 8 May 2006. Could we have  
20 02520026, please, we have a copy of the article and in  
21 it she describes:

22 "Over the years, the contaminated blood issue  
23 cropped up from time to time but when it came on the  
24 news, I became adept at shutting it out."

25 Just before that she said:

1                   "Ordinary middle class women with families like  
2                   me simply didn't get AIDS."

3           A.   Mm-hm.

4           Q.   That was her insight at that time of what was  
5                   happening.

6           A.   Yes, because all the HIV -- well, it was just called  
7                   AIDS, wasn't it, then -- infections happened to people  
8                   that were drug-dependent and the gay community and  
9                   stuff and it didn't happen to ordinary people like  
10                  Tricia, you know, that she couldn't really understand  
11                  it.

12                    You know, I mean, when all the stuff came out  
13                    about blood transfusions and things like that, well,  
14                    it became evident that it was people like her that  
15                    could get affected just as much as anybody else, you  
16                    know.

17          Q.   She speaks in the article later on about the catalogue  
18                  of emotions that she faced when she was told the news  
19                  that she'd always dreaded.

20          A.   Yeah. I mean, she must have known herself that she  
21                  could be, you know. I mean, emotionally she  
22                  actually -- if she'd have been completely of sound  
23                  mind it probably would have impacted her more but  
24                  because she wasn't, she probably, you know, it wasn't  
25                  so much of a problem, you know, or it was still

1           shocking but she would have reacted a lot worse had  
2           she been completely mentally capable.

3       Q.   In that time she also wrote a book called "Cheating  
4           the Reaper"?

5       A.   Yes.

6       Q.   If we can have 020 we can see the cover of the book  
7           and also a lovely picture of Tricia.

8       A.   Yes, that's the book.

9       Q.   During that -- sorry, go on.

10      A.   Sorry, I was just going to say I wouldn't like to tell  
11           you how many thousands it cost to get it to that but  
12           that's another story.

13      Q.   But it was something she felt very strongly that she  
14           wanted to write?

15      A.   It was a cathartic sort of exercise really because she  
16           always had -- she'd had a really interesting life and,  
17           you know, she was a character, you know, and she felt  
18           that it would be a good thing to do and it started off  
19           as a wee exercise really to try and give her something  
20           to occupy herself. So we got a new computer and then  
21           she would just -- she would type away all day long.  
22           Her typing skills were still fine then, you know. So  
23           the more she got into it the more she said, "I'm going  
24           to write a book", and that was it.

25                   It did keep her occupied for quite a while, as

1           you'd imagine. And then she got the sort of the ghost  
2           writer in to get it into that format. Originally it  
3           was a vanity book project but then she thought she'd  
4           make a million selling her own book.

5       Q. During this time as well she became involved in  
6           campaigning and became friends with various other  
7           campaigners?

8       A. Yes, yes.

9       Q. In that work you and she obtained two letters that you  
10          are particularly keen for us to see.

11      A. Mm-hm.

12      Q. Could we have 0252012, please. This is a letter dated  
13          17 December 1990 from the Divisional General Manager  
14          of the Scottish National Blood Transfusion Service to  
15          the General Manager of the CSA, the Common Services  
16          Agency, which is part of the Scottish Health Services.

17                 First of all, where did you find it? How did  
18          you come by this letter?

19      A. Well, a good friend of -- well, that was in the same  
20          Trust as my wife, The Eileen Trust, Gary Kelly. He  
21          was a big campaigner and he had like stacks and stacks  
22          of files that -- he'd been doing it for years because  
23          he'd known since the '80s that he'd got infected when  
24          he had to go in for leukaemia. And him and my wife  
25          they became very close because they both had the same



1           problem and it was like shared thing.

2                       He was very -- he was very -- I'm wouldn't say  
3           communist but he was a socialist and she was friendly  
4           with Carolyn Leckie, who was a socialist MP in Glasgow  
5           at the time, and she suggested, under the Freedom of  
6           Information Act, that we could go through to the  
7           Edinburgh Parliament where we can look at documents  
8           released under the Freedom of Information and we were  
9           sifting through and there was so much of it, but  
10          a couple of things just appealed to me to get copies  
11          of.

12        Q.   This one is headed:

13                       "HIV patients infected by transfusion."

14                       It says:

15                       "The last time we discussed the moral  
16           responsibilities of the SNBTS and the CSA in  
17           connection with infected patients we were talking  
18           about haemophiliacs."

19                       Then if we carry on down:

20                       "We know that there are 18 haemophiliacs in  
21           Scotland who were infected with HIV by infusions of  
22           our Factor VIII. Others were infected by commercial  
23           products and though of concern to the NHS are not  
24           directly our concern. Data available at today's date  
25           tell me that there are also 12 other patients,

1 non-haemophiliac, infected with HIV by our products,  
2 either by blood transfusion or administration of other  
3 fresh or cellular components, RTC products. I am  
4 finding it very hard indeed to put together in my own  
5 mind a reasonable argument in favour of paying out  
6 between 20,000 and 60,000 to each of the 18 and  
7 nothing at all to the 12."

8 "Clearly all this" -- and towards the end of the  
9 document:

10 "Clearly all this is the kind of dynamite that  
11 one would like to keep safely locked away in a cool  
12 dark place. We mustn't wish the crisis on ourselves.  
13 I do feel however that it is a matter to which we have  
14 a duty to turn our attention."

15 A. Mm-hm.

16 Q. Now clearly Tricia had received blood in London --

17 A. Yes.

18 Q. -- not in Scotland, so she wasn't one of those  
19 numbered but this was important to you?

20 A. Yes, because it was the same health board at the time,  
21 wasn't it, back in the '80s. It wasn't devolved to  
22 Scotland, so I assumed or I think that's right, but  
23 I assumed that whatever happened in Scotland is the  
24 same down the England, you know, because it was -- but  
25 I mean I could be wrong there, but I just thought it

1 was -- this was very interesting and for sort of the  
2 way they phrased things. It just sounds like -- it  
3 doesn't sound right to me.

4 Q. Then also 0252013 which is the other letter that  
5 you've provided us with in May 1991, the same  
6 Divisional General Manager:

7 "My letter of 17 December was written out of  
8 a serious concern that this issue would return to  
9 haunt us just as soon as the haemophiliacs' cases were  
10 settled and that the effect on the Service could well  
11 be very damaging. Now as practically all the national  
12 dailies follow the Observer's lead and, closer to  
13 home, STV give the subject exposure on prime time  
14 news, interviewing an HIV patient on camera directly  
15 in front of the Edinburgh donor centre, the heat under  
16 this one is really being turned up in earnest."

17 Then two paragraphs down:

18 "Quite apart from the moral and political  
19 arguments in favour of settling these claims quickly,  
20 which surely must be very compelling in themselves,  
21 I really do think we could make a good case based  
22 purely on managerial common sense and cost  
23 effectiveness."

24 A. Mm-hm.

25 Q. What was your response when you read these?

1 A. I just thought, well, this is just ridiculous. I just  
2 thought it was uncaring. The way it came across to  
3 me, I just thought, you know, they are just trying to  
4 cover their backs and, you know, it was just, you  
5 know, people are just not important. It's more about  
6 what they were thinking. That's the way I read it.  
7 It's like their attitudes towards it I found quite  
8 cold and uncaring, really.

9 Q. Then returning to what was happening with Tricia, in  
10 2010 and 2011 Tricia's physical condition declined.  
11 Can you tell us about that?

12 A. Yes, well, she started not to eat so much, she started  
13 to drink more and more and she smoked more and more  
14 and she just -- I've never really been able to --  
15 I tried to tell her, you know, cut the drinking down,  
16 you've got to eat more, cut your smoking down, you  
17 know, you're not doing yourself any good but nothing  
18 registered.

19 So eventually she just started to get thinner  
20 and thinner and weaker and weaker and we were, in  
21 August of the year she died we went down to visit my  
22 parents and we went for a pub lunch and she twisted  
23 her ankle and from that moment on she barely walked  
24 again, because it's not like you and I would, you  
25 know, want to even walk with a stick until the ankle

1 improved, because it was just a sprain, but because  
2 her brain wasn't working in the same way it was  
3 a major thing, and she started to walk with a stick,  
4 she then ended up with a zimmer frame to get around  
5 and really there wasn't -- there wasn't any reason for  
6 it, really, but in that period of time she just went  
7 downhill, downhill, downhill and, you know, she was  
8 looking awful.

9 She probably weighed under 5 stone and it was  
10 really -- it was almost a long suicide. That's the  
11 way that you can describe it, I suppose, because she  
12 did it to herself in a way, you know. I don't know  
13 whether she just thought I've coped long enough with  
14 everything, you know. She'd had huge operations.  
15 She'd been through 12 years of torture. Maybe she'd  
16 had enough. Maybe there was something in there saying  
17 I can't do this anymore and I'll just, you know,  
18 finish it off.

19 Q. You had very little help at that point --

20 A. Mm-hm.

21 Q. -- in caring for her.

22 A. Uhuh.

23 Q. And the situation took its toll on you.

24 A. Yes.

25 Q. In 2010, you took an overdose.

1 A. Yes. Well, it was -- I'd lost my freedom pretty much.  
2 You know, she wasn't like that as a person before.  
3 I mean, we had our own interests. I used to go out  
4 and play golf or I'd go to work and I'd do all the  
5 stuff that you do normally and then all of a sudden  
6 you become in this environment, it was almost like  
7 being in prison and, you know, after this -- I was  
8 probably nine years into it looking after her and it  
9 was constant and, I don't know, one Saturday night  
10 something must have clicked in me and I thought I'd  
11 had enough and there was a bunch of sleeping pills  
12 there and some whisky, so I just took it. It's  
13 something that I'm actually quite ashamed of and it's  
14 the one thing that I really regret.

15 But as you can see, it didn't work, so ...

16 Q. You were taken into hospital, checked over, there was  
17 no major damage.

18 A. No. Obviously -- fortunately, I hadn't taken enough  
19 whatever.

20 Q. But after that you ended up with a little bit more  
21 help.

22 A. Yes, my wife got, what do they call it, I forget now,  
23 a personal assistant, which was for 15 hours a week  
24 and she would come and sit with my wife and stuff and  
25 allow me to get out a bit more. But then I still got

1 called back so it -- the personal assistant at the  
2 time would just take her up for a coffee and then  
3 she'd find the charity shop and she'd go and buy some  
4 more clothes, and that's what she was like.

5 Q. You have said that Tricia was declining over that  
6 period. She lost a good friend of hers and her sister  
7 had also died?

8 A. Yes, Gary Kelly died which she was very upset about  
9 and then her sister died, which had a big effect on  
10 her as well because it was like her closest sister and  
11 she actually came to stay with us for quite a while to  
12 try and help look after her. But it didn't really  
13 work. Nothing really worked, to be honest.

14 Q. You've said in your statement that at that point it  
15 seemed like she just lost the will, she'd run out of  
16 steam.

17 A. Yeah, I think so.

18 Q. She died in December 2012 of pneumonia.

19 A. Pneumonia was on the death certificate. Maybe the  
20 heart just packed up. You know, she was very weak and  
21 she was very thin and when you lose muscle in the body  
22 you lose it round the heart as well so either/or  
23 really. I'm not sure.

24 But, yes, I just came down one -- I slept up the  
25 stair out the way of the music and she slept down the

1           stair and she managed to hobble in and she was sitting  
2           on the couch with a cigarette in her hand just dead.  
3           That was it. Fortunately, she didn't light the  
4           cigarette, otherwise we might both be dead.

5       Q. You have said that throughout this time you were  
6       trying to protect your daughters as much as you could.

7       A. Yes, from the daily troubles, really. It was very  
8       easy -- it was easier for my eldest daughter because  
9       she was already at university or she was just about to  
10      go to university. So she sort of got away from it,  
11      but my youngest daughter she probably had more -- it  
12      had more impact on her.

13     Q. What has the effect of Tricia's illness and death been  
14     on your daughters?

15     A. They both coped very well. I think -- well, one  
16     certainly [redacted]. But I think they both cope very  
17     well now. But it must have had a huge effect on them,  
18     you know, if you lose your mother like that but, you  
19     know, having to look after her the way that we all  
20     did, you know, it wasn't like their mother, you know.  
21     She was more like a young child, you know, which was  
22     quite difficult to deal with, I think.

23     Q. What's the effect been on you?

24     A. Well, it took a toll on my sanity, I suppose. I mean,  
25     it's been five years or so now. What the big thing



1 is, when you've been sort of -- it's like being in  
2 prison and you come out, it takes a lot of time to  
3 adjust and that's what I've felt like.

4 It wasn't easy after my wife died to sort of  
5 almost get back to normal. I mean, my work had  
6 suffered hugely and the business that I'd built up was  
7 sort of in tatters a bit.

8 At 60 when my wife -- I was 60 when my wife died  
9 and trying to pick up and build up again was pretty  
10 difficult. But I've come through that now and I'm  
11 sort of okay -- obviously I mean Tricia's not there  
12 but, you know, when -- in some ways when she died it  
13 was a bit of a relief in a way, you know, a shock but  
14 a relief at the same time because I watched her  
15 suffering for so long that I didn't have to watch that  
16 any more and she wasn't in pain.

17 Q. If we can just go back in the chronology to 2003, the  
18 doctor treating Tricia wanted to trace whether she had  
19 received infected blood and, as you understand it, he  
20 wrote to the NHS Blood and Transfusion Service.

21 A. Hm mm.

22 Q. Can we have 252005, please.

23 This was the first reply he received on  
24 26 June 2003 saying:

25 "I am sorry, I have no information about this

1 woman's transfusion history in the 1980s, although  
2 I wrote to request information, I have had no reply  
3 from the consultant haematologist at the hospital  
4 concerned. There have been problems in relation to  
5 access to records at this hospital but I have written  
6 again to ask for confirmation whether or not any  
7 records exist for this lady. I will keep trying to  
8 but I am not optimistic that any useful information  
9 will be forthcoming."

10 Then in October 2003 he received a further reply  
11 0252002. We can seek in the second, in the main long  
12 paragraph, that there is a note that she had underwent  
13 a total colectomy and there's a record in the notes of  
14 five units of red cells and one unit of fresh frozen  
15 plasma.

16 There is a note about the next operation that  
17 she had and it says:

18 "There is no indication how many of the recorded  
19 units were administered to Tricia but we have  
20 proceeded to attempt to trace all those recorded in  
21 her file. Unfortunately, there are often problems in  
22 dealing with information obtained from microfilmed  
23 records. I am assuming that the entries were made by  
24 hand and the opportunity for transcription or reading  
25 errors is quite high. Of the nine donation numbers

1 identified to us, only four have been positively  
2 linked to donors. All these donors continued donating  
3 and were tested and found anti-HIV negative on more  
4 than one occasion. There are a further two donation  
5 numbers for which we have not yet found records but we  
6 are still searching. We have been able to confirm  
7 that one of the donations listed was actually returned  
8 to the NBS unused. The final two donation numbers are  
9 rogue numbers and do not exist."

10 Then if we can go over the page, I think it's  
11 003:

12 "At this stage the donations which have been  
13 linked to donors have all been excluded as a source of  
14 HIV infection. We are still attempting to trace two  
15 donations but we know that a further two will never be  
16 traced as the numbers contain transcription errors."

17 The writer says:

18 "I will write to you again when I have the  
19 outstanding information."

20 In 2003, you weren't told the detail of those  
21 letters.

22 A. No.

23 Q. In 2004 you were simply told that they couldn't trace  
24 the blood.

25 A. Yes.

1 Q. Because at that time you were making an application to  
2 The Eileen Trust?

3 A. Yes.

4 Q. There is then nothing further until June 2007. If we  
5 can have 004, please, 12 June 2004:

6 "Thank you for your letter of 5 June 2007  
7 regarding correspondence we had in 2003. I recall the  
8 discussions and the issues that arose at the time and  
9 note with embarrassment that I did not write to you  
10 again after my letter of 8 October 2003. At that  
11 stage we'd established that two donations couldn't be  
12 linked to donors probably through errors in recording  
13 of donation numbers. We were attempting to trace two  
14 further donations and I undertook to write to you  
15 again when we had the outstanding information. It is  
16 clear that we were unable to obtain any further  
17 information concerning these two outstanding donations  
18 and have been unable to positively identify them from  
19 our records."

20 It goes on to say in the second paragraph:

21 "I note that Mrs Titheridge and her husband have  
22 recently been participating in the Inquiry into HIV  
23 infection in relation to contaminated blood products."

24 That was actually some litigation that you were  
25 thinking about being involved in?

1 A. Yes.

2 Q. "I also note that they are not aware of the contents  
3 of my letters."

4 So you hadn't been provided with the information  
5 from the letters beyond the fact that the blood  
6 couldn't be traced?

7 A. No, we'd got to see these letters in around about  
8 2007, around about that period. Dr France of  
9 Ninewells, he supplied us with these letters and then  
10 that's when we went to get her full medical records  
11 from St Mary's in Paddington.

12 Q. Which we will come to in just a moment.

13 A. Which we'll come to.

14 Q. The next long paragraph of this letter explains that  
15 letters of a sensitive nature were labelled  
16 private & confidential and the writer of this letter  
17 has indicated that she would anticipate that subjects  
18 of the letter would be allowed to see the contents but  
19 for various reasons that hadn't been done. So letters  
20 were now addressed confidential rather than private.  
21 That was the explanation.

22 Now, the reason the doctor was writing the  
23 letters in 2003 was to enable you to apply to The  
24 Eileen Trust?

25 A. Mm-hm.

1 Q. The community nurse and the consultant did the  
2 application for you?

3 A. Yes.

4 Q. But it then took about 15 months for you to receive  
5 any money from them?

6 A. Yes.

7 Q. As far as you understand it, the reason for that delay  
8 was because they were trying to trace the blood  
9 transfusion records?

10 A. That's what we believed was going on, yes.

11 Q. So the delay in you receiving the money was because of  
12 the delay we've seen in those letters?

13 A. Yes, yes, that's it.

14 Q. When you received the money did you have to sign  
15 anything?

16 A. Yes. They asked for a note to say that we wouldn't  
17 pursue any legal action if I accepted the money and,  
18 at the time, money was really very tight, to say the  
19 least. We'd got into a bit of debt. I'd borrowed  
20 money off of my family and even a friend, and we had  
21 to freeze the mortgage because I wasn't working and,  
22 you know, there was no income, really.

23 So it was seen at the time as a bit of  
24 a lifeline to get into The Eileen Trust to be accepted  
25 and then they gave us compensation on the law of

1           probabilities because they couldn't trace -- well,  
2           they said they couldn't trace the blood. Sorry, have  
3           I drifted off there into --

4       Q. Don't worry at all. You are answering the question  
5       beautifully.

6           You say that they said they couldn't trace the  
7       blood. You are concerned about that.

8       A. Yes, because a friend of mine, a consultant nurse,  
9       said to me that it's really every blood sample is  
10      labelled and it's all monitored, so it was pretty lax  
11      of them if they had blood samples being given on to  
12      patients that they didn't know anything about, you  
13      know. I don't see how that could be possible, to be  
14      quite honest.

15      Q. But you received the money from The Eileen Trust and  
16      you had to sign the piece of paper?

17      A. Yes. I wrote -- it was handwritten on a piece of  
18      paper because I wasn't any good on a typewriter or  
19      anything so I just hand wrote the letter to say  
20      I wouldn't take any legal action and sent it to them  
21      and that was it.

22      Q. You've said in your statement you were glad of the  
23      money, you needed the money to stay afloat but that  
24      you were not happy about having to receive it, having  
25      to go to The Eileen Trust?

1 A. No, I wasn't because I'd never been that way. I'd  
2 never been out of work or anything like that. So  
3 I didn't feel comfortable about it because it was  
4 a charity. You know, this was quite a thing. You  
5 were getting charitable money and it didn't -- you  
6 know, you have a bit of pride and you don't like to  
7 feel that you're some charity case really and that's  
8 what we felt, you know.

9 Q. As we're discussing those letters, you said that, we  
10 were talking about in 2007, the additional letter in  
11 relation to tracing the blood, and that was part of  
12 you seeking Tricia's medical records.

13 A. Yes.

14 Q. Because you were considering being part of some legal  
15 action.

16 A. That's correct, yes.

17 Q. What were you told when you tried to obtain her  
18 medical records?

19 A. Well, you had to write in so we wrote a letter asking  
20 for Tricia's medical records and about three months  
21 later we'd not heard anything so I phoned and said did  
22 you receive my letter for Tricia's medical records?  
23 And they said, "We did and unfortunately they've been  
24 destroyed in a sewerage leak".

25 I said, "Well, I'm not sure that's right"



1 because the doctor at Ninewells had obtained some  
2 records and I said, "I think they're on microfiche."  
3 So she said, "Well, leave it with me" and then about  
4 three months later, I'd not heard anything back and so  
5 I got in touch again and I spoke to this woman -- who  
6 wasn't actually very friendly -- and she said, "Well,  
7 we routinely destroy medical records after 15 years".

8 I said, "I thought they were supposed to go  
9 through with you for life, your medical records" and  
10 they said, "Well, unfortunately, we can't help you."

11 Q. Your MP also tried to access records?

12 A. Mm-hm, Pete Wishart.

13 Q. You are particularly concerned that the records are  
14 missing because your wife, throughout after her  
15 treatment, was seen as an important medical case  
16 because of the operation she had had?

17 A. Yes. It doesn't make any sense to me that they  
18 wouldn't have her medical records. You know, this is  
19 the big thing because if the medical records had  
20 existed, somebody might have twigged a wee bit earlier  
21 that this could be the problem and she could still be  
22 alive today, you know, because she could have gone on  
23 to treatment earlier, it wouldn't have affected her  
24 brain and, you know, people are living longer and  
25 normal lives now, you know. So the medical records is

1 a big thing for me and I've always wanted an answer to  
2 why.

3 Q. Because your point is that if the doctors when she  
4 first fell ill had known about the transfusions and  
5 believed you about the transfusions, Tricia would have  
6 been tested for HIV/AIDS earlier?

7 A. Yes. If you have nine units of blood or eight units  
8 in a window where people were getting infected at  
9 Saint Mary's Hospital, to go in to the consultant and  
10 have the consultant just wave you away and say "no  
11 chance", you know, "don't be ridiculous", why did  
12 it -- I mean, I don't understand why she didn't get  
13 tested then. You know, if you've -- it's just taking  
14 blood and testing it and I don't understand why that  
15 wasn't done then or called back when things really got  
16 heated up and, you know, tested her then.

17 I mean, they should have called them back,  
18 really, and tested them, the people that had had the  
19 transfusions in that time.

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

22 A. Not really. I'm just hoping that this Inquiry comes  
23 up with a few of the answers I'd like, the medical  
24 records, and, you know, the call-backs, and, you know,  
25 I just hope people get some justice out of this

1           because it's gone on too long. I mean, 30-odd years  
2           is a long time to wait for this and I just hope there  
3           will be not too many people die before this comes out.  
4           That's pretty much it.

5           MS FRASER BUTLIN: Sir.

6           SIR BRIAN LANGSTAFF: Richard, thank you very much indeed  
7           for telling us about the story of your wife's illness  
8           and how it affected you and your family. Thank you.

9           A. Pleasure. Thank you.

10          SIR BRIAN LANGSTAFF: That concludes the proceedings for  
11          this week. We meet again on Monday at 10.00.

12          MS FRASER BUTLIN: That's right.

13          SIR BRIAN LANGSTAFF: Who are we hearing from on Monday at  
14          10.00?

15          MS FRASER BUTLIN: Maria Armour and then we will be  
16          hearing from four anonymous witnesses, sir.

17          SIR BRIAN LANGSTAFF: So Monday Maria Armour and four  
18          anonymous witnesses, 10.00. I look forward to seeing  
19          as many of you who wish to be here then.

20          **(3.35 pm)**

21                               **(Adjourned until Monday, 8 July at 10.00 am)**

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