

Monday, 8 July 2019

1

2 (10.05 am)

3 **SIR BRIAN LANGSTAFF:** Our first witness this morning is  
4 Maria. Her daughter may wish to say something so she  
5 will be sworn in too.

6 **MS FRASER BUTLIN:** That's correct, sir.

7 **SIR BRIAN LANGSTAFF:** Maria.

8 **MARIA ARMOUR, affirmed**

9 **LAURA BROWN, affirmed**

10 **Questioned by MS FRASER BUTLIN**

11 **Q.** Maria, you're here to talk about your infection with  
12 hepatitis C.

13 **A.** I am.

14 **Q.** In 1981, you had a miscarriage. What can you tell us  
15 about that?

16 **A.** I'd been to the doctor's a couple of days before for  
17 a blood pregnancy test, but shortly after leaving the  
18 doctor's, I started bleeding. So I was bleeding for  
19 a few days, in quite a lot of pain, but because I was  
20 used to bleeding heavy I just assumed it was my period  
21 had come. So when I went back into the doctor's,  
22 I was quite surprised when he said you were pregnant  
23 and he would need to get an ambulance and I ended up,  
24 up at the Samaritan.

25 **Q.** You ended up at the Samaritan's Women's Hospital in

1 Glasgow.

2 **A.** Uh-huh.

3 **Q.** What do you remember at about being at the hospital?

4 **A.** I don't remember much about going in because I just  
5 remember being terrified that my mum would find out.

6 **Q.** Because you were very young at the time?

7 **A.** Because nobody knew I was pregnant, nobody.

8 **Q.** And you remember the next day waking up and --

9 **A.** I had a bag of blood, and the nurse was telling me to  
10 flick it if bubbles or something came in, and that was  
11 that.

12 **Q.** Before you received that blood, were you advised about  
13 any risks of receiving it?

14 **A.** No.

15 **Q.** You had to stay in hospital after that transfusion for  
16 about a week?

17 **A.** Uh-huh.

18 **Q.** About seven days. Why was that?

19 **A.** Because the next day I took a very high temperature,  
20 and they had to give me antibiotics to try and bring  
21 it down.

22 **Q.** It was thought that you had a chest infection, but it  
23 wasn't very clear why you were unwell at that stage?

24 **A.** No.

25 **Q.** When you were discharged from hospital, the doctor at

1 the hospital wrote to your GP and we've got that  
2 letter -- it's 2076002, please, Paul -- and it will  
3 come up on the screen.

4 We can see in the first paragraph a discussion  
5 about the miscarriage, but there's no reference in the  
6 letter to you having received a blood transfusion.  
7 But your clear recollection is of waking up and  
8 finding you were having a blood transfusion?

9 **A.** Uh-huh.

10 **Q.** And then in 1983 you were admitted to the hospital  
11 again with an unknown infection?

12 **A.** Uh-huh.

13 **Q.** What happened then?

14 **A.** That was Hogmanay. I was -- I felt -- I thought it  
15 was a cold at first. My temperature went up quite  
16 high. I'd stomach pains and I got took in, admitted  
17 in, kept in for a few days.

18 **Q.** And you've said in your statement that you're not sure  
19 if they were the first signs of the hepatitis C  
20 manifesting themselves, or if they were simply other  
21 infections?

22 **A.** Uh-huh.

23 **Q.** But to you they seemed a bit strange?

24 **A.** Yes.

25 **Q.** From the time of your transfusion until you had your

1 two daughters, what was your physical condition like?  
2 How did you feel physically?

3 **A.** Well, I'd started to experience joint pains, skin  
4 irritations that got worse when I had my first  
5 daughter. I found I struggled to carry her, and she  
6 was quite big and it was a struggle with her, and then  
7 the joint pain just seemed to get worse from then on  
8 and the skin irritations, constant.

9 **Q.** You said in your statement you got very tired and  
10 fatigued and you had some gastro difficulties and  
11 bowel problems.

12 **A.** Yes.

13 **Q.** You were working at a residential unit for the elderly  
14 during some of that time. What happened when you were  
15 there?

16 **A.** Well, it was a dementia unit which was quite  
17 challenging. It was all like heavy lifting. There  
18 was a lot of physical work. I was not physically  
19 capable of doing it and I also had a lot of hospital  
20 appointments then. I didn't realise that you were  
21 allowed time off for hospital, so I was taking it as  
22 time off and they said it was too many absences due to  
23 ill health, and they never renewed my contract.

24 **Q.** So you lost your job at the residential unit at that  
25 point.

1   **A.** That was a week before my diagnosis.

2   **Q.** In 2002 you were referred to see a gastroenterologist  
3       because you had ongoing diarrhoea and bowel problems.  
4       What happened when you went to see them?

5   **A.** They just kept doing tests, every test for my stomach  
6       problems. I still tried to keep going with my work at  
7       that time, and they were testing me. I was working  
8       with adults with learning disabilities and I think it  
9       was kind of brain fog and that because I was  
10      responsible for medications and things, and I was kind  
11      of worried that I wasnae doing my job the way I could  
12      have been.

13            Then I just kept going back to the hospital to try  
14      and find out why I was having bowel problems.

15   **Q.** You had a number of blood tests during about two  
16      years, and then towards the end of those two years  
17      were you told at any point you were going to be tested  
18      for hepatitis C?

19   **A.** Never.

20   **Q.** And what did you worry that you might have during that  
21      time?

22   **A.** Cancer.

23   **Q.** Your fear was that it was some form of bowel cancer --

24   **A.** Uh-huh.

25   **Q.** -- that they couldn't find?

1   **A.** Uh-huh.

2   **Q.** Could we have document 2076007, please, dated  
3       July 2005 and it's a letter from your  
4       gastroenterologist to the GP, and in it it says:

5                "Importantly, her hepatitis C PCR is positive  
6       suggesting that she has hepatitis C as a cause for her  
7       abnormal liver function tests."

8                That's July 2005. Were you told at that point --

9   **A.** No.

10  **Q.** -- that you'd tested positive?

11                In October 2005 you attended another appointment  
12       at the hospital. What were you expecting the  
13       appointment to be like?

14  **A.** I was -- I was expecting to go in and them tell me it  
15       was just the stress, it was IBS, that's -- because  
16       what I -- I thought he was going to say, "You've no  
17       got cancer but it's IBS. It's just stress".

18  **Q.** And what happened at the appointment?

19  **A.** I was shouted into his office and I went in and he was  
20       sitting with a nurse and he said, "I've got good and  
21       bad news. Good news, you've no got cancer. Bad news,  
22       you're hep C positive. Any idea how you could have  
23       got it? Drug use? Partners?"

24                I said, "No, I had a blood transfusion but ...  
25       a few years back, I can remember", and then I thought

1 I just started crying, and I went to ask him something  
2 but he wasnae looking at me. He was facing this way  
3 (*indicated*). I was sitting here, and he was just on  
4 his computer rhyiming off all the blood tests to the  
5 nurse behind him, and she just said to me to come out  
6 with her, and that was the last I seen him.

7 **Q.** How much information at that stage were you given  
8 about what hepatitis C was?

9 **A.** He never gave me any information, but I knew because  
10 in my training, obviously.

11 **Q.** So you had done some training in social and health  
12 care?

13 **A.** Uh-huh.

14 **Q.** So how did you find out and what did you understand  
15 hepatitis was?

16 **A.** Well, when we covered it through my HNC, it was HIV  
17 and related illnesses, which was A and B. We never  
18 really touched on hep C because there wasnae much  
19 known about it then. What we got told then was it was  
20 mainly through drug addicts. They did touch upon  
21 transfusions but said it was very rare for somebody to  
22 get it like that. That's what we were taught. It was  
23 more the focus was on HIV and AIDS. But what I was  
24 worried about, because my symptoms were the same, is  
25 like the end stages of AIDS with the sores appearing

1 in the body, diarrhoea, et cetera, all that, so that's  
2 what I was worried about. I thought I was at the end  
3 stages of that, and they were just maybe no telling  
4 me.

5 **Q.** So until you had the diagnosis of hepatitis C you were  
6 worried you might have cancer?

7 **A.** Uh-huh.

8 **Q.** Or were you worried --

9 **A.** Or have AIDS.

10 **Q.** -- you might have AIDS --

11 **A.** Uh-huh.

12 **Q.** -- and then you were told in October 2005 it was  
13 hepatitis C.

14 **A.** Uh-huh.

15 **Q.** How did you feel at that point when you were given the  
16 diagnosis?

17 **A.** Devastated. I knew it was end of my career.

18 **Q.** I should say at this point that a response has been  
19 sought from Dr Boulton-Jones and anything that's  
20 received will be published on the website in due  
21 course.

22 The evening after you got your diagnosis you were  
23 in such a state that you decided to phone the  
24 Samaritans and the impact on you mentally has been  
25 quite significant since then?



1   **A.** Uh-huh.

2   **Q.** Can you tell us a little bit about that.

3   **A.** Well, I'd went to the doctor a couple of days later,  
4       Judy and Laura was struggling, my daughters were  
5       struggling, I was struggling, and within a few days  
6       I was, like, thinking about people I could have  
7       infected through the years, how long that -- how many  
8       times I could have infected people and I was having  
9       horrible dreams. The guilt I felt was terrible and  
10      I was saying, "Who do I tell? Who do I don't tell?"  
11      So I went to my GP and I said, "I'm no coping".  
12      I says, "I need to speak to somebody. I need to ask  
13      if what I'm feeling's right", and she said, "Nobody  
14      will entertain you. You'll no see a counsellor. I'll  
15      send you to stress management, you're just stressed,  
16      and why you don't go home and find out how you caught  
17      it?"

18           And I went home a couple -- she phoned me that day  
19      at half 4, the doctor. She says, "Look, I've checked.  
20      You got a blood transfusion in 1981. That's where you  
21      got it".

22           And then a couple of days later I took  
23      an overdose.

24   **Q.** You've said in your statement that at that stage you  
25      wanted to end your life.

1   **A.** Uh-huh.

2   **Q.** You wanted to go to sleep and not wake up, but your  
3       daughter found you, called for an ambulance and you  
4       were taken into hospital.

5   **A.** Uh-huh.

6   **Q.** Did you tell your family about the hepatitis C?

7   **A.** Yeah.

8   **Q.** What was their reaction?

9   **A.** They were devastated, but can I just say I never felt  
10       ashamed, ever, of having it. So I wasnae scared to  
11       tell anybody. I never kept it a secret, because  
12       I didnae feel ashamed, ever, and I've never felt  
13       ashamed about it. It wasnae my fault.

14   **Q.** But you did feel that it affected your relationship  
15       with your nieces and nephews.

16   **A.** Yeah.

17   **Q.** Of whom there are quite a number. In what way did it  
18       affect that relationship?

19   **A.** I couldnae kiss and cuddle them. I was scared to be  
20       left alone in case they cut theirselves. I had one  
21       incident where I was left with my wee niece, my  
22       niece's baby, and she fell, I went into pure panic.  
23       She was only one. She had fell off the bed and cut  
24       her lip. I didnae want to lift her or touch her.  
25       I was scared in case I gave her hep C. When I seen

1 the blood, I kind of freaked out, so from then I just  
2 wanted rid of it, the virus, and that was my focus.

3 **Q.** At that point you felt that you needed to stop  
4 babysitting for the nieces and nephews --

5 **A.** Uh-huh.

6 **Q.** -- because you were very worried about infecting them.

7 The fact that you had hepatitis C did become  
8 public knowledge and in your statement you've talked  
9 about an occasion when you went to the pub.

10 **A.** Uh-huh.

11 **Q.** Can you tell us about that?

12 **A.** I was asked -- I went outside for a smoke and one  
13 suddenly come out and stood with me. She says,  
14 "They're speaking and they're saying they're no quite  
15 happy drinking out of the same tumblers as you".

16 **Q.** And what happened when you went back in?

17 **A.** I can't tell you what I said.

18 **Q.** Your daughters also had difficulties at school. What  
19 can you tell us about that?

20 **A.** Well, I think they were getting their mum's a drug  
21 addict. Jade was already having problems at school,  
22 bullying, so the two of them just stopped going  
23 eventually. I went to their schools. I went to their  
24 head teachers. I begged them for help. I says, "They  
25 need help. I need help." They were nae interested.

1 Q. In 2007 your long-term relationship also broke down,  
2 and during this time you had started a university  
3 course --

4 A. Uh-huh.

5 Q. -- in social work?

6 A. Uh-huh.

7 Q. Were you able to complete that?

8 A. No, three months in I had to give it up. I couldn't  
9 cope with the physical side of it, managing in and out  
10 with books, and I wasnae retaining information or  
11 anything. I was struggling with the fatigue and the  
12 pain, the joint pain.

13 Q. After you were told about the diagnosis of  
14 hepatitis C, you were then referred to a liver  
15 specialist.

16 Can we have document 2076008, please.

17 This is the referral letter in November 2006, and  
18 we can see in the first paragraph that it refers to  
19 you having used intravenous drugs and had partners who  
20 were intravenous drug users as well.

21 Is any of that accurate?

22 A. No.

23 Q. When you obtained your records for the Skipton Fund,  
24 you immediately spoke to Dr Boulton-Jones about those  
25 notes, didn't you?

1   **A.** Uh-huh.

2   **Q.** And if we can have 2076005, we can see that you had  
3   got -- this is 2018:

4           "Mrs Armour has been in touch. She has got her  
5   medical records because she contracted hepatitis C  
6   almost certainly through a blood transfusion."

7           And if we look at the third paragraph:

8           "She was concerned when she went through her medical  
9   records to find a letter from my registrar referring her  
10   to the liver service for further follow-up of  
11   hepatitis C, which stated ..." and made reference to the  
12   intravenous drug use:

13           "She was subsequently seen by Dr Goulding who was  
14   one of our liver specialists, who also documented that  
15   the hepatitis C was contracted through a blood  
16   transfusion and, therefore, I do feel that this comment  
17   from my registrar was simply wrong and this letter is to  
18   confirm we feel that the most likely cause of this  
19   lady's hepatitis C was through this blood transfusion.

20           "I've spoken to our clinical director to see if we  
21   can simply remove this letter from the notes ..." but he  
22   says they can't.

23           You were then provided with another letter,  
24   2076006, where he says that:

25           "As discussed on the phone, I did manage to get

1 your paper records and have reviewed them. I agree  
2 that the comment from Dr [X]'s letter in 2006 is  
3 incorrect. As we have discussed, I have written  
4 a letter to be included in your care notes to correct  
5 this error and I attach a copy of that letter for your  
6 information."

7 And so as soon as you saw the erroneous entry --

8 **A.** I phoned him.

9 **Q.** -- you phoned him and got it corrected.

10 **A.** Uh-huh.

11 **Q.** Now you were referred, as we saw, in November 2006.

12 When was treatment first discussed with you?

13 **A.** At the appointment with the liver specialist she told  
14 me that the treatment they had, the interferon, that  
15 she didnae think I'd be able to handle it because of  
16 my mental state and I'd also lost a lot of weight and  
17 that and so she said, "Your liver's not badly  
18 affected. You've only got like 2%", whatever, she  
19 says, "So you'll be fine for a few years, if you want  
20 to wait and see something better comes out". She  
21 went, "You've only got 50% of it clearing", and that  
22 was when I decided to go back to you uni to try and do  
23 my BA and that in social work, and when I couldnae  
24 finish or complete that, I wanted the treatment, that  
25 was 2009, I went back and I said to her I would like

1 to just -- because she said it would take away most of  
2 the symptoms that I was experiencing, so even if  
3 I didnae clear the virus, there was a good chance  
4 I would get back to work and finish my degree and  
5 that, but --

6 **Q.** When treatment was first discussed with you and the  
7 question was raised whether you were mentally strong  
8 enough to cope with it, you were then referred to  
9 perhaps a counsellor or a psychologist. You're not  
10 sure which one it was.

11 **A.** No, that was before treatment started. That was in  
12 2009, I seen the psychologist.

13 **Q.** And how did you find your sessions with the  
14 psychologist?

15 **A.** It was only one session to see if I was mentally fit.

16 **Q.** And what was that like?

17 **A.** He was just asking about how I felt and I felt quite  
18 strong then because I was determined that I wanted  
19 this treatment.

20 **Q.** You were then able to start the treatment with  
21 ribavirin and interferon?

22 **A.** Uh-huh.

23 **Q.** There was one occasion when you were given the needles  
24 that you were required for that treatment and what did  
25 the nurse say to you?

1   **A.** Well, I took Laura with me because she was  
2       an auxiliary nurse in the same hospital at the time so  
3       she was currently learning to give me the injections.  
4       She explained what would happen, I would be up once a  
5       month collect the medication. She gave us the pills  
6       and things and then she handed me the box with the  
7       needles and she said, "And you know what to do with  
8       them", and I was like that, "No I don't know what to  
9       do with them", and she apologised. She says, "Oh, I'm  
10      sorry", and she showed us how to use them.

11   **Q.** Because you think she believed that you were an IV  
12      drug user when that had never been any --

13   **A.** Never been the case.

14   **Q.** You were warned that the side effects could be quite  
15      severe.

16   **A.** Uh-huh.

17   **Q.** And if we have 2076003, please, we can see that the  
18      nurse specialist wrote to your GP -- well, "to whom it  
19      may concern" --

20   **A.** This was actually, when I was going through the  
21      bankruptcy she gave me this to show them exactly that  
22      I was -- the date the Disability Living Allowance  
23      was --

24   **Q.** Which we're going to come onto very shortly but this  
25      was the advice that you'd got at the time, wasn't it?



1   **A.** Uh-huh.

2   **Q.** "That the treatment is a fairly rigorous course of  
3       oral and injected medication which is associated with  
4       significant disabling side effects such as lethargy,  
5       flu-like symptoms, low mood, anaemia, anorexia and  
6       weight loss. These side effects can often impair the  
7       individual's ability to work for the duration of the  
8       therapy and for sometime afterwards."

9               That's what you were told before the treatment as  
10       well, wasn't it?

11   **A.** Uh-huh.

12   **Q.** Are they the side effects you suffered from?

13   **A.** Them and worse, yeah.

14   **Q.** Can you tell us about that?

15   **A.** For the first week I started experience severe pain,  
16       my appetite went, couldnae eat, I couldn't --  
17       I couldn't stand up without being dizzy. I was very  
18       light-headed. It was immediate, the effects of it.  
19       Instead of being at the hospital once a month, I was  
20       there every single week because the side effects were  
21       that horrific. So --

22   **Q.** Sorry, go on.

23   **A.** No, that's fine.

24   **Q.** You underwent treatment for 72 weeks.

25   **A.** Uh-huh.

1 Q. Why was it for so long?

2 A. I don't know.

3 Q. What were you told --

4 A. I was told --

5 Q. -- at the end of the 48 weeks?

6 A. She just said we would like you to continue for

7 another six months. She never said why. She just

8 said "Think about it". She gave me a couple of days

9 to go home because I was not happy thinking that was

10 me done my 48 weeks, so I thought of doing another six

11 months, but I thought I've done it this far, I may as

12 well just do it and I done it.

13 Q. And what did the nurse say to you about the fact that

14 you did it for 72 weeks?

15 A. She says it's the first she ever gave anybody it for

16 that length of time. She'd never known anybody to

17 have it that long but she never said why I was to take

18 it.

19 Q. And you're still not clear now why it was for so long?

20 A. No.

21 Q. You completed that course and cleared the virus, but

22 what's the ongoing physical impact been on you?

23 A. The fatigue, the pain has got to be the worst. It's

24 no just joint pain. It's pain everywhere. Before you

25 get up in the morning to going to your bed at night.

1 As I say, I've got three young granddaughters, I'm  
2 a single parent, so taking painkillers isn't an option  
3 for me, so I just deal with the pain.

4 I went back after a year of finishing treatment,  
5 and I says, "I don't feel I'm getting any better. The  
6 pain's no getting any better". I said, "It feels as  
7 though it's getting worse", and that's when she  
8 referred me to the rheumatologist, and I said to her  
9 you told me this would all be clearing up by now and  
10 she couldn't understand why it wasnae either.

11 So I went back a year later and then I went to the  
12 rheumatologist and they diagnosed me with  
13 fibromiyalgia. I started treatment for that. She  
14 gave me some more painkillers, physiotherapy, and then  
15 I started breaking out in big sores along my back  
16 which I knew it wasnae any of the other irritations  
17 I'd had. I knew it was something different.

18 I googled it and it come up as lupus, immune  
19 whatever, and I was looking at the reasons, causes and  
20 it said long-term -- one of them was long-term use of  
21 interferon, so I'm back to my GP and I says think I've  
22 got lupus and they said, "I don't know what lupus is".  
23 Here's looking me and he's like that, "I think I need  
24 to get a second opinion. Do you mind if somebody else  
25 comes in?"

1           So the next thing there were three of them behind  
2 me all pulling faces and looking, and at first  
3 I thought it was bugs had bit me, because of my --  
4 where I live, and I thought that's what they were  
5 whispering about, and I said to them, "Look, I think  
6 it might be lupus", but they were no -- they kept  
7 saying, "No, we don't know anything about lupus", so  
8 they referred me to the skin specialist, and he took  
9 tests and he agreed with me.

10 **Q.** And you had the diagnosis of lupus confirmed more  
11 recently?

12 **A.** Uh-huh.

13 **Q.** After you left the university course and couldn't  
14 complete your degree, you then went on benefits?

15 **A.** Uh-huh.

16 **Q.** What happened with your Disability Living Allowance at  
17 this point?

18 **A.** Because I was a -- I'd wrote in -- when I was very  
19 filling the form out, I tried to fill it myself and  
20 I wasnae like to put in it that I was feeling really  
21 bad in case they gave -- never gave me the treatment,  
22 so I said I was feeling kind of good enough to take  
23 this treatment and they took my DLA off me.

24 **Q.** So you applied for the DLA just before you started the  
25 treatment.

1   **A.** No, I'd been getting it. I'd been getting it for  
2       a couple of year.

3   **Q.** You had to reapply and fill in the forms --

4   **A.** Uh-huh.

5   **Q.** -- just before you started the treatment and because  
6       you were desperate for the treatment you wrote that  
7       you'd weren't so bad, which meant you lost the  
8       allowance?

9   **A.** Yeah.

10  **Q.** What happened after that?

11  **A.** I had to fight for a year to get it back, so I had to  
12       go to Citizens Advice for a couple of weeks, which was  
13       horrible because it was the winter. I was getting the  
14       injections on the Monday. I was to go over there and  
15       stand at half 8 in the morning to be guaranteed to be  
16       seen that day. It was like a ticket system. There  
17       was nae toilet facilities, nae tea facilities,  
18       nothing.

19  **Q.** The toilet facilities, particularly for you were  
20       really difficult because of the ongoing diarrhoea  
21       issues.

22  **A.** Yeah, and I'd phoned them and said, "Would it be okay  
23       then if I come over, could I use your staff toilets,  
24       if needed?" And they were awful nice and said yes.

25  **Q.** You ended up being declared bankrupt --

1   **A.** Yeah.

2   **Q.** -- after the treatment, because financially everything  
3       had gone horribly wrong?

4   **A.** Uh-huh. Most -- well, my benefits -- because I wasnae  
5       getting money going in, there was bank charges coming  
6       off, so it ended up all my benefits was just getting  
7       took right away in bank charges, so I was living on  
8       nothing.

9   **Q.** You've also had some housing difficulties.

10  **A.** Yeah.

11  **Q.** Can you tell us about those.

12  **A.** The whole area where I live is, for the past ten year  
13       I've been campaigning daily for the infestations we're  
14       dealing with. It's rife with mice, bedbugs,  
15       cockroaches. This is what I'm battling to keep out my  
16       home. The past four year I've had mice running about  
17       my feet, sitting on my feet, trying to get in the  
18       bottom of the wean's pram.

19       I got moved recently. The best offer they could  
20       give me was a flat facing the hospital, where I was  
21       infected, but it was either that or listening to mice  
22       run through the walls in my flat, which I'd been  
23       listening to for four years.

24  **Q.** And for you moving to a flat which was in perhaps  
25       better physical condition but which was facing the

1 hospital, you found that very difficult?

2 **A.** Well, I thought it was better physical conditions to  
3 I was chasing mice in there a couple of weeks ago.  
4 I've only been in it ten weeks and that's got mice as  
5 well.

6 **Q.** And the impact of being opposite the hospital, you  
7 found very hard indeed?

8 **A.** I did, especially reading my medical records. It was  
9 just -- kept bringing it back to me and it's right  
10 facing the very ward, I can see the ward I was in.

11 **Q.** You found out about The Skipton Fund and received  
12 a payment from them and then through some contacts on  
13 social media you found out about the Caxton Fund.

14 **A.** Uh-huh.

15 **Q.** How did you find applying to the Caxton Fund?

16 **A.** An ordeal, it was terrible. It took them weeks to  
17 answer you and then it took -- they would send a form,  
18 you've got to fill that form in and then send it back  
19 and then it would go to a panel, and then they would  
20 write back. So this was what -- it would take  
21 a couple of months if you asked for anything.

22 At one time they replaced my furniture due to the  
23 infestations in my house and they gave me £900 in Next  
24 vouchers, £10 vouchers, and I had to stand and count  
25 them out in the shop. It was embarrassing, so I never

1 applied again, ever.

2 **Q.** You'd also applied for some clothes for your 50th  
3 birthday?

4 **A.** Uh-huh.

5 **Q.** What happened in relation to them?

6 **A.** Well, my birthday was in the June and I was still  
7 asking for it in I think it was September, still --  
8 I ended up in tears on the phone to them.

9 **Q.** Those are the questions I have for you. Is there  
10 anything you would like to say or I think your  
11 daughter might have wanted to say something.

12 **LAURA:** Yes. On behalf of my mum and my family, we would  
13 just like to thank yous for the opportunity for giving  
14 my mum to come here today and get her story across.  
15 Hopefully my mum's statement has reiterated the effect  
16 that it has had on the entire family. Both my mum and  
17 my sister have attempted to take their lives because  
18 of this. It's robbed her of everything. She lives  
19 a death sentence every day and we just -- we've waited  
20 14 years to get the truth and the answers she  
21 deserves.

22 **MS FRASER BUTLIN:** I'm just going to turn round and see if  
23 Mr O'Neill or Mr Dawson have anything they would like  
24 to raise with you.

25 **A.** Okay. *(Pause)*



1 Q. Just two things that they'd like me to raise with you.

2 You had a couple of other interactions at the  
3 hospital. You had a hysterectomy in 1994 and then  
4 some bloods taken in 1998.

5 You feel that they were opportunities that were  
6 missed?

7 A. Uh-huh, especially '94 because I got another blood  
8 transfusion plus I had been suffering all the symptoms  
9 of hep C right up until then. When I look in my  
10 medical records, surely when they gave me more blood  
11 they would have checked and seen that I was at risk.  
12 I've never moved from the area that I live in. I'm  
13 still in the same street as the hospital. That's --  
14 so I don't see how they couldnae have found me in the  
15 look-back process.

16 Q. So you feel the hospital missed the opportunities when  
17 you went in --

18 A. Uh-huh.

19 Q. -- on a couple of occasions and things were missed.  
20 They could have looked back at at an earlier stage  
21 which would have picked you up earlier?

22 A. Yeah.

23 **MS FRASER BUTLIN:** Thank you.

24 **SIR BRIAN LANGSTAFF:** I have no questions, but can I thank  
25 you for telling us of your struggles with hepatitis C

1 and your daughter for telling us the effects that that  
2 has had on the whole family. Thank you very much.

3 **A.** Thank you.

4 **SIR BRIAN LANGSTAFF:** We'll take a break until 11.10 am.

5 Our next witnesses for the rest of the day in fact are  
6 all anonymous, so you will understand what that means,  
7 most of you. I shall tell you more about each as I am  
8 obliged to do as each comes to give evidence.

9 11.10 am.

10 **(10.40 am)**

11 **(A short break)**

12 **(11.12 am)**

13 **SIR BRIAN LANGSTAFF:** Our next witness is Mr T.

14 **MS RICHARDS:** Yes, sir. Do you want to make the  
15 restriction order before the witness is sworn in?

16 **SIR BRIAN LANGSTAFF:** Yes. As I mentioned before we had  
17 the break, the next witnesses, throughout the rest of  
18 the day, will be anonymous. Now, what that means is  
19 that no one can say anything which would lead to their  
20 identity being known outside this room.

21 Each of them will give evidence, so you will see  
22 them, but they will not be seen by the nation out  
23 there because their face will not be on any live  
24 transmission. What they say will be, but not what  
25 they look like.

1           So in each case I will make an order in the usual  
2 form. In the case of Mr T, it reads like this:  
3 I order that the name and address of witness W0123  
4 (that's Mr T to you and me) and any other identifying  
5 information, such as the witness's image or  
6 a description of their appearance cannot be disclosed  
7 or published in any form unless express permission is  
8 given by me or by the Secretary to the Inquiry acting  
9 on my behalf.

10           Witness 0123 must be referred to only as Mr T. This  
11 order remains in force for the duration of the Inquiry  
12 and at all times thereafter unless otherwise ordered and  
13 I may vary or revoke the order by making a further order  
14 during the course of the Inquiry.

15           On each of the occasions that I've made these  
16 orders I have asked or reminded people to be very  
17 careful in taking any photographs in and around the  
18 Inquiry, that means in and around the conference  
19 centre, just in case you inadvertently capture Mr T  
20 and the same will apply to the other witnesses we get  
21 to hear today when you take a snap. So please just  
22 take care.

23           The press won't photograph anyone without  
24 permission. Please don't do the opposite.

25 **MS RICHARDS:** Sir, I should just say before Mr T is sworn

1 that whilst his testimony will be live streamed on  
2 an audio-only basis, the live stream will not be  
3 functioning this afternoon. That's because of the  
4 nature of the evidence that's being given this  
5 afternoon is such that it will be unrealistic to  
6 expect the witnesses to give their evidence without  
7 mentioning names.

8 **SIR BRIAN LANGSTAFF:** Yes.

9 **MS RICHARDS:** And so there will be no live stream, so  
10 anyone listening presently or watching presently will  
11 not be able to follow this afternoon's proceedings,  
12 but their evidence and the audio transmission of it  
13 will be uploaded as soon as any appropriate redactions  
14 have been made.

15 **SIR BRIAN LANGSTAFF:** Yes. Well, let us have Mr T.

16 **MR T, sworn**

17 **Questioned by MS RICHARDS**

18 **Q.** You're a retired police officer having completed  
19 30 years' service.

20 **A.** Yes.

21 **Q.** In 1988 you sustained very serious injuries as result  
22 of a road traffic accident.

23 **A.** That's correct, yes.

24 **Q.** What can you tell us about what happened in terms of  
25 your treatment.

1   **A.** Well, with regards to my treatment at that time, at  
2       the time of the accident I had multiple fractures,  
3       life-threatening. I was taken to the Glasgow Victoria  
4       Infirmary after I had been cut out of my car and  
5       I think it was like emergency surgeries were carried  
6       out at that time. Obviously, due to the  
7       circumstances, I don't really recall anything of what  
8       was going on at that particular time.

9   **Q.** You now know you received blood transfusions. You  
10       weren't in a position to be asked for your consent  
11       because of the nature of your injuries, as  
12       I understand it.

13   **A.** That's correct, yes.

14   **Q.** And you very candidly said in your statement that had  
15       you been asked for your consent, you would have given  
16       it because of the seriousness of your condition.

17   **A.** I think in the circumstances that's reasonable, yes.

18   **Q.** And we know from a recently provided witness statement  
19       from the Scottish National Blood Transfusion Service  
20       that their understanding is you received six units of  
21       red cells and seven units of fresh frozen plasma, or  
22       cryoprecipitate, on 6 April 1988, two units of red  
23       cells on 11 April and four units of red cells on  
24       19 April.

25   **A.** Yes, I found that out last week.

1 Q. Now you recovered from your injuries and you returned  
2 to work as a police officer?

3 A. Yes.

4 Q. Some 12 years later, in 2000, you went to see your GP.  
5 What prompted that?

6 A. Generally feeling unwell for a number of years,  
7 probably fatigue, pains in my joints. I would liken  
8 it probably a lot of the time to like flu-like  
9 symptoms, so this had gone on for quite a lengthy  
10 period of time and my wife eventually just said,  
11 "Look, you need to go and see a doctor", because it's  
12 a thing I still don't do that often, you know.  
13 I won't go and see a doctor just because I'm not  
14 feeling that great, so she eventually talked me into  
15 going and I did.

16 Q. And you saw your GP and the GP arranged for you to be  
17 tested for hepatitis C?

18 A. Yeah, that -- initially he did a blood test and he  
19 initially said that he thought it could be -- I was  
20 maybe just anaemic. That came back and I think at  
21 that time he said, "Do you mind if I try another one  
22 and test for hepatitis C?" And due to the  
23 circumstances, I was quite happy with that because  
24 I had obviously no reason to believe that I would be  
25 infected.

1 Q. The test result came back and your GP informed you  
2 that you had been infected with hepatitis C.

3 A. Yeah.

4 Q. What can you recall of your reaction?

5 A. I think probably just numbness, because of the  
6 occupation I knew what hepatitis C was roughly but, to  
7 be honest, I was probably quite ignorant of the -- of  
8 the bigger picture with regards to it, but I knew what  
9 it was but didn't really know what it was going to do  
10 to me. I think I did ask him, you know, "How much  
11 time have I got left?"

12 Q. And you've said in your statement that you -- you were  
13 in tears when you went home.

14 A. Yeah.

15 Q. Extremely emotional, in a state of turmoil?

16 A. Yeah.

17 Q. And you went on autopilot, as it were, into work?

18 A. Yeah, I just went to work that night.

19 Q. But you spoke to someone at work and actually told one  
20 of the few people you ever told at work --

21 A. Yeah.

22 Q. -- what your diagnosis had been, and they told you to  
23 go home.

24 A. Yeah, he did.

25 Q. You had a great fear at that time that you might have

1 infected your wife or children.

2 **A.** Yes. Well, you're thinking at the time, "When did  
3 this happen?" Because I obviously didn't know and  
4 you're -- it's going through your mind, how did  
5 I become infected? Who could I possibly then have  
6 infected myself?

7 And all these scenarios are running through your  
8 mind and it's probably quite -- it's quite constant in  
9 that respect, that you never get that out of your mind  
10 about who you have or could have infected.

11 **Q.** How much information was your GP able to give you  
12 about the condition?

13 **A.** Very little at all. I think his comment in the time  
14 was he said, "I believe it works on 20-year cycles of  
15 kind of deterioration", he said, "but I don't really  
16 know that much more about it". I think to be fair, at  
17 that time, in 2000, the sort of general information  
18 for GPs was apparently -- was possibly quite thin on  
19 the ground.

20 **Q.** Your GP did refer you to a consultant, Dr Fox.

21 **A.** Yes.

22 **Q.** What can you recall about your first appointment there  
23 and what you were told?

24 **A.** He -- he asked me a lot of questions about, you know,  
25 is there any circumstances under whether -- under



1       which I think I may have become infected. He asked me  
2       questions about, you know, was I an intravenous drug  
3       user. Was -- there was all these kind of questions  
4       trying to just maybe to establish where or how I'd  
5       become infected, and he -- I answered to him that  
6       I had no idea but I did happen to mention the road  
7       accident, and described the injuries I had suffered at  
8       that time and where I had been treated. And it was  
9       kind of strange because at that time he said, he said,  
10      "That's what it will be", and he at that time said  
11      that due to the injuries I had suffered, he was quite  
12      confident that I would have received a blood  
13      transfusion at that time.

14    **Q.** You were given a leaflet at some stage.

15                We'll just have that up on screen, please, Paul,  
16      it is 0123002.

17                We can see it was:

18                "How you can prevent the spread of infection to  
19      others."

20                If we go over the page, we can see that there's  
21      information -- some practical tips about how to avoid  
22      spreading infection, and then if we go to the last  
23      page, please, we can see there's a passing reference  
24      to treatment:

25                "Medical treatment is available ... however it is

1 not always effective and not everyone will be suitable  
2 for treatment."

3 Then it refers to complementary therapies and  
4 positive living. You've described that leaflet in  
5 your witness statement as somewhat basic.

6 **A.** Yes.

7 **Q.** Did you receive much more information from Dr Fox or  
8 anybody else about the nature of the condition and  
9 it's likely progression or treatment options?

10 **A.** Not really that I remember. I'm pretty positive that  
11 I didn't really get much more from him at that time.  
12 It was obviously described as a liver disease. It  
13 could lead to cirrhosis, et cetera, but at that time  
14 you're -- not being medically trained, you know,  
15 you're not really sure exactly how that works or how  
16 it progresses, so from the staff themselves, I don't  
17 feel that I got much more information than that.

18 **Q.** Now, you had to be tested or you were tested for HIV.

19 **A.** Yeah.

20 **Q.** That was negative --

21 **A.** Yeah.

22 **Q.** -- but what was the wait for the test result like?

23 **A.** It's indescribable. You're simply just hoping that  
24 it's not going to prove positive but to go through  
25 that for weeks at a time is -- is pretty hard, you

1 know. I think with retrospect I sometimes wonder why  
2 I was tested for that, because obviously the response  
3 that I got last week from the Blood Transfusion  
4 Service indicates that the blood was hepatitis C  
5 positive but it doesn't in any way say that it was  
6 HIV-positive so I'm still kind of unsure as to how  
7 I got or why I was tested for HIV at the time.

8 **Q.** Now, Dr Fox advised that you should have a liver  
9 biopsy.

10 **A.** Yeah.

11 **Q.** There was going to be quite a wait for that. How  
12 long?

13 **A.** It was -- I think it was something like six months to  
14 a year. They were saying it would probably be the  
15 better part of a year before you could get one of them  
16 arranged.

17 **Q.** So you arranged one privately?

18 **A.** Yes, my father offered to pay for me to go to  
19 a private hospital in London.

20 **Q.** And the result of that -- and that was in 2001 -- was  
21 that at that stage you'd suffered minimal damage to  
22 your liver?

23 **A.** That's the way it was described to me, yes.

24 **Q.** And Dr Fox at that stage thought that you didn't need  
25 to embark upon treatment straightaway?

1   **A.** No.

2   **Q.** And told you that the only available treatment at that  
3       stage was not particularly effective?

4   **A.** Yes, that's correct.

5   **Q.** You've described in your statement how in the early  
6       years after the diagnosis you -- your great anxiety  
7       was that you would not be able to continue working --

8   **A.** Yeah.

9   **Q.** -- and you would not be able to support your family?

10  **A.** Mmm-hmm.

11  **Q.** Is that right?

12  **A.** Yes.

13  **Q.** And you've described in your statement feeling in  
14       a state of high stress and panic?

15  **A.** Yes.

16  **Q.** What had you, whether through your work as a police  
17       officer or otherwise, what kind of view had you formed  
18       or understood about the nature of hepatitis C prior to  
19       your own diagnosis?

20  **A.** I made comment in my statement about, you know, the  
21       typical view at that time probably in general in  
22       police officers was it was a junkie-related illness,  
23       a junkie-related disease, if you want, and again  
24       I think I did say in my statement that I was very  
25       ignorant of what it was and how people would come to

1 be infected. In the environment that I worked in, the  
2 normal way that anyone was infected was through  
3 intravenous drug use.

4 **Q.** And you've described your own view as being  
5 ill-informed.

6 **A.** Yeah.

7 **Q.** But you nonetheless had to listen to colleagues who  
8 used phrases such as those described in your  
9 statement?

10 **A.** Yeah.

11 **Q.** Scummy, drug-infected, hep C-infected junkies and the  
12 like.

13 **A.** Yes.

14 **Q.** Whilst keeping secret the nature of your own  
15 diagnosis?

16 **A.** That's correct, yes.

17 **Q.** Could we have up on screen, please, Paul, 0123003.

18 This is a letter from September 2002, so this is  
19 nearly two years after your diagnosis, and it's  
20 a letter from Dr Fox saying:

21 "The Blood Transfusion Service have informed me  
22 that one of the donated units of blood you received in  
23 1988 has proven in retrospect to be contaminated with  
24 hepatitis C and that this donation may be the source  
25 of your infection."

1           Now, you've been critical in your statement of the  
2           use of the term, "this donation may be the source of  
3           your infection"?

4   **A.**   That's correct, yes.

5   **Q.**   Dr Fox himself told you he was certain it was the  
6           force of your infection?

7   **A.**   Yeah, he said he was 100% certain.

8   **Q.**   And it's right to note that we have a statement from  
9           the current Medical Director of SNBTS which you've  
10          seen in the last few days, Dr Turner, which contains  
11          an apology to you and your family for the fact that  
12          you received the infection through a transfusion and  
13          says that the service fully accepts that you were  
14          infected as a result of the transfusion?

15   **A.**   Yes, that's the one I got last week, yeah.

16   **Q.**   You've talked in your statement about the stigmatising  
17          effect of hepatitis C. You felt it was a dirty  
18          disease and you were terrified your children, if  
19          people had found out, would someone be branded the  
20          children of a disgusting dad is the way you've put in  
21          your statement.

22   **A.**   Yeah.

23   **Q.**   In the period up until your first course of treatment,  
24          how physically and mentally did the diagnosis affect  
25          you?

1   **A.** I don't think it ever leaves your mind. You're  
2       constantly thinking about it. Obviously, with the job  
3       I was doing, you have to try and remove that from your  
4       mind when you're dealing with the kind of situations  
5       that I was dealing with.

6           But when you've got downtime or there's quiet  
7       time, it's constantly in your mind. Days off, there  
8       wasn't much else went through my mind with regards to  
9       thinking, you know, "What do I do? What's the  
10      long-term prognosis for it?" You know, I need to keep  
11      working. We've got a house we've got kids. We need  
12      to pay for that.

13           You're just constantly thinking about it, as well  
14      as probably some -- the physical effects were probably  
15      still the same as well in that I was still tired  
16      a lot. As I said, constantly feeling as if you were  
17      suffering from flu-like symptoms, so ...

18   **Q.** You've described in your statement how you withdrew  
19      socially very much down to the family unit.

20   **A.** Yeah.

21   **Q.** And you would sit alone, think about the diagnosis and  
22      you felt like a dead man walking.

23   **A.** Yeah.

24   **Q.** Of the years, there were a couple of occasions when  
25      you informed colleagues in the police force about your

1 condition, once occupational health you informed.

2 What was the reaction you got?

3 **A.** The occupational health sort of -- I went -- it was  
4 actually a chief inspector had said to me at the time,  
5 I had said to him that I needed to go for a medical  
6 appointment and he asked me what it was for and you  
7 don't normally get asked that, and I eventually just  
8 told him what it was with regards to.

9 He said to me, "I think you should refer yourself  
10 to occupational health", which I did, went and saw  
11 them and basically spoke to a nurse at occupational  
12 health and she kind of looked at me with a blank stare  
13 and, "Right, okay", and, "If there's anything we can  
14 do for you, get back to us", and that was it.

15 There wasn't any -- there wasn't any sort of offer  
16 of any proactive sort of assistance at all. It was  
17 basically just, "Right, okay, thank you, that's  
18 noted".

19 **Q.** And there was another occasion where you were going to  
20 be posted somewhere that would have made it difficult  
21 for you to attend medical appointments --

22 **A.** Yeah, that was more in the last sort of three to four  
23 years of my service, probably between 2012 to 2016,  
24 where I was posted quite a significant distance away  
25 and there was really no need for it.



1 I firstly asked a superintendent, told him what  
2 the situation was, in that I still had a lot of  
3 medical appointments to attend, et cetera, felt it  
4 would be better for me if I could be posted nearer to  
5 home, which wouldn't have been a problem because there  
6 was certainly vacancies.

7 He said he would get it dealt with straightaway,  
8 never got back to me. I emailed him. He never got  
9 back to me. I then was posted to the area that was  
10 further away from my home, spoke to the area commander  
11 there and he was ridiculous, the guy. He actually  
12 come into my office one day, closed the door behind  
13 him and he was -- he was quite belligerent and said to  
14 me he didn't understand what I had been gibbering  
15 about, so he asked me whether I thought this was  
16 really necessary. (Pause)

17 **Q.** Was there any point at which you received any kind of  
18 supportive or sympathetic response from your employer?

19 **A.** No. When I said to him I thought it was -- he asked  
20 me to put it in writing to him, so I did by way of  
21 an email. What he actually did with it was he opened  
22 it; he closed it; he marked it as "unread"; and then  
23 he deleted it.

24 **Q.** In terms of your children, you have described in your  
25 statement how both the infection and the treatment

1           which we will discuss in a moment, how that affected  
2           your mood and your ability to communicate with your  
3           children.

4   **A.**   Yeah.

5   **Q.**   I think it's right that you didn't tell them for  
6           a while.

7   **A.**   I didn't tell them until about three years ago.

8   **Q.**   And it was an occasion where you describe you blew up  
9           at your son and that was the occasion where you said  
10          in your statement where you actually felt suicidal --

11   **A.**   Yeah.  It was just --

12   **Q.**   -- at what you had become.

13   **A.**   Yeah, it was just the anger that I reacted to him the  
14          way I reacted to him, and, you know, it's looking at  
15          yourself reacting in that way.

16   **Q.**   And it was after that that you decided that you would  
17          tell the children?

18   **A.**   Yeah, we basically sat them both down and told them.

19   **Q.**   I need to ask you about the treatment that you  
20          received for hepatitis C.  It was 2005 when you --

21   **A.**   Yeah.

22   **Q.**   -- I think you first had a discussion about embarking  
23          upon treatment, and you were told that the treatment  
24          which would be interferon and ribavirin would have  
25          debilitating side effects and you wouldn't be able to

1 work.

2 **A.** Yeah, I was advised that I wouldn't be able to work  
3 and that it was inadvisable to work as well.

4 **Q.** In fact, you continued to work throughout that course  
5 of treatment.

6 **A.** Yeah.

7 **Q.** You'd inject yourself with the treatment at home with  
8 your wife sitting on the stairs to warn you if the  
9 children were coming in?

10 **A.** Well, that first course of treatment I actually had to  
11 go into the hospital to get the injections all the  
12 time. The injecting myself was actually in the second  
13 course.

14 **Q.** So in --

15 **A.** Sorry.

16 **Q.** In relation to the first course of treatment you  
17 arranged your shift patterns and your hospital  
18 appointments so that you could continue working whilst  
19 still having the treatment.

20 **A.** Yeah.

21 **Q.** And what were the side effects of that treatment  
22 physically and mentally?

23 **A.** I think the tiredness got worse, certainly a lot of  
24 pain.

25 I think as far as your mindset was concerned, I've

1 described it -- I think the word "befuddled" sums it  
2 up sometimes, did I do that? I can't remember if  
3 I did that, and having to double-check things.

4 Again, from the perspective of probably not  
5 realising what the effects of the medication could be,  
6 it was confusing in that respect. But physically  
7 whilst doing that and continuing to work shift,  
8 a shift pattern, including night shifts, it would be  
9 the end of a shift pattern, I would sometimes spend  
10 the two days off in bed just sore and tired.

11 **Q.** And you experienced, your statement describes, mood  
12 swings, panic attacks and anxiety?

13 **A.** Yeah, sleeping -- sleeping was really poor. It was  
14 ridiculous situations when you were lying at night  
15 with your hand taking your own pulse and it just was  
16 ridiculous.

17 Sometimes off early shift starting at 7 o'clock in  
18 the morning I would maybe get an hour's sleep before  
19 going in for 7 o'clock and starting work.

20 **Q.** Now, the hepatitis C showed signs of clearing during  
21 that first course of treatment?

22 **A.** That's correct, yes.

23 **Q.** But ultimately that treatment was unsuccessful?

24 **A.** Yes.

25 **Q.** What was the impact of learning that the treatment

1           hadn't worked?

2   **A.** It was devastating. I think -- I think that anybody  
3       that's been through the treatment and its failed are  
4       obviously exactly the same thing in respect of the  
5       fact that you're so hopeful, you're going through it,  
6       you get word through it that it's cleared and then it  
7       comes back. I think it was like -- I think it was  
8       about six months after it I got final confirmation  
9       that it had returned, and you feel as if you've been  
10      through all that pain for nothing.

11            Yeah, it's very depressing.

12   **Q.** If we have up on screen, please, Paul, 0123004, this  
13      is a letter you then received in July of 2007 saying:

14            "Following your attendance at my clinic this  
15      morning, your liver functions tests have been phoned  
16      back showing a significant deterioration."

17            Then there was a reference for there to be a liver  
18      ultrasound scan. What was your -- what was the effect  
19      on you of receiving that letter?

20   **A.** Well, it was just a piece of mail that came in the  
21      general post. I opened it up and I was totally and  
22      utterly destroyed by it. I think I probably felt as  
23      if was in a trance reading it. I cried. I was in the  
24      house myself that day, so you're sitting with this  
25      piece of news and you just didn't know what to do with

1       it. It's one of these situations that I have said  
2       since that they should certainly not be sending  
3       letters with that kind of information out to people  
4       that they're opening in their home. They could be  
5       alone. They could be with family members when they  
6       are doing it and I have actually said to my present  
7       consultant that this is not good way of doing things.

8       **Q.** And you thought that this was terminal?

9       **A.** Yes. Yeah, I think that would be fair, yeah.

10      **Q.** You had a liver biopsy --

11      **A.** Yes.

12      **Q.** -- in the October of that year.

13      **A.** Yes.

14      **Q.** And that was a very unpleasant experience, as  
15      I understand your statement.

16      **A.** Yeah, it wasn't good. I went in to the Brownlee  
17      Centre at Gartnavel Hospital. I went down to get the  
18      biopsy done, bearing in mind I had had one previously  
19      so I was assuming it would be straightforward as that.

20             I went in and I got a local anesthetic, which was  
21      injected in my back, and I believe that's probably  
22      into the liver.

23             The doctor then started to insert the probe or  
24      whatever it was he was using at the time and realised  
25      that the anaesthetic hadn't worked. He tried it

1 another couple of times. It still didn't work and he  
2 basically carried it out without the anaesthetic.

3 **Q.** Now, 2009, early 2009, you started on a second course  
4 of treatment.

5 **A.** Yes.

6 **Q.** Again, interferon and ribavirin.

7 **A.** Yes.

8 **Q.** And this course lasted for about 12 months?

9 **A.** That's correct, yes.

10 **Q.** How did you manage that at work and at home?

11 **A.** Well, that was the time that initially prior to  
12 starting that course that they showed me how to inject  
13 myself in the stomach at the time. So I was giving --  
14 I was given, it was like four weeks' supply and  
15 I would inject myself either at home or at work,  
16 depending on the shift patterns I was on.

17 So, again, from a work perspective trying to find  
18 that time to just get a couple of minutes to go and  
19 inject myself was -- was quite stressful. At that  
20 time I was a supervisor and you're on call all the  
21 time, so to try and get an injection done outside the  
22 time that something critical may be happening in the  
23 street was always a major concern.

24 In the house when I was injecting myself within  
25 the house, it was -- it was awkward from the point of

1 view of having kids around. So in general I think --  
2 I think in general I usually did that in the living  
3 room and my wife would basically stand guard and make  
4 sure that the kids didn't happen to walk into the  
5 living room while I was doing it.

6 **Q.** And what were the physical effects of this second  
7 course of treatment?

8 **A.** Again, it -- it went back to exactly the same as the  
9 first one, although I felt that the second time the  
10 physical effects were worse and the problem for me at  
11 that time was that I actually showed physical effects  
12 in respect of my skin drying around about my face and  
13 neck.

14 I'm no medical person but I would probably  
15 describe it as severe psoriasis and people commenting  
16 to me, "Are you okay", and just sort of trying to  
17 laugh it off and say, "I'm fine, I'm not feeling that  
18 good", you know, so that was sort of consistent for  
19 that 12-month period.

20 There was -- I think it was probably about half  
21 a dozen occasions when I had taken the injections. It  
22 was always a Tuesday I took the injections on and at  
23 least half a dozen occasions the following day a nurse  
24 phoned me up and said to me, "This week's injection,  
25 could you cut that in half?" And I remember on a few



1 occasions saying, "You know I take it on a Tuesday and  
2 you're phoning me on a Wednesday". So there was,  
3 I would say, about half a dozen of occasions when  
4 I was phoned up after the fact and told to cut the  
5 dosage.

6 **Q.** And what about the psychological effects of the second  
7 course of treatment?

8 **A.** Again, it's fair to describe it as being depressed.  
9 My wife describes or she describes panic attacks,  
10 unable to sleep in the middle of the night. I think  
11 psychologically it was very difficult, but I think  
12 what keeps you going is the -- is the hope that it  
13 will clear.

14 **Q.** And in February 2010 you were told that the  
15 hepatitis C had cleared.

16 **A.** Yes.

17 **Q.** But you would need to have ongoing monitoring for the  
18 state of your liver until you reached the age of 72.

19 **A.** Yes.

20 **Q.** And so you attend every six months for scans and  
21 tests.

22 **A.** Yes, I go to -- to a specialist at Gartnavel, a liver  
23 specialist, and it was him that made the comment about  
24 72 and I'd asked him why and he said, "Well, we reckon  
25 you've had a decent innings by the time get to 72",

1           which to be honest I thought was quite funny.

2   **Q.** But you get terrible anxiety at the time of the scans  
3           and tests.

4   **A.** Yes, I still get that. I think it's -- I've actually  
5           got one next week, so prior to then your stress levels  
6           probably go up because you're basically going twice  
7           a year to find out if it's deteriorated. So every six  
8           months you get that feeling of anxiety in respect of  
9           the possibility of being told it's got a lot worse.

10 **Q.** I wanted to ask you about your experience of  
11           counselling, psychological support. You did have some  
12           form of counselling at one stage --

13 **A.** Yeah.

14 **Q.** -- from an HIV counsellor. What happened?

15 **A.** It was initially, this was very early on in my memory  
16           after being diagnosed and I was asked if I wanted to  
17           speak to a counsellor and I said yes, okay, I would  
18           speak to a counsellor, probably from the point of view  
19           that I wanted more information.

20           When I went to the hospital, they explained to me  
21           they didn't have a hepatitis C counsellor, it was  
22           an HIV counsellor. All she talked about was HIV. All  
23           she talked about was, "I think you may have HIV".  
24           I just didn't get it. I think I was absolutely --  
25           I was stunned, didn't understand what she was talking

1           about. We were trying to ask questions. She would  
2           talk over you. It was dreadful, absolutely dreadful.

3   **Q.** You've described it in your statement, in fact, as one  
4           of the worst experiences of your life.

5   **A.** Yeah, yeah.

6   **Q.** You've asked for counselling --

7   **A.** Yeah.

8   **Q.** -- on a number of occasions.

9   **A.** Yeah.

10 **Q.** What's the response been?

11 **A.** I've never had any.

12 **Q.** And you say in your statement that the most useful  
13           person you've spoken to was someone at the British  
14           Liver Trust who you contacted.

15 **A.** Yeah, that was quite early on. I think because of the  
16           lack of information we went online and it can be  
17           a good thing, it can be a bad thing. You get a lot of  
18           really bad stuff online that probably you shouldn't be  
19           reading but I think it was my wife that found the  
20           organisation the British Liver Trust and we contacted  
21           them.

22           If I remember rightly, I think that was  
23           a voluntarily organisation, a charity. They were  
24           excellent. They were really good at giving you more  
25           information about prognosis, treatment, et cetera, and

1 I found them very, very good.

2 **Q.** And in terms of your experiences in making  
3 applications to the Skipton Fund --

4 **A.** Yeah.

5 **Q.** -- you yourself have not experienced any difficulties  
6 with that process. Dr Fox told you about it and  
7 actually filled in the forms for you?

8 **A.** Yeah, I believe he did the first and second and to be  
9 honest I -- to be honest, I thought The Skipton Fund  
10 were fantastic any time I contacted them or any time  
11 I asked for information.

12 The first time Dr Fox had filled in the forms for  
13 me, I think it was just a case I signed them and sent  
14 them off and then the second time when we discovered  
15 I had cirrhosis, he had again, I believe, my memory of  
16 it was he filled it in again and I literally just  
17 signed it and sent it off.

18 **Q.** And you've described in your statement how in 2013 the  
19 Skipton actually contacted you and made you aware of  
20 your potential eligibility for a top-up payment?

21 **A.** Yeah, it was literally a phone call out of the blue to  
22 my mobile and I literally thought it was -- it was  
23 just one of the scam callers and when he said, "I'm  
24 from The Skipton Fund", I then recognised obviously  
25 the name and recognised that it might not be a scam

1 call, so I spoke to him and he explained what --  
2 I think it was at that time he basically said I may  
3 qualify for a further payment.

4 **Q.** Although the virus cleared as a result of the second  
5 course of treatment, what have been the ongoing  
6 effects on you of the infection and the treatment you  
7 received for it?

8 **A.** I think the ongoing effects are probably psychological  
9 in the main. There's not a day goes by that I don't  
10 think about it. Physically, I'm probably in a lot  
11 better place. I do go to a gym. I'm there -- I might  
12 not look it, but I'm there five or six days a week and  
13 my way of dealing with the -- with the effects of --  
14 the long-term effects are to try and stay as fit as  
15 I can.

16 So that's basically what I do in that respect. As  
17 I say, mentally I'm getting there, but I think it's  
18 something that's always going to be there.

19 **Q.** And what about the impacts on your family?

20 **A.** It's been dreadful. I think from my wife's point of  
21 view, she's had to put up with the mood swings, the  
22 anger, the frustration, just not been that much fun to  
23 be around. We've had a situation with regards to --  
24 we've not really had a physical relationship for  
25 19 years.

1 Q. And that's because of the fear?

2 A. Yeah. The kids -- I don't know, it's been dreadful  
3 probably for them not understanding why I've been  
4 acting the way I was been acting. That's something  
5 that I've always regret, so that's been hard.

6 Q. Those the questions I have for you. Is there anything  
7 further you would like to add?

8 A. No, I'm fine, thanks. That's okay.

9 MS RICHARDS: Thank you. Sir.

10 SIR BRIAN LANGSTAFF: Well, I have no questions, but let  
11 me thank you very much, Mr T. It takes courage to  
12 give evidence, particularly when you have particular  
13 reasons for wishing anonymity, so thank you very much  
14 indeed.

15 A. Thank you.

16 SIR BRIAN LANGSTAFF: We will take an early lunch and that  
17 means we will come back at 1.10 pm, so 1.10 pm.

18 (11.52 am)

19 (The luncheon adjournment)

20 (1.12 pm)

21 SIR BRIAN LANGSTAFF: Now, our next witness again has  
22 anonymity and is to be known as Mrs U.

23 So in the same way as this morning I made  
24 an order, I make an order in her case and it reads as  
25 follows in words which will be becoming increasingly

1 familiar to you. The name and address of witness  
2 W0136 (that's Mrs U to you and me), the name of her  
3 husband who died, the names of her daughters and the  
4 name of any other member of her family and any other  
5 identifying information, such as the witness's image  
6 or a description of her appearance, cannot be  
7 disclosed or published in any form unless express  
8 permission is given by me or by the solicitor to the  
9 Inquiry acting on my behalf. Witness W0136 must be  
10 referred to only as Mrs U.

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

15 With that introduction, may we have Mrs U, please.

16 **MRS U, sworn**

17 **Questioned by MS FRASER BUTLIN**

18 **MS FRASER BUTLIN:** Mrs U, you're here to talk about your  
19 late husband and we've agreed that it's too hard for  
20 you to talk about him without referring to him by  
21 name. You'll be talking about the effect of his  
22 illness and his death on you and your daughters, who  
23 you're also going to name.

24 The people in this room will hear those names but  
25 they mustn't be repeated. When the audio recording

1 goes up on the lived stream on the website, the names  
2 will all be removed from the recording to ensure that  
3 your anonymity is protected.

4 **A.** Yes.

5 **Q.** But you and I are going to use all of those names for  
6 today. Okay.

7 We're going to be talking about your husband  
8 [redacted]. When did you and [redacted] meet?

9 **A.** When we started working in the civil service. I was  
10 16 and he'd just turned 17 and we started going out  
11 right away.

12 He was a very gentle man and I remember his  
13 ambitions were to do well at work and down the line he  
14 wanted a detached house, a car and a large pedigree  
15 dog and earn enough money to have a really good life,  
16 and he said he was going to start saving and would  
17 I like to -- would we like to get married. So that's  
18 how we met.

19 **Q.** And you married in 1969.

20 **A.** That's correct.

21 **Q.** And you've given the Chair and myself a photograph of  
22 [redacted] from before he was ill, but for obvious  
23 reasons we won't put that up, but we've seen it.

24 **A.** Yes.

25 **Q.** You married in 1969 and then in early 1980 you moved



1 house.

2 **A.** That's correct.

3 **Q.** What did you notice about [redacted] at about that  
4 time?

5 **A.** Well, he'd taken time off work to help settle into our  
6 new home and he was painting the lounge and it was  
7 taking forever, and he was lethargic and very tired  
8 and I thought he should maybe go get and checked up as  
9 pernicious anaemia ran in his family so he made  
10 an appointment, went to the doctor, and he was sent  
11 straight into the Royal Infirmary and they did some  
12 tests, I think they did a bone marrow at that point,  
13 and perhaps gave him blood, and they said there was  
14 anomalies in his blood and they would keep an eye on  
15 him, and that's how it started.

16 **Q.** Then about a week later, you went to your family  
17 doctor, your family GP. What happened then?

18 **A.** [redacted] had tonsillitis so we got an emergency  
19 appointment and it was the old doctor that I'd never  
20 seen before and after checking around and giving  
21 a prescription he asked if the girls could go into the  
22 waiting area and count the fish in the fish tank. Of  
23 course, there was alarm bells going off.

24 And when they left he said to me, they'd had  
25 a meeting that morning, a doctors' meeting, and they'd

1 discussed my husband's case and he felt it was his  
2 duty to tell me that he had acute myeloid leukaemia  
3 and he would die but I mustn't tell him.

4 I don't really remember going home, but [redacted]  
5 kept asking me is there something wrong. I was going  
6 no, no. But after a week, I just couldn't keep it in  
7 and I went to bits and told him and he was absolutely  
8 furious and he went into the Royal Infirmary and he  
9 was told that he had a bone marrow aberration, one in  
10 three goes into leukaemia and their advice to him was  
11 forget it and get on with your life, so I don't really  
12 know, they're just so different and I now wonder does  
13 everyone die who has acute myeloid leukaemia? It just  
14 seems quite a strange thing to have been told.

15 **Q.** A little while after that, [redacted] did start  
16 treatment?

17 **A.** He did. He used to go in and have his blood checked  
18 and then he used to go to a room where the  
19 haemophiliacs were given blood and he would get  
20 a top-up, as he called it. I'm not sure how many  
21 times he went, I just can't remember.

22 **Q.** And he ultimately had blood, platelets and some  
23 chemotherapy?

24 **A.** Yes.

25 **Q.** During that time, who was [redacted]'s treating

1 doctor?

2 **A.** Dr Ludlam.

3 **Q.** And what was your relationship like with him?

4 **A.** Well, initially, [redacted] was in a room on his own  
5 and I didn't really see Dr Ludlam very much, but  
6 [redacted] used to -- we always used to talk a lot, so  
7 when I went in to visit him in the afternoon he would  
8 tell me the last 24 hours' news and then I would tell  
9 him all my news.

10 But as time went on, [redacted] got tireder and  
11 started going into himself and I think it was the  
12 autumn of '92 that I was going along the corridor and  
13 met Dr Ludlam and he was concerned that I'd lost quite  
14 a lot of weight, so he said, "My office now", and  
15 I went along and he asked me what was going on and  
16 I said that [redacted] wasn't really telling me very  
17 much. In fact his nature had changed by then. He  
18 was -- he had gone into himself and there was a look  
19 that would come on his face that was -- when I asked  
20 him things, like, "Don't go any further, I don't want  
21 to discuss this. I'm too tired. I'm too exhausted.  
22 Tell mum and dad not to come in", and occasionally he  
23 would say, "Don't bring the girls in, I just don't  
24 want them to see me like this".

25 And I said to Dr Ludlam, I just don't really know

1        what's going on and I need to know what's going on  
2        because that's the only way I can cope.  And he  
3        promised he would keep me abreast of what was going  
4        on.  He would tell me the truth and I used to pop  
5        along to his office and he said just pop in.  
6        Actually, I called him Chris.

7            And I would pop in and his secretary would say  
8        "Oh, he's not in at the moment.  I'll make you coffee  
9        and I'll try and find him", and he would always come  
10       along and have a chat and because [redacted] was so  
11       ill, it was like a lifeline and he became a knight in  
12       shining armour, because I always knew I could just go  
13       and ask.

14    **Q.**  Because by then [redacted] had done some outpatient  
15       treatment and then he was now an inpatient in the  
16       hospital.

17    **A.**  He was an inpatient.  He'd been in there for a while.

18    **Q.**  He was in isolation on his own for a very long time by  
19       then.

20    **A.**  Yes.

21    **Q.**  When [redacted] started having the transfusions of  
22       blood and other products, was he -- are you aware of  
23       whether he was ever warned about any risks involved in  
24       receiving the transfusions?

25    **A.**  I don't think he was, because I'm sure he would have

1 told me.

2 **Q.** And [redacted] by then was in hospital and his health  
3 declined quite quickly?

4 **A.** Yes.

5 **Q.** Can you tell us a little bit about that.

6 **A.** Well, I remember in April 1983 when I saw the  
7 contaminated blood scare in the papers. By then, he  
8 was skeletal really. His skin was a strange colour  
9 and also his eyes. He'd lost his hair, which was his  
10 crowning glory and upset him enormously.

11 He also had oral thrush, which was horrendous, and  
12 I was led to believe that was caused by chemotherapy,  
13 and it was so bad they put a Hickman line into his  
14 heart, I believe he was photographed and put in the  
15 journals and it was quite a thing to have this done.

16 He also had a cough, at one point coughing up  
17 blood, because we had to wear masks. His nature had  
18 changed. He was very depressed. Is that about all?  
19 And with hindsight I think he actually had AIDS then.

20 **Q.** When his skin changed colour and you saw in the press  
21 about AIDS, what did you do?

22 **A.** I panicked, straight down to the Royal Infirmary to  
23 see Dr Ludlam and when I asked him about it, he said,  
24 "You don't need to worry. [redacted]'s blood been  
25 irradiated and it's perfectly safe", and I believed

1 him.

2 **Q.** By Christmas 1983 [redacted] was really very unwell --

3 **A.** Yes.

4 **Q.** -- with the severe thrush and a horrible cough?

5 **A.** That's right.

6 **Q.** Dr Ludlam was keen for him to come home for a short  
7 time.

8 **A.** Actually, I think at Christmas he'd actually asked me  
9 to go in for a chat. I'd forgotten about a lot of  
10 this because I buried it so deep, and he actually gave  
11 him a 10% chance of getting through Christmas but it  
12 was a terrible Christmas going in to see him coughing  
13 like that, his face racked with pain.

14 I think in the evening when I went in -- I was in  
15 with the girls in the afternoon. When dad and I went  
16 in the evening, my dad cried like I'd never seen him  
17 cry. He was just so horrified at what he was going  
18 through and at that point on the way home he stopped  
19 a car and he said, "From now on, I'll go in on  
20 a Sunday and you do something nice with the girls",  
21 because it was just living in that space all the time.

22 **Q.** [redacted] did come home for a short time around then.  
23 Can you tell us about that.

24 **A.** Well, that was definitely between April '84, because  
25 I passed my driving test on the 5th, and my first

1 journey on my home was into the [redacted] where he  
2 went for convalescence and then a bit after that,  
3 Dr Ludlam phoned me and he said he was concerned about  
4 his mental health and he'd phone my GP, and Dr MacLeod  
5 agreed to come in three times a day and administer the  
6 drugs through his Hickman line, and was that all  
7 right? And I said, yes, it will be nice to have him  
8 home.

9 The first morning Alec MacLeod arrived at 7.30 and  
10 got everything ready and administered the drugs, and  
11 when he came back at lunchtime, he said, "I want you  
12 to scrub up". I said, "I don't know how to scrub up".  
13 He said, "I'll talk you through it", so he did.  
14 Actually, I remember after I did it I moved my sleeve  
15 and I got a row and I had to start again and he talked  
16 me through the procedure of what to do, and I put all  
17 the stuff through but I was shaking, absolutely  
18 shaking like a leaf. Then he said to me, "From now on  
19 I want you to do it, because I could bring anything  
20 into the house and infect him", or conversely he was  
21 safeguarding his patients. I don't know which is the  
22 truth.

23 But at teatime I found it really stressful. The  
24 girls were watching Blue Peter. But I took my time to  
25 get everything on the tray and when I started to put

1 the first lot through, [redacted] says, "You'll need  
2 to do it slower because it's really cold", and I took  
3 some deep breaths and really focused and I just had to  
4 cope with that.

5 **Q.** And from then on you were, while [redacted] was at  
6 home, you were administering the medication.

7 **A.** That's right.

8 **MS FRASER BUTLIN:** I should say, sir, there have been some  
9 difficulties tracing Dr MacLeod but he has now been  
10 asked to provide a response and anything that's  
11 received will be published in due course.

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

13 **MS FRASER BUTLIN:** Because you've had some concerns about  
14 why Dr MacLeod was asking you to do the medication?

15 **A.** Yes, I would have thought a district nurse would have  
16 been able to do that, and then I started my supply of  
17 these three bottles of drugs that were kept in the  
18 fridge. They were running out, so I phoned  
19 Dr MacLeod. He seemed to have a flag up that if  
20 I phoned, I got put through, and asked him for  
21 a repeat prescription and he said he couldn't give me  
22 one because it was illegal, so I phoned the ward and  
23 spoke to the sister and she said that she couldn't  
24 give me a prescription or a supply of them.

25 So Dr Ludlam was spoken to. He said I would have



1 to go in every few days and pick up a batch, and  
2 that's what I did.

3 **Q.** After a little while, [redacted] had to go back into  
4 hospital.

5 **A.** Yes.

6 **Q.** And what was the situation then?

7 **A.** Well, he'd had quite a lot of chemotherapy treatments  
8 and he'd gone into remission for short spells, and  
9 a while after that Dr Ludlam phoned me again and he  
10 said that he was concerned about [redacted] again and  
11 there was a new chemotherapy treatment in America.  
12 He'd exhausted all the ones here and there was a new  
13 one in America, and the NHS had agreed to fund it but  
14 it was experimental and he'd spoken to [redacted]. It  
15 was like his last chance, really, so he had agreed.  
16 So he wanted me to book a caravan so we could go on  
17 holiday and [redacted] could just come out and sit in  
18 the sun and go back in when he was tired.

19 And the school holidays were coming up, so I put  
20 all that in place and the plan was when the girls came  
21 home from school on the Friday, I would take them and  
22 our large boisterous dog over mum and dad's and  
23 [redacted] could have a couple of days to recover.  
24 And then the girls were going to come home on the  
25 Sunday, and we'd have five days at home and then

1 a week in the caravan, and then I went down to pick up  
2 [redacted].

3 And the sister, her last words were, "Will you  
4 keep an eye on his eyes and if they haemorrhage, you  
5 must bring him straight back in".

6 So when we got home [redacted] was just exhausted,  
7 so I got him up to bed and he just crashed out. The  
8 following morning when I woke up, I was lying looking  
9 at his ravaged body just thinking, you know, just --  
10 just not really -- sorry. *(Pause)*

11 When he opened his eyes, they were both  
12 haemorrhaged and so I had to tell him, I said, "I'll  
13 need to go and phone the ward and say you're coming  
14 back in". When I phoned, the sister says, "Get him in  
15 as quickly as possible".

16 I got ready very quickly but I found I couldn't --  
17 I just couldn't lift or help [redacted] to sit up. It  
18 was as if the fatigue just had floored him, so I had  
19 to go and get a neighbour to come and help.

20 And he was so shocked at [redacted], he was  
21 crying, but we managed to get him down the stairs and  
22 into the car, because [redacted] didn't want the  
23 ambulance because it was too painful.

24 So I drove him to the infirmary, and you go down  
25 the brae and there's -- you're not really meant to do

1 that and the guy came to book me and took one look at  
2 [redacted] and said, "Put your car on the pavement and  
3 I'll get the wheelchair".

4 So he took [redacted] up to the room, I brought  
5 his bag, and the sister asked me to go and get  
6 a coffee and come back in an hour while they did  
7 tests.

8 I was a bit upset going up and sitting in the  
9 cafe, and then after an hour you've got to just steel  
10 yourself and go back. But as I walked past the  
11 sister's office, she called me in and she told me that  
12 [redacted] was dying but I mustn't tell him, and that  
13 I should phone his parents and say if they want to see  
14 their son alive, they must come now but they can only  
15 come in at visiting time and they mustn't tell him  
16 he's dying. The same in relation to the girls.

17 I do remember walking up towards the phone boxes,  
18 there was four phone boxes and there's a low wall that  
19 all the winos used to sit on, and I went in to use the  
20 phone box to make those difficult phone calls of my  
21 life, and there was a party going on outside. And  
22 when I phoned [redacted] I think she was horrified and  
23 she said her usual retort, [redacted], and I said,  
24 "[redacted] the sister's told me to tell you I've got  
25 to go because I've got to phone the girls", you know.

1 I phoned my mum and her response was the opposite,  
2 just keep praying and everything will be all right.

3 When I came out the phone boxes, all the guys  
4 sitting there obviously realised that I was in a state  
5 so they all got round me and were saying, "Are you  
6 wanting a wee drink", and, "you'll be all right".

7 So I went back down to [redacted]'s room and he  
8 was totally unconscious. I thought at first he was  
9 asleep and I spoke to him and I took his hand, but  
10 there was no response and I talked to him. I went and  
11 stood at the window for a while just looking out and  
12 then I went back and spoke and there was really no  
13 response.

14 I wondered if he was maybe in a coma and then the  
15 door opened and Dr Ludlam came in with two students  
16 and he probably asked me how I was, but I couldn't  
17 say, "Well, I'm not", but -- so [redacted] stirred at  
18 the deep male voices and he had a brief chat and  
19 Dr Ludlam and the students left and [redacted] looked  
20 at me and he said, "Why are you here, it's not  
21 visiting time?" And I said, "Oh, the girls are coming  
22 in later and I'm waiting to take them home", and he  
23 kind of just laid back, shut his eyes and went to  
24 sleep, but minutes later he took the rigors really  
25 strongly.

1           That had happened before and I had to go and get  
2           the nurse to get the tinfoil blanket but, of course,  
3           when I went out they were clearing away -- all the  
4           nurses were clearing away the tea, there was no nurses  
5           to be seen, but Dr Ludlam was around so I ran down to  
6           him and said to him -- and then I ran back to his room  
7           and he was already dead. He'd had a massive brain  
8           haemorrhage.

9   **Q.** He died at age 36. Your daughters then arrived. Can  
10       you tell us about that.

11   **A.** The sister waylaid my Mum and Dad and said to the  
12       girls, "I'll just take you in here for a moment", and  
13       she brought mum and dad along to me, and then she went  
14       back to her room and said to the girls, "Your daddy's  
15       died and gone to heaven, you'll have to be good for  
16       your mummy", and then she brought them along to the  
17       room. [redacted], my youngest daughter, screamed and  
18       ran out.

19           I can't remember any of that, [redacted] says that  
20       dad was in death throes. His eyes were open and his  
21       mouth was open and it was horrific. I'm afraid I've  
22       blocked that out completely.

23   **Q.** Your mother and father-in-law arrived and then after  
24       a little while you all left?

25   **A.** We left, uh-huh.

1 Q. [redacted]'s death certificate record that he'd died  
2 of acute of myeloid leukaemia.

3 A. That's correct.

4 Q. And you are the girls were devastated.

5 A. Absolutely devastated. I mean, at that age you're  
6 looking forward to going on hospital with your dad  
7 who's been in hospital all that time and it's cruelly  
8 taken away.

9 Q. You went to see Dr Ludlam about seven years after  
10 [redacted] died. Why was that?

11 A. Well, I often reflected on the callousness of the way  
12 we were treated that -- or the way, well, we were all  
13 treated that day and I decided that I wanted to go and  
14 share my experience with him because I felt it wasn't  
15 right.

16 And I took him through that day and he said I was  
17 right that things needed to change, and then he asked  
18 how the girls were and I said, "Well, we've all gone  
19 into ourselves". We were a family that were always  
20 together and talked all the time, but it was just too  
21 painful. And then he asked how old they were and he  
22 said, "I could arrange some family counselling but  
23 I think it's been too long. It will probably start  
24 surfacing in their 40s".

25 He did arrange the family counselling and it

1           just -- it just didn't happen.

2   **Q.** Some time after that you were visiting a gentleman in  
3       the hospital. Can you tell us about that.

4   **A.** Yes. I went back to work about six years after  
5       [redacted] died and I met [redacted] and we were both  
6       on our own, we both liked the countryside, so we  
7       started hillwalking and we went for some meals, and  
8       then he said he was going down to see his mum in  
9       Cumbria and he said it would be nice to get engaged,  
10      would you like to come down and meet her?"

11           So the morning before we were going, he phoned me  
12      up and said, "I'm really ill, I'm just so ill, you'll  
13      just have to come now", so I rushed over and yes he  
14      did look very ill, and I phoned the doctor and the  
15      doctor came and said, "Oh, it's a mild heart attack  
16      but I'm going to send you into the Royal anyway", so  
17      I followed in the car and the usual, you go and have  
18      coffee while they do the tests.

19           And then I went back in and we chatted, and  
20      I think it was a chap that was in charge of the ward,  
21      he says, "I'm sure things will be fine. You'll be  
22      able to come and pick him up tomorrow and go down to  
23      Cumbria". So I went home and made the tea, and then  
24      I went back in, and when I was going back in I met  
25      Dr Ludlam and he asked me why I was there, after we

1 had a wee chat, and when I told him, he said -- he  
2 patted my arm and went, "Oh, he'll be absolutely  
3 fine".

4 However, 3 o'clock the next morning my phone rang  
5 and it was the ward to say that his blood pressure had  
6 dropped significantly and it could be indicative of  
7 a heart attack, would I like to go in? I raced in.

8 When I got to the ward there was no nurses about  
9 and then one came out a room and said, "Oh, he's had  
10 a massive heart attack. We're trying to save him",  
11 and she ran that way and got something and ran back  
12 in. Shortly after that, she came out and said she was  
13 sorry, he'd gone.

14 **Q.** Then a few years later, in about 1994, you were again  
15 in the hospital, this time visiting your mum.

16 **A.** That's correct.

17 **Q.** What happened then?

18 **A.** I bumped into Dr Ludlam and we had a chat, and then he  
19 said, "Who are you visiting this time?" And I said,  
20 "Oh, it's mum this time", and then he said, "Oh, and  
21 how's your young man?" And I said, "Oh, he died the  
22 following morning at 3 o'clock", and he was so visibly  
23 shaken, I just -- I thought it was strange.

24 But actually I had gone to see Dr Ludlam in  
25 January '93 because my nephew had been diagnosed with



1 acute myeloid leukaemia, my daughter's only cousin, my  
2 only nephew. I just couldn't believe that this could  
3 happen again. And at that point acute myeloid  
4 leukaemia was the symptoms that my husband had  
5 presented and I was thinking, "Oh, God, my poor  
6 nephew", and I'm thinking, "Well, that's nine years",  
7 so I phoned Dr Ludlam up and said could I come in and  
8 have a chat? It was just to see how treatments had  
9 progressed and what was the prognosis.

10 And I think that's important in the story further  
11 on.

12 **Q.** Thank you for adding that in. So you'd spoken to him  
13 about your nephew and then in 1994 you've had the  
14 conversation when you're visiting your mum and he  
15 looked visibly shaken.

16 **A.** Shaken, yeah.

17 **Q.** You were then phoned by Dr Ludlam?

18 **A.** That's correct.

19 **Q.** And what did he say?

20 **A.** He said, "I need to talk to you", and I said, "You are  
21 talking to me, what is it? What is it now", you know.  
22 He says, "No, I need you to come in". I said, "Well,  
23 I need you to tell me now". He says, "No, come in  
24 tomorrow at 10 o'clock".

25 So 10 o'clock the next morning I was in his office

1 and when he came in, he said, "There's just no easy  
2 way to say this, but [redacted] contracted AIDS  
3 through a blood transfusion and I've brought you in  
4 today to ask you if at any time on [redacted]'s visits  
5 home, few visits home, and I always thought he would  
6 be too ill, did you ever make love?"

7 And I said, "Yes, just the once", and he said,  
8 "Well, I have to test you". God, it's like the bottom  
9 falling out of your world, because all I could think  
10 of was, "Oh my God, what if I've given that to the  
11 girls or" -- and that's the only thought I had in my  
12 head and he took the blood and I said, "Does it not  
13 take about it a week?" And he said, "No, remember,  
14 I'm head of haematology. As soon as you go I will go  
15 straight and have it tested".

16 So he said, "Go into town and have a spending  
17 spree. Treat yourself to lunch and come back at  
18 4 o'clock", I can't remember if it was 4 or half past,  
19 so I don't know where I went and I definitely didn't  
20 have lunch. I didn't buy anything, and I was sitting  
21 waiting on him, his secretary always making me my  
22 coffee.

23 Then he came in and said, "It's all right, you're  
24 clear". Then he said he'd been to court on behalf of  
25 the haemophiliacs. He said he didn't involve me

1           because I'd been through enough, and he would do all  
2           the forms and down the line I would hear from  
3           The Macfarlane Trust or The Eileen Trust, I believe is  
4           the non-haemophiliac part of it, and I think was it  
5           August '94, the cheque -- the cheques arrived.

6   **Q.**   When you spoke to Dr Ludlam he also told you that  
7           vials of [redacted]'s blood had been kept.

8   **A.**   Yes.

9   **Q.**   Did he say anything more about that?

10 **A.**   He didn't, no.

11 **Q.**   Why --

12 **A.**   It made me feel physically sick actually to think he  
13           still had [redacted]'s blood ten years after he'd  
14           died. The whole thing was -- there's just no words to  
15           describe.

16 **Q.**   Did he explain to you why he told you about [redacted]  
17           contracting AIDS at that point in time?

18 **A.**   I think the shock was just too much for me to think on  
19           any questions, and I've never felt -- I've never felt  
20           able to go back and speak to him because of the  
21           betrayal I felt.

22           I remember saying to the girls, "Do you know,  
23           I believe I called him Chris", and it's just so --  
24           I mean, he was my knight in shining armour. He was  
25           there for me and to be betrayed like that ten years

1 down the line, it was just -- so I said I think we  
2 should just shut the door on that and move forward,  
3 but then you don't realise what that does to you, the  
4 fact that you're betrayed and you're shocked and it  
5 devalues you as a human being. You just lose your  
6 self-worth. What are you worth that you can be  
7 treated like that?

8 And I believe he should have told us, he should  
9 have told [redacted] and I together, because I went in  
10 on my own in the afternoon because as a family you  
11 would have been able to cope with that and you would  
12 have been in charge of your own destiny instead of  
13 which you're robbed of that and it just -- well,  
14 you're self-esteem plummets and the girls and I have  
15 lived with the consequences of that ever since.

16 **Q.** You've said in your statement you don't now know what  
17 complications arose from the AIDS and what was from  
18 the leukaemia?

19 **A.** That's right.

20 **Q.** And that's something you really struggle with?

21 **A.** Mmm-hmm, what was the reality back then? I just don't  
22 know.

23 **Q.** Your daughters -- one of your daughters has said that  
24 the question of whether her dad was used for research  
25 torments her, and you've said you have a list of

1 questions you wish you'd asked Dr Ludlam at the time,  
2 but you haven't been able to.

3 **A.** I felt unable to.

4 **Q.** And they are questions like when was he infected, when  
5 did they know he was infected and why they didn't tell  
6 you at the time.

7 **A.** Yes.

8 **Q.** Can you tell us a little bit about the impact on your  
9 daughters as well.

10 **A.** Well, the aftermath of [redacted] dying, you're trying  
11 to cope with a funeral, telling the schools, seeing to  
12 all these things and then I think the girls struggled  
13 with -- well, we struggled to talk about it because  
14 our grief was so intense, it just couldn't be  
15 verbalised.

16 I think to make matters worse, not long after  
17 [redacted] was diagnosed with scoliosis which meant we  
18 were going backward and forward to the Princess  
19 Margaret Rose. My daughters were very close and  
20 played together and now they were silent, and we'd  
21 gotten into the habit of eating our meals watching the  
22 telly and I said to them, "This is no good. We must  
23 start eating at the table again and talking", and  
24 there was total silence for about a month but we  
25 couldn't really get through that barrier of grief.

1           And, yes, I think low self-esteem has played  
2 a part and [redacted] struggled, I think you both  
3 struggled.

4 **Q.** And once [redacted] -- once you've were told that  
5 [redacted] had also contracted AIDS, you said in your  
6 statement the girls have said in their statements that  
7 they came to question everything and had a loss of  
8 trust in doctors whenever they had to deal with  
9 anything medical.

10 **A.** Well, this is true. I don't think I fully trusted  
11 anyone since. I feel myself pulling back. That level  
12 of betrayal, I don't think -- and there was never any  
13 counselling offered. I think when he told me that,  
14 that was the opportunity to offer counselling and  
15 I think we've all worked at that in our own way and  
16 talked about it.

17 **Q.** All the family statements have said that many of the  
18 same questions of what was happening and why and part  
19 of the -- what you've tried to do since then is to get  
20 some answers to your questions by applying for  
21 [redacted]'s medical records.

22           What did you receive when you applied for his  
23 hospital records?

24 **A.** There's none. There's no records, apart from I went  
25 to the NHS archivist and she found something but, of

1 course, she couldn't tell me what I was and it's just  
2 a test that they did on the day he died, and that's  
3 the only -- but then I got a copy of all the policies  
4 from the NHS starting and it would read in my mind  
5 something of such medical significance would have to  
6 have been kept, but they can find no trace.

7 And when I got the letter back from Darren Poole,  
8 the medical records office, he had put about  
9 haemophilia which freaked me out because he wasn't  
10 a haemophiliac. I was thinking, oh, he's gone down  
11 the wrong -- but no, they say they've researched  
12 everywhere.

13 **MS FRASER BUTLIN:** And for the record, I should record  
14 that Dr Ludlam has been asked for his response and he  
15 has indicated that a response will be provided.

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

17 **MS FRASER BUTLIN:** As you've looked back to when  
18 [redacted] was ill, you've also been concerned about  
19 your interactions with Dr MacLeod and the giving --  
20 why you were asked to give the medication.

21 What are you now concerned about in that regard?

22 **A.** Well, I went to see him to say I thought under the  
23 circumstances he should have never have asked me to do  
24 the procedure, because I was exhausted at that point  
25 and it placed an extra burden on us all. And he said,

1 "Yes, but you're nothing but a bloody stupid woman",  
2 at which point I stood up and said, "Well, I haven't  
3 come here to be spoken to like that", but with  
4 hindsight I believe that he knew [redacted] had AIDS,  
5 that he possibly had known for a long time, and he  
6 thought I was stupid because I hadn't thought about  
7 it, but in actual fact I had gone to Dr Ludlam and  
8 asked him and clearly been lied to.

9 **Q.** And while [redacted] was ill, Dr MacLeod had also  
10 asked to do blood tests on your daughters.

11 **A.** That's correct.

12 **Q.** And at the time, what did you think those tests were  
13 for?

14 **A.** Well, the -- he thought they were maybe a bit anaemic,  
15 but then they were always pale.

16 **Q.** And what's your concern now about those blood tests?

17 **A.** Well, the girls thought that we were maybe getting  
18 tested for acute myeloid leukaemia but with hindsight  
19 we now wonder it was to see if we had HIV/AIDS or  
20 hepatitis C.

21 **Q.** And your concern now is that not were you not told and  
22 [redacted] not told about the AIDS but that the GP had  
23 been told --

24 **A.** That's correct.

25 **Q.** -- and was responding to that.



1 **A.** Mmm-hmm. Because during my nephew's treatment, yes,  
2 he lost weight, he lost his hair, he was slimmer but  
3 his skin was the same and his eyes were the same, so  
4 that's one of the reasons I wondered if [redacted] had  
5 hep C.

6 **Q.** After [redacted] died, what was your financial  
7 situation like?

8 **A.** It wasn't good. I remember going to a solicitor  
9 because the house was in [redacted]'s name. He hadn't  
10 made a will, and I was told that I'd probably lose the  
11 house. I'd have to go to court and the thought of  
12 that was horrendous. I just kept thinking, "Oh God,  
13 we'll have to go and stay with mum and dad and it's  
14 a tiny house", but that was resolved down the line  
15 because [redacted], obviously it was insured properly.

16 I went for a widow's pension my mum was with me.  
17 We were in a queue at the DSS and when I got to the  
18 top of the queue and said I'd come about a widow's  
19 pension. The woman says, "Oh, you're so lucky", at  
20 which point I was hysterical, absolutely hysterical.  
21 I remember two people coming and ushering mum and  
22 I into a room, bringing tea, and the reason I was  
23 lucky was Margaret Thatcher had brought in a rule that  
24 widows under 40 had to go out to work and as it was  
25 just being phased in, I would get half a widow's

1 pension. It's like, "No, I don't want half a widow's  
2 pension, I don't want a whole widow's pension. I just  
3 want my husband back", and people are so ... (Pause)

4 They're just not trained probably, but it's  
5 just -- I was grateful to have my house. I have to  
6 say that was quite scary, but I think we coped with  
7 what we had, so I remember a life of luxury never  
8 arrived but we just made the best of things.

9 **Q.** Once you were told that [redacted] had contracted  
10 AIDS, you were then able to access some financial  
11 assistance.

12 **A.** Yes, the cheques from The Macfarlane Trust.

13 **Q.** After you received that initial payment, did you  
14 receive anything else?

15 **A.** No.

16 **Q.** You'd moved house and didn't think to tell them but  
17 equally there was no indication that you were entitled  
18 to anything else or that you should be applying for  
19 anything else?

20 **A.** No, it was a one-off payment that you had to sign to  
21 say you wouldn't go to the press or whatever.

22 **Q.** Then in July 2017 your daughters told you about the  
23 Scottish Infected Blood Support Scheme?

24 **A.** That's right.

25 **Q.** And you applied?

1   **A.** That's right.

2   **Q.** How did you find that process?

3   **A.** It was actually quite easy. I phoned the helpline up  
4       to ask a question, I can't even remember what it was  
5       but they were very nice, very helpful.

6   **Q.** And you've received payments from July 2017 --

7   **A.** That's correct.

8   **Q.** -- but they've not been backdated in any other way?

9   **A.** No.

10  **Q.** You've also had some problems with your pension. What  
11       were they?

12  **A.** Well, this payment wasn't supposed to affect your --  
13       any benefits that you were getting and I have  
14       a guaranteed pension credit, so when I phoned them up  
15       and told them, obviously, I got a bit of grief about  
16       it and I said, "Well, I've got the letters here." So  
17       I read the letters out. So could I photocopy them and  
18       send them, which I did.

19       Then I think my pension review was coming up and  
20       the lady was quite difficult, I would think, and  
21       I told her that I was getting this payment and she  
22       says, "Oh, we'll have to reduce your pension credit",  
23       and I says, "Oh, well, that's not how it reads", but  
24       in actual fact they did. It slightly went down and  
25       it's just been reviewed and it's gone down again,

1 but ...

2 **Q.** So because you received SIBSS payments your pension  
3 credit was also reduced?

4 **A.** Yes, it was also ...

5 **Q.** Those are the questions I have for you. Is there  
6 anything else you would like to say?

7 **A.** Well, I think when -- just eight years after her dad  
8 died, [redacted] had a lump in her breast and went to  
9 the Royal, was it -- no, she went to the Western and  
10 when the consultant came in, the first thing he said  
11 was, "Are you [redacted]'s daughter?" Which I said to  
12 her, "That's a bit unusual".

13 So I think that's one of the things that makes you  
14 think you're kind of being watched from afar and  
15 a neighbour who used to go to Dr Ludlam's clinic to  
16 have her blood checked, she used to say, "Oh,  
17 Dr Ludlam was asking after you", and at first that  
18 seemed a reasonable thing but it went on for years  
19 until I finally said to her, "That's really weird.  
20 He's got all these patients. He should be  
21 concentrating on them. It's really weird that he's  
22 still asking", so ...

23 **MS FRASER BUTLIN:** Thank you.

24 Sir?

25 **SIR BRIAN LANGSTAFF:** I have no questions but I would like

1 to thank you for that careful and compelling account  
2 which has obviously not been easy for you to give.  
3 Thank you very much indeed.

4 **A.** Thank you.

5 **SIR BRIAN LANGSTAFF:** Ms Fraser Butlin, we'll start again  
6 for our final witnesses at 2.30 pm.

7 **MS FRASER BUTLIN:** Thank you.

8 **SIR BRIAN LANGSTAFF:** 2.30 pm.

9 **(2.06 pm)**

10 **(A short break)**

11 **(2.35 pm)**

12 **SIR BRIAN LANGSTAFF:** The last two witnesses of today are  
13 both anonymous and will be known as Mr and Mrs V. In  
14 case there's any difficulty in hearing that, that's V  
15 for victor, which is not their name.

16 The names and addresses of witnesses W2243 and  
17 W2245 and any other identifying information such as  
18 the witness's image or a description of their  
19 appearance cannot be disclosed or published in any  
20 form unless expression permission is given by me or by  
21 the solicitor to the Inquiry acting on my behalf.  
22 Witnesses W2243 and W2245 must be referred to only as  
23 Mr and Mrs V.

24 This order remains in force for the duration of  
25 the Inquiry and at all times thereafter, unless

1 otherwise ordered. I may vary or revoke the order by  
2 making a further order during the course of the  
3 Inquiry.

4 So that is the order, a reminder that it is  
5 a contempt of court to break that order, but with  
6 those introductory words may we have, please,  
7 Mr and Mrs V.

8 **MR V, affirmed**

9 **MRS V, affirmed**

10 **Questioned by MS RICHARDS**

11 **MS RICHARDS:** Mr and Mrs V, although I'm going to refer to  
12 you as such, you're going to be to some extent giving  
13 evidence about each other and it's very natural for  
14 you to refer to each other's names in the course of so  
15 doing, so for that reason, your evidence is not being  
16 live-streamed.

17 In the event that you use each other's names  
18 naturally in the course of your evidence, although  
19 though name will be heard by those present, the effect  
20 of that order is that no one can repeat that  
21 information and when the transcript of your evidence  
22 and the audio transcript of your evidence is  
23 published, it will be with any names removed.

24 **MR V:** Okay.

25 **MRS V:** Okay.

1 **MS RICHARDS:** So Mr V you were born in 1974.

2 **MR V:** Yes.

3 **MS RICHARDS:** And you have severe haemophilia A which was  
4 identified at birth.

5 **MR V:** Yes.

6 **MS RICHARDS:** You were under the care of  
7 Yorkhill Children's Hospital in Glasgow until you were  
8 about 15.

9 **MR V:** That's correct.

10 **MS RICHARDS:** And your mother's witness statement, she's  
11 also provide a statement to the Inquiry, tells us that  
12 until you were about five years old, you received  
13 largely cryoprecipitate.

14 **MR V:** That's correct.

15 **MS RICHARDS:** And you'd have to be taken to hospital in  
16 order to receive that.

17 **MR V:** Yes, I was there every week.  
18 Eventually my mum was taught home treatment, which  
19 limited the number of times I was at hospital but  
20 until that point we were there constantly at Yorkhill.

21 **MS RICHARDS:** And it was about 1979, September of 1979,  
22 that the home treatment programme commenced.

23 **MR V:** That's correct, yes.

24 **MS RICHARDS:** And then you received Factor VIII products.

25 **MR V:** Yes.

1 **MS RICHARDS:** Now, there were not available treatment  
2 records from Yorkhill Hospital showing what products  
3 you received, but you've got an understanding or  
4 recollection of some of the products you received.  
5 What can you recall?

6 **MR V:** Yes, I received four different American products.  
7 The only reason I know this was going back over 15  
8 years ago when there was legal action against the  
9 American pharma companies and I was told to contact  
10 Manchester -- there's an organisation in Manchester  
11 that kept all the haemophiliacs' details of what  
12 products they were given, so at that point I was given  
13 the names of four companies. I remember one was  
14 Baxter, one was Bayer, I can't remember other two, but  
15 the legal action that point collapsed. If it was  
16 thrown out of court.

17 **MS RICHARDS:** And is it right that your mother was asked  
18 to keep a record, her own records, of the treatments  
19 that she gave you?

20 **MR V:** Yes, we had a book and it was divided up into  
21 different columns. The batch numbers, the dates,  
22 everything was written down, the type of injury I had,  
23 and once the book was full we'd hand it into the  
24 haemophilia unit at Yorkhill, but we've never seen any  
25 of it since.



1 **MS RICHARDS:** So your mother provided that back to the  
2 hospital at their request?

3 **MR V:** Yes.

4 **MS RICHARDS:** And as far as you know, the hospital,  
5 whether they have been lost, destroyed, you don't  
6 know, but none of those records have been made  
7 available to you?

8 **MR V:** None at all.

9 **MS RICHARDS:** Do you know whether any warnings or advice  
10 or information was provided to your parents about any  
11 risks of infection associated with the products?

12 **MR V:** No. She was given -- I remember in the mid '80s  
13 she was given rubber gloves for -- just in case she  
14 was contaminated with hep B, because I was given  
15 an injection for that, to prevent hep B, but that  
16 was -- nothing else.

17 **MS RICHARDS:** To start with your mum use to administer the  
18 Factor VIII treatment to you at home?

19 **MR V:** Yes.

20 **MS RICHARDS:** Then from about the age of 11 you were able  
21 do it yourself.

22 **MR V:** Yes, age 11 I was taught.

23 **MS RICHARDS:** The impression that your mum's statement and  
24 your statement gives is that the information you were  
25 given was that you this would be much easier, a more

1 straightforward treatment for you to receive because  
2 you wouldn't need to go to hospital and it would be  
3 life-saving?

4 **MR V:** That's correct.

5 **MS RICHARDS:** We can see a couple of documents that  
6 provide us with some information about the treatment  
7 you received at that time.

8 If we have up on screen, please, Paul, 2245002.

9 You'll see -- thank you -- Mr V, that here is  
10 a letter. It's from Dr Willoughby to your GP and the  
11 date of it is -- it's actually 25 September 1979, and  
12 it refers to the training that was being given to your  
13 mother, the home therapy training, and that you'll be  
14 given regular twice-weekly doses, usually on Fridays  
15 and Tuesdays and then also additional doses on any  
16 occasion that you develop a painful swollen joint,  
17 protracted bleeding or a haematoma in the head or neck  
18 area.

19 So from September 1979 you were being given  
20 Factor VIII treatments on a prophylactic regular basis  
21 twice a week.

22 **MR V:** Yes, and that cut out the journey to Yorkhill  
23 because we stayed quite far out from Yorkhill, we  
24 stayed in [redacted], we lived in a police house, so  
25 with my dad working shifts, my mum couldn't drive and

1 the police office was attached to the house, so my mum  
2 would go into the police office and they would -- the  
3 police would drive us straight into Yorkhill every  
4 time I bled, but as soon as this new Factor VIII came  
5 out it was being hailed as the best thing since sliced  
6 bread.

7 **MS RICHARDS:** Now, your mum records in her statement that  
8 as far as she can recall she was never given any  
9 choices about which products to use. She was just  
10 told what product would be available for her to  
11 administer.

12 **MR V:** Yeah, at the end of the day they're the experts.  
13 You go by what they tell you. You trust them.

14 **MS RICHARDS:** Then she has a recollection at some stage of  
15 there being a meeting at Yorkhill at which information  
16 was provided about a product that would be  
17 heat-treated.

18 **MR V:** Yeah, I can't remember what that was. I was quite  
19 young at the time.

20 **MS RICHARDS:** Your medical records contain a number of  
21 tests for HTLV-III, HIV as it is subsequently referred  
22 to. As far as you know, were your parents asked to  
23 consent to those tests or were they aware of them  
24 being undertaken?

25 **MR V:** No, none of us did.

1 **MS RICHARDS:** Well, when and how did you discover that you  
2 had been infected with hepatitis C?

3 **MR V:** At a routine hospital -- hospital appointment at  
4 the haemophilia unit in Glasgow, the Glasgow Royal,  
5 and my doctor at the time was Dr Lowe, Dr Gordon Lowe,  
6 and he just told me straight, "You've tested positive  
7 for hepatitis C", and I didn't know what it was.  
8 I thought it was basically -- I thought it was similar  
9 to HIV, so I asked him about my liver. I says,  
10 "I know hepatitis involves the liver". I says, "Am  
11 I going to get a liver transplant?" And he says  
12 "Well, it could be three months, it could be three  
13 years, it could be 30 years, we don't know".

14 And then he started to tell me, "Do not share  
15 razors, do not share razor blades and do not have anal  
16 sex". I thought, "My God, I'm only 20 years old. I'm  
17 just a boy getting told this by this old man", as he  
18 was to me then, and he handed me a pamphlet and that  
19 was it. My dad was down the stairs in the car.

20 **MS RICHARDS:** And that was in 1994.

21 **MR V:** 1994.

22 **MS RICHARDS:** And as far as you are concerned, 1994 at  
23 a routine appointment was the first time you learnt  
24 that you had hepatitis C?

25 **MR V:** Yes.

1 **MS RICHARDS:** And what was the immediate impact upon you  
2 receiving that diagnosis.

3 **MR V:** I was gutted, because I blamed my Mum. I blamed  
4 her for everything because she injected the stuff into  
5 me. I mean, at the same time I was injecting it as  
6 well, sick and perverse, if you've think about it,  
7 because I was being reinfected constantly over and  
8 over since 1979. My Mum was injecting me and then  
9 from age 11 I was injecting myself. You couldn't make  
10 it up.

11 **MS RICHARDS:** You've said in your statement:

12 "I was 20 years old and my future was just wiped  
13 out."

14 **MR V:** Yeah, I thought I was gonna die. I mean, straight  
15 after I was told, I was working that day. My Dad had  
16 driven me to the hospital for my appointment. He was  
17 working shifts. I got into the car. I told my Dad.  
18 He was absolutely fuming with Dr Lowe for telling me  
19 on my own. He missed the cut off for the motorway to  
20 take me to work. I went back to work somehow, managed  
21 it, I was in a sort of dazed for the rest of the day.  
22 I was in a daze. I went home that night, blamed my  
23 Mum for it. It was just horrendous. I thought I was  
24 going to die eventually.

25 **MS RICHARDS:** And you've described in your statement you

1           were on your own, as you say, you were given this  
2           leaflet and you weren't offered any kind of follow-up  
3           or counselling.

4   **MR V:**    No, nothing at all.

5   **MS RICHARDS:**  Were you aware before you went to that  
6           routine appointment in 1994 that you had in fact been  
7           tested for hepatitis C?

8   **MR V:**    No.

9   **MS RICHARDS:**  So the first you heard of it was that  
10          appointment.

11   **MR V:**    Yes, that's the first I heard.

12   **MS RICHARDS:**  You now believe from the medical records  
13          you've subsequently obtained that your infection was  
14          known to doctors caring for you before 1994 but you  
15          weren't told of that.

16   **MR V:**    Correct, yes.  What medical notes I do have, it  
17          does say non-A non-B hepatitis going right back to the  
18          early '80s.

19   **MS RICHARDS:**  We'll look at some of those documents, Mr V.  
20          Paul, could we have 2245009, please.

21          You'll see this is a letter dated 10 January 1989,  
22          so years before your diagnosis was communicated to  
23          you.  It is from Dr Pettigrew to Dr Lowe and if we  
24          look at the second paragraph, first of all, it refers  
25          to your most recent liver functions tests on

1 4 November 1988:

2 "Showed elevation of AST 179 units per litre with  
3 an ALT of 54 units per litre. His liver function  
4 tests have been slight elevated in the past, for  
5 example, in September 1984 his AST was 75 and his  
6 ALT81."

7 And then further references to blood counts, white  
8 counts, platelet counts and neutrophil accounts.

9 Had you or your parents been told in late 1988 or  
10 early 1989, which is the date of this letter, that  
11 your liver function tests had been elevated?

12 **MR V:** No, and you have to understand with severe  
13 haemophilia you're constantly up at the hospital,  
14 collecting treatment, dropping dirty needles and  
15 syringes off at the hospital unit. We went back and  
16 forth. Not as much as we were ten years previously  
17 before the -- before the treatment started, but it's  
18 an unusual relationship you have with haemophilia  
19 because, you know, it's like a family, the staff.  
20 It's not like going to your doctor's surgery where you  
21 see them once in a blue moon. It's like a family.  
22 Everyone knows everyone.

23 **MS RICHARDS:** And we'll look at another letter from  
24 slightly later in 1989, Mr V.

25 Paul, it's 2245008, please. It's a letter of

1 10 May 1989 and it's from Dr Lowe to your GP and if we  
2 go to the second page of the letter, please, last  
3 paragraph, thank you, the last sentence says this:

4 "I note his liver functions tests have been  
5 fluctuating in the past when he attended Yorkhill and  
6 I assume that he might therefore have a degree of  
7 chronic non-A non-B hepatitis for which at present there  
8 is no specific treatment."

9 Were you told or your parents told that the  
10 doctors treating you assumed that you had a degree of  
11 chronic non-A non-B hepatitis in 1989?

12 **MR V:** No, we didn't know a thing.

13 **MS RICHARDS:** If we then have up on screen please, Paul,  
14 document 2245007.

15 We see here we are in the following year, this is  
16 a letter of 8 May 1990, again it's from Dr Lowe to  
17 your GP, and if we pick it up about halfway down the  
18 paragraph it says this:

19 "I note that when he attended Yorkhill Hospital he  
20 had elevations of his ALT which may represent a degree  
21 of chronic non-A non-B hepatitis."

22 So we're now in the middle of 1990. Were you told  
23 at that stage or your parents told that they thought  
24 you might have non-A non-B hepatitis?

25 **MR V:** No, nothing.



1 **MS RICHARDS:** Paul, can we have up on screen please  
2 2245006.

3 This is a letter again from Dr Lowe to your GP.  
4 We're a year further on, 30 May 1991, and if we look  
5 at the last few lines of the first paragraph it says  
6 this:

7 "As you know ..."

8 The "you" being your GP:

9 "As you know from previous correspondence, he has  
10 a persistent slightly elevated serum ALT level. I note  
11 this has been present since 1988 when he was at Yorkhill  
12 Hospital. Neither [redacted] nor his father gave any  
13 history of jaundice or clinical hepatitis. I explained  
14 to [that's your father] that he has slight elevation of  
15 serum transaminase which we will keep an eye on at the  
16 clinic. This may represent a degree of chronic non-A  
17 non-B hepatitis from previous treatment with blood  
18 products."

19 There's clearly been some discussion with your  
20 father and a reference to keeping an eye on some test  
21 results, but were or your father, as far as you know,  
22 told that this may represent a degree of non-A non-B  
23 hepatitis?

24 **MR V:** No, never.

25 **MS RICHARDS:** Or any causal connection with previous

1 treatment with blood products?

2 **MR V:** No, never.

3 **MS RICHARDS:** Can we have up on screen please 2245013.

4 This is a letter dated 7 January 1992. Again it's  
5 from Dr Lowe to your GP and if we pick it up towards  
6 the bottom of the letter, the last main paragraph, it  
7 says:

8 "Here his chronically abnormal liver function tests  
9 noted initially at Yorkhill and subsequently here may  
10 therefore reflect chronic hepatitis C for which there is  
11 no specific treatment at present, although studies of  
12 interferon are being conducted and this may be an option  
13 for the future should his liver disease progress."

14 We are now in 1992. Was this communicated to you  
15 either by your GP or Dr Lowe?

16 **MR V:** No, nothing at all.

17 **SIR BRIAN LANGSTAFF:** And the sentence before that:

18 "He is positive for antibody ..."

19 **MS RICHARDS:** Yes, sir, thank you for picking that up,  
20 yes:

21 "... positive for antibody to the recently described  
22 hepatitis C virus as shown by second generations tests,  
23 as is the case with most haemophiliacs who have received  
24 non-heat treated blood products in the past."

25 So a first reference there to hepatitis C but that

1           wasn't communicated to you?

2   **MR V:**    No, nothing at all, no.

3   **MS RICHARDS:**  We have then later on in 1992 document  
4           2245005, please.  The last four lines, this is  
5           a letter of 23 June 1992 from Dr Lowe again to your  
6           GP:

7                 "We are still looking into the possibility of  
8           obtaining some interferon for treatment of chronic  
9           hepatitis."

10                Had there been any discussion with you by then at  
11           least, June 1992, either of the belief that you had  
12           hepatitis or the possibility of treatment with  
13           interferon.

14   **MR V:**    No, nothing at all.

15   **MS RICHARDS:**  And then finally, if we have up on screen  
16           please 2245003.  This is a more recent document.  It's  
17           an extract I think from -- whether it's your GP or  
18           other records I'm not sure, but if we go about  
19           two-thirds of the way down the page, Paul, please just  
20           below the words "past procedures" we can see the  
21           words:

22                 "Chronic viral hepatitis C", and then the date of  
23           onset and date recorded given as 1 January 1989.  Not  
24           something you had been told?

25   **MR V:**    No, nothing at all.

1 **MS RICHARDS:** Your recollection is 1994 --

2 **MR V:** Yes, '94.

3 **MS RICHARDS:** -- when you learnt this information.

4 If we have up on screen, please, Paul, 2245012.

5 This is a letter of 4 November 1994 from Dr Lowe  
6 to your GP, and if we look in the second paragraph --  
7 it is refers in the first paragraph to having reviewed  
8 you on two occasions and then it describes on the  
9 first occasion:

10 "I updated him on recent advances in knowledge about  
11 hepatitis C and viewed with him precautions with blood,  
12 sex and alcohol. He is known to be hepatitis C antibody  
13 positive and he is on also positive by the recently  
14 introduced HCV PCR test."

15 Then there is a reference to you being advised  
16 about the possibility of chronic liver disease and  
17 that your serum ALTs continue to be borderline  
18 elevated.

19 That's your understanding of the occasion when you  
20 were not updated but told for the first time that you  
21 had --

22 **MR V:** The first time, yes.

23 **MS RICHARDS:** -- hepatitis C.

24 You were also concerned, your statement says, that  
25 your employers, you were a civil servant, were told

1           about the doctor's view that you had non-A non-B or  
2           hepatitis C before you were.

3   **MR V:**     That's correct.

4   **MS RICHARDS:**  If we have up on screen, please, Paul,  
5           2245014.

6           We can see this is a request that was sent from  
7           the Civil Service Occupational Health Service,  
8           17 March 1993, to your GP and it was -- we can see the  
9           purpose of the request in the second paragraph:

10           "Management have expressed some doubt as to  
11           suitability on the basis of the candidate's health  
12           declaration which revealed haemophilia."

13           Then if we have, please, Paul, document 2245005  
14           and we look at the second page, please, Paul.

15           We can see your GP's response dated 22 March 1993  
16           to the Civil Service Occupational Health Service is to  
17           describe you as very independent and in charge of your  
18           own treatment for your haemophilia, and then it says:

19           "I enclose a photocopy of his last two hospital  
20           reports which may be of some assistance to you."

21           For the record the enclosures are those two  
22           letters from 1992 that we've looked at --

23   **MR V:**     That's right.

24   **MS RICHARDS:**  -- which refer to the suspicions about you  
25           having --

1 **MR V:** That's correct. I only found that out back in  
2 about '96, 1996 I found out, when I was off work,  
3 I had an operation on my ankle for haemophilia, and  
4 the occupational health nurse came out to the house  
5 and handed me the file and that's when I saw  
6 hepatitis C and the date on it.

7 **MS RICHARDS:** And your understanding from the records,  
8 therefore, is that not only did those treating you at  
9 the hospital understand and believe that you had  
10 hepatitis C for about five years before you were told  
11 but that your employers knew from 1993, so the year  
12 before you were told, and your GP knew from the  
13 communications received from Dr Lowe.

14 **MR V:** That's correct.

15 **MS RICHARDS:** And your GP was someone who knew well.

16 **MR V:** Yes, we lived next to door to him.

17 **MS RICHARDS:** And that was information was never passed on  
18 to you or, whilst you were a child, your parents.

19 **MR V:** No, nothing at all.

20 **MS RICHARDS:** You say in your statement that you believe  
21 you have been tested without your knowledge and  
22 consent.

23 **MR V:** Yes.

24 **MS RICHARDS:** Is that a reference to the HIV tests and the  
25 hepatitis C tests that you weren't aware were being

1 carried out?

2 **MR V:** Yes.

3 **MS RICHARDS:** And your Mum says in her statement to the  
4 Inquiry that every time she would take you as a child  
5 to Yorkhill, blood would be taken, she would ask why  
6 and she would be told it was just routine.

7 **MR V:** Yes.

8 **MS RICHARDS:** You received in 2001, 2002, 2004 and 2009  
9 letters about the risk of vCJD.

10 **MR V:** That's correct.

11 **MS RICHARDS:** What can you recall about the receipt of  
12 those letters and the steps you took?

13 **MR V:** Just letters asking me if I would like to know if  
14 I've received blood from a donor who has since died of  
15 variant CJD and it was up to myself if I wanted to  
16 know or not, so I contacted the haemophilia out in  
17 Glasgow and arranged an appointment with Dr Lowe,  
18 which I went to, and he said on this particular -- the  
19 first time I went he said on this particular instance  
20 you didn't receive the blood from the contaminated  
21 batch. You can go home and have a well-deserved pint,  
22 and I says, "Well, I can't. I've got hepatitis C",  
23 and that was it.

24 **MS RICHARDS:** And although you were told that you hadn't  
25 received anything from an implicated batch in relation

1 to vCJD, you've continued to receive notifications  
2 about being at risk for public health purposes.

3 **MR V:** Yes.

4 **MS RICHARDS:** And, as I understand it, you are not  
5 confident in any event in the information you have  
6 been given and its accuracy.

7 **MR V:** No. I don't believe, a word Dr Lowe has told me.  
8 I think he's lied to me.

9 **MS RICHARDS:** And does the possibility of infection with  
10 vCJD continue to concern you?

11 **MR V:** Yes. It's constantly on my mind. I'm terrified.  
12 I mean, last year I got diagnosed with severe stress.  
13 It's just horrendous what we've had to go through.  
14 What else can they do to us? What else?

15 **MS RICHARDS:** What, broadly, has been the impact of the  
16 hepatitis C diagnosis and infection on your physically  
17 and mentally?

18 **MR V:** Well, going back to when I was 20, that was my  
19 life wiped out, as far as I was concerned. I didn't  
20 tell any of my colleagues in work. I kept it quiet  
21 for ten years. Only my close family and friends knew.  
22 It was living on death row. That's the only way I can  
23 describe it. Eventually after about ten years in  
24 work, I told my boss, explained what happened. He was  
25 very supportive, because at that time I attended



1 several demonstrations, blood campaign demonstrations,  
2 and he'd let me have time off work to go and attend  
3 them. The guy was great. But I still kept it quiet  
4 from the -- my actual immediate colleagues until I had  
5 the interferon treatment.

6 **MS RICHARDS:** Before we talk about the interferon  
7 treatment, what physically has been the symptoms or  
8 effects of the hepatitis C that you've experienced?

9 **MR V:** Things like I developed asthma, skin conditions,  
10 really bad eczema, and when I say itching, I mean I'm  
11 clawing at myself, it's that bad. So I'm  
12 an outpatient at the dermatology department at the  
13 Glasgow Royal. I have been on and off for the past,  
14 well, just over 20 years, since I had the first round  
15 of interferon.

16 Psychologically, my memory's gone, my memory's  
17 terrible. Constantly tired. It's just -- it was  
18 a struggle to come here today but I was determined not  
19 to let the government get away with it, or the  
20 doctors.

21 **MS RICHARDS:** And I will ask you in a moment specifically  
22 about the treatments but I just wanted to ask you  
23 first, Mrs V, how long have the two of you known each  
24 other?

25 **MRS V:** 18 years.

1     **MS RICHARDS:** And what's your impression and understanding  
2           of the effect that your husband's diagnosis has had on  
3           him?

4     **MRS V:** Well, now, of course, I fully understand what the  
5           illness is about and the effect that it has on  
6           someone's body. When I first met [redacted] it was  
7           new to me. I had only ever heard the name and, again,  
8           it was something that was associated with drug abuse  
9           mainly.

10           There wasn't a lot of information back then beside  
11           what [redacted] told me so we did some research after  
12           together because you were still coming to --

13     **MR V:** The problem was, because of the stigma attached to  
14           it, I didn't tell [redacted] I had hepatitis C for the  
15           first 18 months I was seeing her. I didn't even tell  
16           her I had haemophilia. I just wanted her to think  
17           I was a normal average guy, healthy, so when I told  
18           [redacted] it was a complete bombshell.

19     **MRS V:** Yes, I did actually approached the Sandyford  
20           Clinic in Glasgow which is -- they call it the walk-in  
21           services and someone there who was really helpful.  
22           They saw me alone and then they saw us together. They  
23           explained a lot more than [redacted] had ever had from  
24           doctors and specialists. We then took it upon  
25           ourselves to look at things like diet and supplements

1 and things that we can do ourselves.

2 Again, I mean, the reason why we want to be  
3 anonymous today isn't because we are ashamed in any  
4 shape or form, but the stigma attached to the illness  
5 now is the same as 20/30 years ago. People don't  
6 think that. People tend to think that information has  
7 gotten better and people's mentality is a little bit  
8 wider but it isn't.

9 I work with young people and I am hearing loads of  
10 comments like, you know, "hep C riddled junkies", and  
11 we can instruct people and help them understand but  
12 there is still a stigma so as much as I'm definitely  
13 not ashamed of [redacted] or anything, but you're  
14 still kind of worried in a work environment how the  
15 reaction is going to be, especially when you work with  
16 the public and I think they have had enough during the  
17 years when they were younger of, you know, getting  
18 bullied or getting put in corners and not being able  
19 to take part in activities, and we didn't want this  
20 drag on now in his 40s to maybe being pointed at by  
21 neighbours and colleagues and stuff.

22 It's hard because [redacted] isn't --

23 **MS RICHARDS:** That's fine, but --

24 **MRS V:** -- isn't much older than me, so you would expect  
25 that when we met we would have been able to do loads

1 of different activities but due to the way he is  
2 physically, I mean, I think fatigue has been what  
3 I thought -- because as [redacted] said, he's never  
4 said to me what was wrong with him but I did think at  
5 that stage he wouldn't come ice skating or he would be  
6 quite tired and withdrawn and he would be keener on  
7 staying in rather than going out, so -- and this has  
8 affected him up to now and always will, I guess.

9 Memory as well. It's hard not to get frustrated  
10 because I do know that it is part of the illness, but  
11 sometimes you can't count on him for anything, you  
12 know. There might be weeks where really his memory  
13 isn't there almost at all, but yeah ...

14 **MS RICHARDS:** May I ask you about the first course of  
15 treatment that you underwent which was in 1996.

16 **MR V:** That's right.

17 **MS RICHARDS:** You were in your early 20s and you embarked  
18 upon a course of treatment with interferon.

19 **MR V:** That's right. Back then, I think it was three  
20 injections a week back then. It wasn't -- there was  
21 tablets involved, I can't remember how many but it was  
22 mainly three injections a week.

23 Now, again, in work back then nobody knew I had  
24 hepatitis C so I would finish work, I worked flexitime  
25 so I would finish early, about 3 o'clock, and just go

1 straight to my bed. I would get up back 7, have my  
2 dinner, back to bed, and that was an existence. That  
3 was all it was.

4 Then eventually I developed a full body rash.  
5 I was like a lobster, that is the only way I can  
6 describe it, it was that bad. They admitted me to the  
7 hospital and they sent for a hospital photographer but  
8 I've got no idea where the photographs went. There's  
9 nothing in the notes. I couldn't find anything.

10 **MS RICHARDS:** And how long were you able to tolerate that  
11 treatment?

12 **MR V:** Eight weeks. It was horrendous. That was the  
13 first generation interferon. Completely floored me.  
14 I still needed to work every day for the eight weeks.  
15 I just climbed out of bed. It was a desk job. As  
16 I say, I slept most of the eight weeks. I made it to  
17 work during the day. I didn't have much of  
18 an appetite, but my body was eventually turned red.

19 **MS RICHARDS:** As I understand it, you were essentially  
20 labelled as a failed responder after that.

21 **MR V:** Yes.

22 **MS RICHARDS:** And it was many years before you were  
23 offered treatment again.

24 **MR V:** 2012.

25 **MS RICHARDS:** But you were very keen in the intervening

1 period to try and get treatment.

2 **MR V:** Yes, because, I mean, I always attend the  
3 haemophilia meetings, and I knew about all the latest  
4 treatments, but for whatever reason the liver clinic  
5 wouldn't authorise it.

6 **MS RICHARDS:** And how did it come about that finally in  
7 2012 you were able to go on a second course of  
8 treatment?

9 **MR V:** At the time I was sent to see Dr Ewan Forrest at  
10 the Glasgow Royal, the liver specialist. Once  
11 a year -- I mean, from the mid-'90s onwards, once  
12 a year, I got one liver scan a year at the Royal.  
13 That was it, and I would dread that scan because you  
14 don't know what state you are liver's going to be in.

15 I couldn't get a biopsy because of having  
16 haemophilia. So all they were going on, they were  
17 just relying blood results -- blood and tests and  
18 a scan? That's was it. That's all they're relying  
19 on, and I would dread that scan.

20 That's all I had up until that point and then  
21 I got this appointment through out of the blue to see  
22 Dr Forest and he asked if I would be interested in  
23 this latest treatment, the ribavirin, the pegylated  
24 interferon and I said, yes, I would try it.

25 **MS RICHARDS:** And what was that second course of treatment

1           like?

2   **MR V:**    It was torture.  I had to still work for six  
3           months.  It almost -- the actually -- to start one  
4           injection a week and 20 tablets a day, that was the  
5           course.  I started it on a Monday.  I was in work all  
6           week.  I got to the Thursday, I almost passed out in  
7           the office.  I managed to drag myself to the toilet,  
8           sat on the toilet.  I then threw water on my face and  
9           then I just went straight home.  I said, "I need to  
10          go".  My boss said, "You can go and lie down  
11          somewhere".  I says, "No, I need to go home", and that  
12          was me for six months.

13                 For six months, I had no appetite.  I lost about  
14                 two stone.  It was a horrible, horrible feeling I had.  
15                 I had absolutely no energy.  When you tell people, I'm  
16                 tired", they think, "Ah, right".  Genuinely,  
17                 I couldn't lift my head off the pillow.  I had  
18                 a horrible taste in my mouth, horrible, horrible  
19                 taste.  I had no appetite but anything I did eat  
20                 I would bring it up straightaway.  So on Christmas  
21                 Day, my Christmas dinner was brought straight back up.  
22                 Six months of hell, that's all I can describe it.

23   **MS RICHARDS:**  And you've said in your statement you became  
24           depressed.

25   **MR V:**    Yeah.

1 **MS RICHARDS:** Lethargic, and that you felt like killing  
2 yourself.

3 **MR V:** Again it was an existence. I'm in house for six  
4 months lying on the couch or lying on my bed. I went  
5 from the couch to bed, bed to couch. That was it for  
6 six months.

7 During that time, my wife lost her job and I was  
8 about to go onto half pay in work, so everything just  
9 sort of happened at once. The treatment screws you up  
10 mentally as well. It was horrendous -- my Mum  
11 actually said if we wanted to move in with her because  
12 we thought we can't keep up the payments for the house  
13 as I was about to go on to half pay, but it was  
14 a horrible time and then I had to go back to work  
15 sooner than I was fit for.

16 Horrendous.

17 **MS RICHARDS:** And what's your recollection of that time  
18 and the treatment process?

19 **MRS V:** It was awful. For the first part I was working  
20 full-time and I was trying to swap shifts or drop  
21 shifts or take unpaid leave or whatever I could do to  
22 be at home longer because I did notice, possibly after  
23 the first three or four weeks, [redacted] was  
24 completely depressed. He wanted to stop the treatment  
25 and he was serious about stopping the treatment twice.



1           Between me and the nurse, we begged him to go on for  
2           another little while because possibly he wouldn't have  
3           had another chance in the future if we dropped out  
4           now.

5           But at that point I was really worried so I was  
6           having friends pop in when I was at work because I was  
7           so scared that he would do something. That was the  
8           lowest I had seen him.

9   **MR V:**   The other problem was I still had to attend the  
10          liver clinic for blood tests to see how the treatment  
11          was, if it was working or not. So I would drive  
12          myself, and I don't know how I managed it, I would  
13          drive every couple of weeks up to the Royal.

14          I would sit in a waiting room, surrounded by  
15          posters, which was about drug use and alcoholism and  
16          you're sitting thinking, "Do people think I'm  
17          a junkie?" It's -- it was a horrible place to be, not  
18          a nice environment at all.

19   **MS RICHARDS:** What was the outcome of that second course  
20          of treatment?

21   **MR V:**   It did clear and I'll say that very loosely, they  
22          say it cleared the virus.

23   **MS RICHARDS:** If we have up on screen please, Paul,  
24          2245004.

25          We can see this is part of a clinic letter and if

1 we just look down the bottom of the page it says this:

2 "I saw your patient in the liver clinic. I am glad  
3 to say he is feeling well. He did struggle with his  
4 antiviral therapy but ultimately he has achieved  
5 a sustained viral response. Quite rightly, he raised  
6 questions regarding whether this could be regarded as  
7 a guaranteed cure of his condition and obviously the  
8 answers to this is no. However, it is about as close as  
9 we can get to being certain that he has cleared his  
10 infection."

11 You're left with a residual concern or fear,  
12 anxiety that the infection may return.

13 **MR V:** Yes, I don't believe a word they tell me.

14 **MS RICHARDS:** Although you have achieved the sustained  
15 viral response there recorded, have you received any  
16 follow-up on an ongoing basis in terms of the  
17 condition of your liver?

18 **MR V:** Nothing at all. That's you signed off, cheerio.

19 **MRS V:** We have asked. I specifically went with  
20 [redacted] to ask if he could perhaps once a year get  
21 a scan or blood test, anything to monitor that this is  
22 still the result and their words were, "That's  
23 an extremely good idea. We would suggest to do so.  
24 However, you will not get it on the NHS."

25 **MR V:** So just now all they're relying on is blood tests

1           that I get routinely every six months at the  
2           haemophilia unit. There's no more scans, nothing.

3   **MS RICHARDS:** You heard evidence from a witness earlier  
4           today --

5   **MR V:** Yes.

6   **MS RICHARDS:** -- who was having twice-yearly scans and  
7           you're having --

8   **MR V:** It was only one scan at a year at the Royal.

9   **MRS V:** But that's before the treatment.

10   **MR V:** That was before the treatment, yeah. Now there's  
11          nothing.

12   **MS RICHARDS:** And you're having nothing in terms of any  
13          follow-up scans.

14   **MR V:** No, nothing at all. It's not just myself. It's  
15          the majority --

16   **MS RICHARDS:** Of other people that you know and --

17   **MR V:** Yeah, people I know, yeah, and they get nothing.

18   **MS RICHARDS:** In terms of the physical consequences that  
19          you continue to experience as a result of either the  
20          inflection or the treatment, you've developed asthma.

21   **MR V:** Yes.

22   **MS RICHARDS:** Do you still have skin problems?

23   **MR V:** Yes, I'm still attending the dermatology clinic.  
24          I've got very -- there's creams they give you and it's  
25          embarrassing in work. I told my close colleagues in

1 work about the hepatitis and they were really  
2 supportive, but people are asking -- they're saying  
3 "My God, look at your hands [redacted]. Is everything  
4 okay?" I say, "It's okay, it's just psoriasis. I've  
5 been to the GP. He's given me some creams". They  
6 don't know it's hepatitis C-related, but to this day  
7 it continues.

8 It flares up, it goes down, it flares up, but when  
9 it flares up you're clawing at yourself. It's that  
10 bad I use a disabled toilet in work. I had my ankles  
11 fused into one position. I can wiggle my toes and  
12 that's about it, so I use a disabled toilet in work  
13 and it's great.

14 It sounds disgusting, it's that bad on my feet  
15 that there's a metal pipe in the disabled toilet,  
16 I will take my sock off, my shoe, and I will rub my  
17 foot on this metal pipe until it bleeds, and that's  
18 the other side of the problem I've got with the  
19 haemophilia. I've got to treat myself with Factor  
20 VIII so I'm clawing myself that much I'm bleeding and  
21 then treating myself with Factor VIII but in work, it  
22 was on my feet, I was rubbing my fleet against a metal  
23 pipe in the toilet. That's how bad it is. When you  
24 tell people, "I'm itchy", it doesn't sound that bad.

25 **MS RICHARDS:** And your understanding is that that is

1           consequence of the interferon treatment.

2   **MR V:**    Oh, yes.  I've had that on and off since the  
3           mid-'90s.

4   **MS RICHARDS:**  And you've been left with the tiredness, the  
5           fatigue --

6   **MR V:**    Yes.

7   **MS RICHARDS:**  -- the memory problems.

8   **MR V:**    I mean, in work my job is basically opening up  
9           envelopes, as ridiculous as it sounds, I do  
10          a different job from everyone else.  I'm seen as  
11          a special case.  My bosses are great.  They've gave me  
12          simple, simple tasks to do.  Simple inputs to the  
13          computer and opening the mail.  That is it.  I'm  
14          getting paid the same as someone else who is dealing  
15          with soldiers dealing with their pensions, et cetera.

16                I couldn't cope with that, taking it in mentally,  
17          I would mess it up.  I know that for a fact, so I just  
18          do basic, basic inputs.  I work flexitime which is  
19          good, so if I'm tired I can go home, I can finish  
20          early and go home.  The conditions are great.  I'm  
21          fortunate enough to have a job.  That's -- I'm really  
22          lucky that way, but with the Civil Service they must  
23          employ so many people that are disabled and that was  
24          the only reason I got the job, I think, was with the  
25          haemophilia.

1   **MS RICHARDS:** What about the ongoing psychological  
2           consequences? You said in your statement that one of  
3           the worst things is the stress and anxiety that you  
4           continue to experience.

5   **MR V:** Yes, I mean it came to -- I mean, last year I got  
6           a letter out of the blue from the DWP asking me to  
7           reapply for PIP. I've had a Motability car since  
8           I was 14. That gets me to my work, I've got a Blue  
9           Badge. Everything was building up last year and  
10          Professor -- what was his name, Professor Goldberg at  
11          my house. He was doing a study into the effects of  
12          living with hepatitis C. He was writing a report, but  
13          he wanted to interview some people, so he came to our  
14          house and he talked to me and [redacted].

15                 I had that going on in the background. I had all  
16          the campaign meetings which I attended, then I get  
17          this letter out of the blue from the DWP asking me to  
18          be reassessed. I got letters -- letters of support  
19          from all the various doctors. I had to go private for  
20          my surgeon. They had to fuse my ankle four times.  
21          Letters of support from everyone and, as bizarre as it  
22          sounds, I punched myself deliberately the night before  
23          my PIP assessment because you're dealing with someone  
24          who doesn't know who haemophilia is so I thought, "If  
25          I make myself bleed internally, they will see how bad

1 it is", so I punched all my arms, didn't take any  
2 Factor VIII, so I had internal bleeding in both arms,  
3 I was in agony.

4 [redacted] drove me there. We turned up. We were  
5 in the room an hour and a half. I was getting grilled  
6 for an hour and a half. It was actually worse than  
7 this and, my God, the woman who was a nurse, she  
8 doesn't know anything about haemophilia, explained all  
9 about hepatitis C, I made a point of wearing  
10 a short-sleeved top so she would see my arms, and she  
11 said -- she got to the end of the assessment. She  
12 says, "Normally, we would give you a physical  
13 examination but because you've got severe haemophilia  
14 we're not allowed to". I says, "That's fine". Then  
15 I got a letter a few weeks later saying I was rejected  
16 and I was absolutely gutted.

17 So I went to my boss, I says, "Look, I'm here to  
18 put in for voluntary redundancy here, because if  
19 I lose my car, I'll have to pack my job in.  
20 I physically cannot get to my work", because I work  
21 down [redacted] across from the road from [redacted].  
22 There's no way I can get to work on a bus and go home  
23 on a bus. As well as that, I've got contaminated  
24 needles and syringes which I would have to take on  
25 a bus to the Royal Infirmary. How do they expect me

1 to live without my car? I've had it since I was 14.  
2 I would lost without it.

3 So my boss is very supportive. He said if it came  
4 to any tribunal he would come and speak on my behalf.  
5 I contacted one of my friends within the campaign  
6 group and he helped me throughout the process,  
7 reapplying again, filling out the forms. Eventually,  
8 it was awarded to me for the next 11 years.

9 Meanwhile, while that was all going on, we had  
10 Professor Goldberg's report which was due out in the  
11 July, so everything was happening at the one time. So  
12 I contacted the haemophilia unit and asked to speak to  
13 their psychologist, which I was mortified at.

14 I've never spoken to a psychologist or  
15 psychiatrist in my life so I saw Grainne once a month  
16 until December. She was great. But it is just one of  
17 these things. I said, "Look, is there a tablet you  
18 can give me, something to calm me down", and she  
19 said -- she gave me CDs to try and -- to listen to,  
20 someone speaking with a very soothing voice. I said,  
21 "Look, no, that doesn't work for me", so I ended up --  
22 I was going for stream rooms, swimming, stuff like  
23 that, to try and de-stress but last year was  
24 a horrific time.

25 **MS RICHARDS:** And that counselling which you asked for --



1 **MR V:** I asked for, yes.

2 **MS RICHARDS:** -- is the first counselling or psychological  
3 support you've ever been offered?

4 **MR V:** Yes, that was the first time I was ever -- I asked  
5 for. I hadn't been offered it up until then.

6 **MS RICHARDS:** What impact, if any, has either your  
7 infection with hepatitis C or the risk of vCJD had on  
8 dental or medical care?

9 **MR V:** Well, with the dental care, the haemophiliacs get  
10 treated at the Glasgow Royal with their own dentist.  
11 But going back about ten years ago, the hygienist at  
12 the Royal went off on maternity leave and she was off  
13 for ages, meanwhile none of the haemophiliacs had been  
14 seen, so I went to the local dentist in [redacted]  
15 where I stayed at the time and I didn't even get as  
16 far as sitting on the chair. As soon as I told him  
17 I had haemophilia and had hepatitis C they wouldn't  
18 touch me, so I'm only seen at the Glasgow Royal.

19 **MS RICHARDS:** I wanted to ask you about the impact of your  
20 infection on your family life and on the decisions  
21 that the two of you have made about family life. What  
22 would you wish to say about that?

23 **MR V:** Well, we've not had children. My wife was  
24 pregnant in 2006.

25 **MRS V:** 2006.

1     **MR V:**     But we went to the hospital to discuss the  
2             pregnancy, they said there was a slight chance that  
3             the baby would have hepatitis C. I told them as well,  
4             I might have variant CJD as well, so it was  
5             a horrendous decision which we both decided to go  
6             through with a termination, so my poor wife had to --  
7             it is just one of these things, we both decided to go  
8             through with it.

9             Since then -- that was 2006, maybe about six years  
10            ago, the haemophilia unit offered us a designer baby.  
11            It would only be male, born a male, which means it  
12            wouldn't have haemophilia. If it was born female it  
13            would be a carrier but this would make it male only  
14            and we could choose its eye colour, hair colour, it  
15            was really bizarre being told this. And we said no,  
16            because, at the end of the day, I don't know what my  
17            prognosis is going to be. I'm not selfish. I don't  
18            want to bring a kid in and then end up dying as --

19     **MRS V:**    I don't think it was an easy decision --

20     **MR V:**     No, it wasn't an easy decision.

21     **MRS V:**    -- to make because you are kind of brought up to  
22            think that's what happens, you meet someone, you get  
23            married, you have children, but after we decided and  
24            it was good that we decided as a couple and we were  
25            both going down that route, it wasn't more lateral,

1 the war was again after with the doctors.

2 We've always had to fight to get there and that's  
3 why I think part of this designer baby discussion came  
4 about, because doctors could not believe that we had  
5 made that decision to categorically not have children,  
6 full stop. And even when you explain to doctors that  
7 it's not so much because we're scared of if they're  
8 potentially born ill or with the virus or with other  
9 viruses, it is for after, so the fear that these  
10 children might not have a dad after two/three years,  
11 which has happened to loads of people that we have  
12 met.

13 So we've had that for ten years. We have asked if  
14 we could get some sort of -- we were talking about  
15 vasectomy but [redacted] couldn't go through with that  
16 because of the --

17 **MR V:** Yeah, I would definitely bleed.

18 **MRS V:** When it came to myself we had to beg essentially  
19 and it has taken until last year to get there. And  
20 that was psychologically hard because you have this  
21 fear of this might happen and then -- but we got  
22 there.

23 **MR V:** Yes.

24 **MRS V:** And this is what has been right for us and for  
25 what we believe and also we were -- we weren't sure at

1 the time if [redacted] would be here long, it's fair  
2 to say, still, if he would be physically able to enjoy  
3 having a child and see them growing up, but at the  
4 same time we don't want anybody that has had children  
5 to think that we have any opinions on them, because  
6 every -- everybody is different and we admire people  
7 that have had the courage to go through and have  
8 children.

9 **MR V:** Still, I find it painful in work. I suppose it's  
10 only natural people talk about their kids, talk about  
11 their children in work. It's like a bloody knife  
12 through my heart listening to that. I had one girl --  
13 one of the girls in the office who's knows I've got  
14 hepatitis and what has happened, she had problems  
15 having a kid, she had problems conceiving and she told  
16 me she finds it difficult as well listening to other  
17 girls going on about their babies in the office.  
18 That's just life, you know. It's one of the these  
19 things, but it's still difficult to hear every day  
20 when they're gonna on about their kids.

21 **MS RICHARDS:** Let me ask about your work.

22 **MR V:** Yes.

23 **MS RICHARDS:** You have described the work you do that  
24 that's all you feel able to cope with.

25 **MR V:** Yes.

1 **MS RICHARDS:** What you've said in your statement is that  
2 the infection and the consequences of the infection  
3 essentially have held you back in terms of applying  
4 for promotion.

5 **MR V:** Yes.

6 **MS RICHARDS:** You haven't felt able to do that?

7 **MR V:** No, no, definitely that. My boss said -- that is  
8 the reason I spoke -- I told my boss about my  
9 infection. He had asked me regarding applying for  
10 promotion and I told him it was wrong. The guy was  
11 devastated. He was genuinely shocked, and he advised  
12 me to tell my immediate team leader what was wrong  
13 with me, and I pleaded with him not to tell any of my  
14 colleagues. I didn't want anyone to know.

15 There'd been some -- there was some news in the  
16 papers, on the telly, about mad cow disease about 15  
17 years ago and one of the boys in the office shouted  
18 across, "Have you got mad cows disease, [redacted]"  
19 I said, "No, I don't think. I might do". It's just  
20 like black humour. You just laugh it off. That's how  
21 I cope. Otherwise I would crack up.

22 **MS RICHARDS:** The self-limiting of your career in that  
23 way --

24 **MR V:** Yes.

25 **MS RICHARDS:** -- has obviously had financial consequences.

1     **MR V:**     Yes.

2     **MS RICHARDS:**   You've not been able to earn more.

3     **MR V:**     Yeah.

4     **MS RICHARDS:**   You've told us about the experience in  
5           relation to the PIP application.  What has been your  
6           ability to obtain a mortgage, life insurance, travel  
7           insurance and the like?

8     **MR V:**     When was that, 12 years ago?

9     **MRS V:**     Almost 13 years ago.

10    **MR V:**     Yeah, we moved in together -- well, I think it was  
11           about 12 years ago, we went to the bank, and back then  
12           they weren't happy at giving me a mortgage.  They gave  
13           a mortgage in [redacted]'s name, not mine, and then  
14           recently we managed to secure -- we managed to secure  
15           a mortgage in my name, a joint mortgage, for the first  
16           time, aged 45.  So that was a relief.

17    **MRS V:**     Because they don't require life insurance  
18           apparently now, whereas 13 years ago they would have  
19           given you a mortgage but the life insurance payment  
20           was like five times the mortgage payment, so that's  
21           how we were only able to get a mortgage based on my  
22           wage, which -- amazing.

23    **MR V:**     I don't have life insurance.  I'd get a pension.  
24           I'd get a death benefit -- if I drop dead tomorrow,  
25           I have a death benefit through my work, but that is

1       it.

2       **MS RICHARDS:** And what has been your experience in  
3       applying to the Skipton and any of the other funds or  
4       schemes for assistance?

5       **MR V:** Argos vouchers, that sums it up. That's what  
6       I got, Argos vouchers. I'd took a bad bleed in my leg  
7       and my leg had -- no, that's a lie.

8       **MRS V:** You had a burst --

9       **MR V:** It was a burst -- a burst vein in my knee.

10      **MRS V:** Artery.

11      **MR V:** A burst artery, so the mattress was saturated in  
12      blood and I got taken into hospital. So we contacted  
13      Skipton and asked if we could get help for bed linen,  
14      et cetera, and then they sent out vouchers for Argos.  
15      I thought, "Is that all I'm bloody worth after all  
16      this?" It was an insult. And also we got vouchers  
17      from Scottish Power for heating, but the humiliating  
18      thing was -- you dealt with the heating. You phoned  
19      them up. You phoned Scottish Power and they asked --  
20      there was a code on it and it came up "contaminated  
21      blood".

22      **MRS V:** Yeah, they knew.

23      **MR V:** It came up something to do with -- no, it came up  
24      with Skipton and they asked [redacted], "What's  
25      The Skipton Fund?" So we had to tell them what it

1 was. So it was really humiliating.

2 **MS RICHARDS:** And you've said in your statement that you  
3 found the process of applying the forms unnecessarily  
4 long.

5 **MR V:** They want you to fail, that's the bottom line.  
6 They want you to fail. They want you to give up.  
7 They are giving forms, which I think you need to be  
8 a lawyer to understand in the first place, to a group  
9 of sick people, sick dying people, to fill out which  
10 they want you to fail. They don't want you to fill  
11 out properly. Any excuse to be rejected.

12 **MS RICHARDS:** And that was your experience in relation to  
13 the Skipton Fund. You've also described in your  
14 statement the experience of making an application for  
15 assistance in relation to mortgage payments to the  
16 Caxton Fund.

17 **MR V:** That was -- that was when I was about to go on to  
18 half pay, I contacted Caxton, and I was -- at the time  
19 I was on the second generation interferon treatment,  
20 and they said we'd qualify for monthly payments but  
21 I must have a letter from the consultant, the liver  
22 consultant. So it was jumping through hoops to try  
23 and track down a liver consultant, who, as you can  
24 imagine, are busy people. So, obviously, I'm off work  
25 sick, ill. I had to physically go to the hospital to



1 try and track this guy down. I managed to get hold of  
2 the nurse, the liver nurse, who assured me she would  
3 get a letter from him. Now, the payments were only  
4 for the duration of the treatment. Once the treatment  
5 stopped, the payments stopped.

6 So as soon as the payment -- as soon as the  
7 treatment stopped, that was it, the money stopped.  
8 I went back to work. I was still ill, and I had  
9 tell -- when I walked into the office people said, "My  
10 God, what's happened to you?" I had to tell them the  
11 story and everyone was shocked.

12 By this point I didn't care. I thought if I lose  
13 my job, I lose my job. I've had enough. I had my  
14 sandwiches -- sandwiches in the fridge. I thought,  
15 "I wonder if anyone will have any objections to me  
16 putting my food in the same fridge as them, the fridge  
17 in the office that we all share." But everyone was  
18 really supportive. Whether they talk about me behind  
19 my back, I don't know, but the office is fine. But  
20 the building I'm in, there's 1,500 people. It's  
21 a military building, plus civilians as well. This is  
22 why I went -- I didn't want anyone to know.

23 Also my Mum as well -- Mum worked for the  
24 Transfusion Service. She'll have a lot of evidence.  
25 I didn't want my Mum here. I said to her, "Look, it's

1 all right, me and [redacted] will come", because Mum  
2 doesn't know that [redacted] had had a termination.  
3 She didn't know [redacted] was pregnant. We kept all  
4 this from her. We didn't want to upset my Mum, so  
5 that was another reason.

6 **MS RICHARDS:** You've also said in relation to your Mum in  
7 your statement that she feels guilty --

8 **MR V:** Yes, she feels guilty.

9 **MS RICHARDS:** -- because she gave you the treatments for  
10 a period of time. She was administering them.

11 **MR V:** I'm the same. I was injecting myself. But the  
12 minimum -- as a kid, it was, like, twice a week, but  
13 as a kid you're running about so it is like three,  
14 four, five times a week injecting, so you're  
15 constantly being reinfected.

16 **MS RICHARDS:** I just wanted to take you back to your  
17 childhood and ask you a couple of matters relating to  
18 that.

19 First of all, you've shown a photograph -- you  
20 showed me a photograph, the Chair has seen  
21 a photograph of you and a number of the other boys who  
22 was young haemophiliac boys treated at Yorkhill.

23 **MR V:** That's correct, yes.

24 **MS RICHARDS:** And without mentioning any names, that  
25 photograph was taken you think in about 1987.

1   **MR V:**    1987, yes.

2   **MS RICHARDS:**  And it shows a number of boys and you were  
3           on a holiday.

4   **MR V:**    Yeah, it was a venture week in Wales down in  
5           Anglesey, and it was one of the parents of one of the  
6           boys drove us down in a van.  I think there was about  
7           five or six of us, half a dozen of boys from Yorkhill.  
8           Unknown to me at the time, they all had HIV.  I don't  
9           know if they knew they had HIV at the time, but we  
10          were just daft young kids.

11                But the thing that plays on my mind, I was really  
12           homesick at the time and when we arrived there we all  
13           got sent away into our rooms.  There's myself and  
14           another boy, and he asked to get put into the room  
15           with another two boys, and I think that's because they  
16           all had HIV.  I think that was the reason.

17   **MS RICHARDS:**  And again, without mentioning any names --

18   **MR V:**    Yeah.

19   **MS RICHARDS:**  -- you know that certainly two of the young  
20          boys shown in that picture are dead of HIV.

21   **MR V:**    Yes.  Yeah, yeah, yes.

22   **MS RICHARDS:**  The other point I wanted to ask you about  
23          again arising from your statement was about  
24          an experience you had of the stigma associated with  
25          HIV.  Although yourself were not infected with HIV,

1       you recalled when you were at school a TV programme  
2       and how people reacted to that.

3       **MR V:**    Yeah, there was a documentary on about HIV and  
4       haemophilia and, if I remember, this is primary school  
5       I was at at the time. The following morning I went to  
6       school as normal. My Mum got a phone call from the  
7       headmistress saying she'd seen the documentary and she  
8       asked for surgical gloves, surgical masks and plastic  
9       aprons for the staff.

10       The same morning, I used to sit next to the school  
11       teacher's nephew and out of the blue suddenly the  
12       teacher announced that we're all getting split up, and  
13       the nephew was put to the other side of the classroom  
14       from me. It's just like constants.

15       But the teacher -- the teacher at the time, he's  
16       now dead, but he would repeatedly ask my Mum, "Has  
17       [redacted] got AIDS? Has [redacted] got AIDS?" And  
18       Mum says, "No, that's between [redacted] and his  
19       doctor, I'm not telling you."

20       In one instance, I banged my leg off the wooden  
21       desk and I got a bit of wood stuck into my leg, so  
22       they had to phone my Mum to come and collect me from  
23       the school. So the teacher showed the wee piece of  
24       wood with blood on it to my Mum. He said, "Look,  
25       [redacted] is this okay? This is in my hand, am

1 I okay? Is this safe enough?" She's, "Oh, there's no  
2 point in rubber gloves", and she says he's fake on,  
3 his face just drained.

4 But the school wanted me out. They arranged  
5 behind my parents' back for me to get sent to  
6 a special school. They never told my parents this.  
7 Their excuse was at the interval, at playtime I would  
8 sit in the classroom, because if I went to the  
9 playground, I may get burnt. My Mum couldn't drive to  
10 take me to Yorkhill. Although we'd treatment in the  
11 house, depending on the severity of the bleed, I would  
12 have to go into hospital. So I would stay in at  
13 playtime. So the school used the excuse that I wasn't  
14 socialising with the children, which was rubbish,  
15 because the kids -- some of the kids would stay in the  
16 classroom with me during the breaks. But, yeah, they  
17 did it behind my parents' backs.

18 At the same time, when I attended Yorkhill, there  
19 was a local clinic, a mother and baby clinic in  
20 [redacted], and with the waste incinerating bins for  
21 dirty needles, we used to hand them in to the clinic,  
22 rather than travelling all the way to Yorkhill. And  
23 out of the blue they said, "No, sorry we can't accept  
24 them, they have to be taken to Yorkhill."

25 But everything seemed to happen all at the same

1 time period. But it's -- primary school was  
2 a horrendous experience for me. The kids were fine,  
3 they were nae -- but it was the teachers, the complete  
4 ignorance of the teachers.

5 **MS RICHARDS:** And it was fear, you think, of HIV and  
6 AIDS --

7 **MR V:** Yes.

8 **MS RICHARDS:** -- that drove that.

9 **MR V:** And when it came to -- when I finished primary  
10 school, my parents decided to send me to  
11 a non-denominational school which was a five-minute  
12 walk, easy for Mum to get to. But the priest was  
13 annoyed. He came down to the house. He said he was  
14 gonna write to the bishop because he was annoyed at me  
15 getting sent to a non-denominational school. I've  
16 never set foot in a chapel since. I've no time for  
17 religion. I turned my back on it completely.

18 **MS RICHARDS:** You've mentioned that your Mum used to work  
19 for the Blood Transfusion Service.

20 **MR V:** Yes.

21 **MS RICHARDS:** And there was just one further thing  
22 I wanted to ask you which arises out of something she  
23 said and I don't know whether she's ever said it to  
24 you, she's put it in her statement to the Inquiry, but  
25 it's about what she describes used to happen during

1 something -- I think it's called the Glasgow Fair.

2 **MR V:** Yeah, the Glasgow Fair. Yeah, I come to Glasgow  
3 Fair. In the old days the factories would shut down  
4 for a fortnight, so that's when the Blood Transfusion  
5 Service would go into the prisons and take blood. She  
6 would go in there. But the prisoners were being --  
7 normally the prisoners were being bribed by the staff  
8 to encourage them to give blood. They would be  
9 offered sugar, which is one of the ingredients for the  
10 drugs. But obviously once they gave blood, they were  
11 only getting tea and coffee. So that they were -- the  
12 prisoners were annoyed at that.

13 **MS RICHARDS:** Those were the questions I had for you both.  
14 Is there anything further that either of you would  
15 like to say?

16 **MR V:** I've just made a wee statement.

17 When myself and my wife were asked to give  
18 evidence to today, I'll be honest, I thought our story  
19 was nothing special compared to other victims who've  
20 died. I know that my friends and close colleagues  
21 were certainly shocked when I told them about my  
22 infection. We're both here to speak up for the dead  
23 children in the photograph, which we can't show, but  
24 who were murdered by the Government. We know it would  
25 be -- we know it could easily have been me as the

1 Government was basically playing Russian roulette with  
2 the lives of babies, children and adults. I'm lucky  
3 to still be alive.

4 I passed my driving test. I got a job just before  
5 I turned 19. I had a 21st birthday party and I got  
6 married. Two months ago, I managed to secure a joint  
7 mortgage with my wife for the first time in my life.  
8 I can't say any more.

9 **MS RICHARDS:** Do you want to take a moment?

10 **MR V:** No, that's me finished.

11 **MS RICHARDS:** Are you sure?

12 **MR V:** Yeah.

13 **MS RICHARDS:** Is there anything you would like to say?

14 **MRS V:** I'm just glad that I'm here with [redacted] giving  
15 evidence rather than as a widow.

16 **MS RICHARDS:** I'm just going to ask Mr O'Neill if there's  
17 anything further he would like me to ask you.

18 **MR V:** Okay.

19 **MS RICHARDS:** If you just a wait a moment.

20 There isn't.

21 **MR V:** Okay.

22 **MS RICHARDS:** Thank you.

23 Sir.

24 **SIR BRIAN LANGSTAFF:** You've said what a struggle it was  
25 to be here today. You have shown us that you have



1           struggled at the end, but in the middle and throughout  
2           your testimony you have given us a very clear account.  
3           Thank you very much. And thank you, Mrs V, for your  
4           joining Mr V in what he's said.

5   **MRS V:** Thank you for giving us this opportunity.

6   **MR V:** Yeah, thanks for listening to us.

7   **SIR BRIAN LANGSTAFF:** Thank you both.

8           There was a surname used during the course of that  
9           testimony as well which will need to be redacted.

10   **MS RICHARDS:** All of the identifying information that was  
11           given during the course of the evidence is going to be  
12           redacted.

13   **SIR BRIAN LANGSTAFF:** But the transcript will be gone  
14           through carefully, I have no doubt.

15   **MS RICHARDS:** It will be gone through very carefully word  
16           by word.

17   **SIR BRIAN LANGSTAFF:** Tomorrow, 10 o'clock.

18   **MS RICHARDS:** We have three witnesses. The first is  
19           anonymous. The second witness is Christine Norval.  
20           And the third is not anonymous. I'm going to  
21           double-check, I don't believe the third witness is  
22           anonymous but I don't want to make the mistake of  
23           saying their name and discovering I am wrong about  
24           that. So we have three witnesses tomorrow in any  
25           event, sir.

1     **SIR BRIAN LANGSTAFF:** Let us leave it there, then, for  
2           this evening. 10 o'clock tomorrow.

3     **(3.45 pm)**

4           **(Adjourned until 10.00 am the following day)**

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

**INDEX**

**PAGE**

MARIA ARMOUR, affirmed .....1  
    LAURA BROWN, affirmed .....1  
    Questioned by MS FRASER BUTLIN .....1  
MR T, sworn .....28  
    Questioned by MS RICHARDS .....28  
MRS U, sworn .....55  
    Questioned by MS FRASER BUTLIN .....55  
MR V, affirmed .....86  
MRS V, affirmed .....86  
    Questioned by MS RICHARDS .....86