

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN0381001

Exhibits: WITN0381002-9

Dated: August 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN0381008

1.0 INTRODUCTION

This document has been prepared in response to the Infected Blood Inquiry Core Participant Witness letter to and c/o Collins Solicitors dated 8 November 2018 a copy of which was received u/c of Collins Law email dated 01.02.19.

In this respect please note that prior to my involvement with Collins Law and as I had no wish to burden my wife further still with this I have during the course of a considerable period of time endeavoured to 'campaign' as best I can in connection with this issue independently and without the benefit of the support and regular/routine consultation with others and apart from being a long term member of the Haemophilia Society, to whom I have made representations and requests for support, I am not a member or involved with any of the various other campaign groups which now exist, nor am I involved with social media or routine monitoring of websites.

As well as the Haemophilia Society I have also made various other 'representations' to others for example my various MP's, The Archer Inquiry, the APPG, The DoH as item 2.0 I below, The IBI as item 2.0 II below, UKHCO primarily regarding Centre closures etc comprehensive details of which would be impractical to incorporate as part of this evidence, however whilst extremely demanding it could perhaps and if considered necessary be possible to provide for the purposes of the Inquiry.

2.0 ANONYMITY, DISCLOSURE AND REDACTION

I note that this Infected Blood Inquiry letter includes an item on page 7 entitled 'ANONYMITY, DISCLOSURE AND REDACTION' which are aspects of this Inquiry that I do not as a lay person yet fully comprehend and will as such require further clarification as may be necessary in due course please.

In the meantime I currently believe and confirm that on such a basis the contents of this document should unless specifically and mutually agreed to in writing be treated as being duly private, confidential and anonymous please.

3.0 RULE 9 EVIDENCE - GENERALLY

3.1 As far as the matter of my providing evidence is concerned I consider it to be worthwhile referring here to the Inquiry's advice in so far as *'You should feel under no obligation to share your experience but we anticipate that many of you will want to do this'* to which my response has previously been and remains as follows:

'I prefer not to appear and give evidence at a public hearing in person, however I wish to reserve and retain the right to contribute, express my point of view and opinion as may be necessary preferably in some other suitably private, confidential and anonymous way.' As I doubt that I possess the emotional strength and composure to do so verbally at the Inquiry hearings.

However unlike many of the infected and affected who have already and so tragically passed away I am remarkably by some form of miracle or another still alive and whilst I may prefer it to be otherwise and here be no such need I nevertheless feel an obligation to contribute to this Inquiry as best I can.

In this respect and despite the utmost excruciating challenge and anguish of doing so this response is made with an overwhelming sense of moral obligation especially towards and mindful of other victims and survivors who have passed away, have fading or no longer have the memory, will, strength or a voice at all in order to at least register the utter despair, discontent, dismay, dissatisfaction and disappointment I have with this most shameful tragedy.

3.2 I welcome and acknowledge that Collins Law and no doubt the Inquiry itself are in a position and able to offer help to individuals such as myself in their preparation of Rule 9 evidence which is greatly appreciated.

Whilst constantly endeavouring to avoid 'living in the past' with this it is for me nigh on impossible to do so as such painful recollections can and more often than not do stay indelibly with us and leave their ugly mark especially in circumstances such as are involved here when it may and probably is a case of living in fear of your life can be no life at all and living with the appalling horror of knowing that something has irretrievably been deliberately put inside of your body that is doing harm and killing you is a burden that is far beyond belief and description.

In this respect whilst like others I have my story and welcome and appreciate the opportunity offered to give evidence and tell it and even if I had the capacity to do so I consider the majority of it to be private and personal in which case I prefer and do not necessarily wish to reveal it to others especially in such an open public way.

However and as I have previously referred to elsewhere despite the stress, difficulty and anguish of doing so as my capacity, memory and mental agility are not as they once were I prefer instead to have had and take the opportunity to give some consideration to the Rule 9 questions before trying to respond to them which I prefer to do in writing rather than attempting to do so face to face, 'off the cuff' and verbally to someone that I do not know only for them to then write responses up for me sign off a process with which I am neither familiar or comfortable.

Whilst I recognise that we have our part to play in this Inquiry it is not so much the already 'exhausted' infected and affected and their obvious plight that require detailed scrutiny it is instead those involved, responsible and accountable together with the relevant information, circumstances and reasons for it that do.

The infected Blood Inquiry has had an enormous burden of responsibility and trust placed upon it especially by the infected and affected who have for so long been deliberately denied due justice and closure the moral case for which was long ago flogged to death as a consequence of which the Inquiry's task is acknowledged as being considerable.

This includes for example that it has not yet been made clear who was involved, responsible for and 'signed' the causes of this tragedy off and as it was known that these blood/blood products carried infections their devastating impact and consequences to which and if the answer is no surely demonstrates a serious lack of due care, diligence and neglect for which appropriate formal action would need to be taken and if the answer is yes surely demonstrates that serious crime against those infected and affected was committed for which appropriate formal action would also need to be taken as a matter of urgency and part of due just closure required.

Despite this, my own previous representations and references to the matter and for example the albeit belated Andy Burnham valedictory like statement that he was in possession of evidence of crime having been committed and threat to involve the police with it made openly and publically in the House It is remarkable that and as far as I am aware there has been no commencement of any formal criminal investigation into this issue for which no explanation has been forthcoming as a consequence of which I have recently made further such representations to the Inquiry.

It would appear and I acknowledge that Andy Burnham's statement and threat contributed towards the government decision to establish this long overdue Inquiry in which case this Inquiry together with other authorities including the police must surely give urgent consideration to investigating and determining whether or not there have been any crimes committed which need not be delayed and instead take place in parallel alongside this Inquiry which I urge and request be pursued towards the earliest possible comprehensive due just closure for and on behalf of the Infected and affected.

In the meantime whilst no expert it nevertheless occurs to me that such crimes might for example include such things as perverting the course of justice due to the prolonged and deliberate lack of cooperation and 'cover up' by government, other authorities and parties involved with this issue by their 'silence', ignoring, perhaps deliberately so, the Inquiry's formal 'Do not Destroy' Notices for which Simon Steven being allowed to continue and retain his post requires serious consideration, withholding and/or failing to provide 'missing' information, and/or destruction of government and medical records and/or causing serious injury and/or death due to treatment with contaminated blood/blood products all of which must be comprehensively resolved by all due necessary investigations and formal proceedings required as a matter of extreme urgency without further ado.

- 3.3 I take the opportunity to refer to Item 1.0 above and mention again here that the contents of this document have been based upon a distillation of various other Items of information, queries and representations etc made previously during the course of many years with regard to the contaminated blood/blood products issue and latterly this Infected Blood Inquiry part of which is for example as follows:

I DoH PROPOSALS TO REFORM THE INFECTED BLOOD PAYMENT SCHEME Ref 11.02.20.1.1 Dated 13.04.16

Whilst I note from my records that I referred to this document in my email message to Collins dated 09.07.18 – 09.05 and attached letter Ref 11.02.20.5.ibi.5 Dated 09.07.18 item 8.0 GATHERING OF EVIDENCE it would appear that I did not actually send a copy to Collins, however a copy is attached/enclosed together with this document for ease of reference, consolidation and convenience purposes as referred to under APPENDIX Item 6.1.

II BS – IBI Letter Ref 11.02.20.5.ibi.1 Dated 18.03.18 Re IBI CONSULTATION ABOUT THE TERMS OF REFERENCE as referred to under APPENDIX Item 6.2

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Ref: 11.02.20.5.cl.2

iii Expression of interest in providing evidence to the IBI Ref: 11.02.20.5.Ibi.6.Rev A Dated 06.08.18

A copy of which was previously forwarded to Collins Law under cover of my email message dated 15.07.18-16-39, however a further copy is attached/enclosed together with this document for ease of reference, consolidation and convenience purposes as referred to under APPENDIX Item 6.3.

All of which comprises parts of my evidence and should as such be taken in support of and read in conjunction and together with this document please.

3.4 In the event that this written evidence is considered to require further clarification or information please inform me, ideally in writing, and I will give further consideration to any such request and respond to it as may be necessary.

4.0 RESPONSE TO THE REQUEST FOR EVIDENCE UNDER RULE 9 OF THE INQUIRY RULES 2006

SECTION 1 - INTRODUCTION

1 Please set out your name, address, date of birth and (if you wish) a short description of your current personal and family circumstances.

Name GRO-B

Address GRO-B

Email GRO-B

Phone/Fax/AM GRO-B

DoB GRO-B

Personal I am an only child of South London working class origins with a maternal 'history' of haemophilia, living in its dark shadow and grief it caused, married for over 50 years to GRO-B; we have two daughters one of whom has two children, I am somewhat introvert, aging, retired, rarely if ever feel well, mentally and physically exhausted especially by the duration and excessive demands of this tragedy.

I am one of the haemophilia A English victims and survivors of this tragedy who was infected by treatment with contaminated blood/blood products which have had an adverse detrimental impact upon my life.

SECTION 2 - HOW INFECTED

2 Please explain, in as much detail as you are able to, how you were infected by infected blood products. In particular please describe:

a The nature (Haemophilia A, Haemophilia B or another bleeding disorder e.g. Von Willebrand's disease) and severity (mild, moderate or severe) of your original condition;

I am a moderate/mild Haemophillic A type person – and I have been given to understand my factor VIII the levels have apparently increased with age from 4% to 7% when tested more recently.

b The blood products which you received (including the name of the product, if known);

My letter to the IBI Ref: 11.02.20.5.Ibi.1 dated 18.03.18 includes amongst others the following comment;

'With regard to 'Q1: On what time period or periods should the Inquiry Focus' in addition to the comment above on reflection I respectfully suggest that having been born in GRO-B; the period of my life does coincidentally also cover and include the history of haemophilia treatment in the UK from GRO-B; when there was no NHS and 'treatment' through its various forms and 'developments', concerns and warnings etc from then up until the present day that I consider to be relevant to this Inquiry and what follows it.'

In this respect I have during the course my lifetime I believe that I have received all of the various forms of treatment for haemophilia related occurrences which were available at the time starting from when there were none other than immobilisation, 'Quack' type remedies such as the likes of 'White Horse oil, Kaolin poultices, hot water bottles followed by each of the treatment developments as they became available for example I have recollections of early forms of treatment based upon snake venom, whole blood transfusions (to which I had a severe anaphylactic type allergic response apparently due to 'anti gma antibodies'), then packed red cells (with intravenous antihistamine to suppress possibility of reaction), whole plasma, cryoprecipitate, DDAVP and tranexamic acid for less demanding situations.

As far as Factor VIII concentrates are concerned whilst not entirely complete I have a part of my medical records from Oxford which includes reference to and notes of my being treated with HYLAND factor VIII human derived concentrate in 1973, Refer APPENDIX Item 6.5, when I was an inpatient of and transferred from Kings College Hospital to become an inpatient at the Churchill Hospital Oxford under the care of the Oxford Haemophilia Centre which is my first recollection of any such treatment with human derived Factor VIII concentrates.

Whilst I currently have no record in my possession I believe and am in no doubt that following my return to and discharge from the Churchill later in 1973 I was also subsequently treated with human derived Factor VIII on other interim occasions afterwards up to until 'say around mid-1980's? when alternative, probably heat treated, concentrate Factor VIII treatments became available and were then used.' – as per Q 2d below.

As best I can recall the actual sequence after heat treated recombinant products then became available with which I have been treated since which has as far as I am aware been without consequential problems such as for example inhibitors or any of the other more 'exotic' infections which have become known of..

- c Details of the haemophilia centre, or hospital, or other location (e.g. Treloar school) under whose care you were at the relevant time, as well as (if known) the details of any doctor(s) involved in prescribing or giving infected blood products to you;

As referred to under 2 b above ie:

Kings College Hospital, Department of Haematology, Denmark Hill, Camberwell, London where there have been a number of Doctors/Consultants who have over the years since early childhood been involved with my haemophilia care and treatment including for example Dr Peter Flute, Prof Ruben Mibashum, Dr Henry Hambly, and most recently Prof Roopen Arya in addition to which I also note that I was for a considerable number of years a patient of KCH Institute of Liver studies and dental hospital.

However due to the closure of the haemophilia centre and 'withdrawal' of dental care at Kings College I was transferred to at St Thomas' Hospital, Centre for Haemostasis and Thrombosis (The haemophilia reference Centre) in London in 2013 where I am currently registered as a haemophilia patient but no longer for dental care for which I am now registered with a local private practice for routine matters but for other 'invasive' type treatments I would need referring to a specialist hospital unit forming part of or associated with a haemophilia care centre.

I have also been a co-care type haemophilia patient at Churchill Hospital, Oxford Haemophilia Centre initially in GRO-B when I was referred there by Kings College Hospital under the care of Dr Charles Rizza, Dr James Mathews and the surgeon Mr A J Gunning who were the principals involved together with Dr Sophie Aroni who was then involved in my day to day in patient care and Dr Peter Kernoff (refer Item 4.8.d and APPENDIX Item 6.4) who I believe was involved together with Drs CR, JM and SA with OHC based and wider research projects there at the time and also subsequently for co-care and personal logistical reasons when the principals were Dr P Giangrande and Dr David Keeling.

I have also been a co-care type haemophilia patient at GRO-B and where I received treatment with recombinant products, however that facility closed in 2011 but I have recently reconnected there again in 2018 with Dr Sarah Davis – Consultant Haematologist again as a cocare type patient in case of emergency or need of support with treatment locally with home supplies of recombinant products prescribed by St Thomas'.

- d the dates (if known) on which, and/or the period of time over which, you were given infected blood products.

If you do not have some or all of this information, please describe as best you can how you believe you came to be infected. You do not need to supply your medical records.

In this respect and as referred to in my Expression of Interest in providing evidence to the Infected Blood Inquiry form Ref: 11.02.20.5.ibi.6.Rev A dated 06.08.18 under item 3.2.i above and APPENDIX Item 6.3

'4 Summary of your evidence:

It is obviously not possible for me to be absolutely precise about these details, however in my case it would have been between the early GRO-B around GRO-B when I was a patient at Kings College Hospital and Oxford Haemophilia Centre, factor VIII concentrates became available and I received treatment with them up until the time which I am unable to accurately recall or be sure about say around mid-1980's? when alternative, probably heat treated, concentrate Factor VIII treatments became available and were then used.'

Furthermore and as also referred to in my Expression of Interest in providing evidence to the Infected Blood Inquiry form Ref: 11.02.20.5.ibi.6.Rev A dated 06.08.18 APPENDIX 6.3 under item 4 Summary of your evidence para 4 as follows:

If you have documents that you wish to provide as evidence, such as medical records, please indicate the type of documents and the number of pages. Please do not submit any documents at this stage.

As far as my health record is concerned I feel that in my particular case and for the purposes of this Inquiry and without wishing to appear in any way flippant what needs to be known is known in so far as I am a person with haemophilia A known to Skipton, Caxton, EIBSS and this Inquiry who has been issued with a public health notice with regard to CJD and was infected by treatment with contaminated blood which and in addition to the burden, blight and hindrance of being a haemophiliac had a devastating impact upon my own life as well as an adverse detrimental impact upon the lives of other people close to me beyond which I am currently unable to see or comprehend the need for more nor do I want to be or make such sensitive personal private and confidential health record information public.

I have enquired about my medical records previously and whilst some were provided and for example include reference to treatment with concentrates others were not as at the time of my enquiry I was advised that they had been destroyed, however since then I have been given to understand that they were found but I have not requested or seen them.

Furthermore and as referred to in my email message dated 16.10.18 to the Inquiry under the heading item 'Trying to get medical records?' I reiterate here – 'What a nightmare this is especially as there is no doubt whatsoever that a considerable number of haemophiliac and other bleeding disease sufferers were infected by treatment with contaminated blood/blood products.

That being the case and as a matter of principle I continue to wonder why the deeply distressing stressful onerous and task is being directed towards the infected and affected in order to endeavour to and obtain medical records is necessary at all and in the event that they are obtained and deciphered who are they for and for what purpose are they required?

Furthermore the medical records for most and especially those of older people like me are most likely to be, if they are still intact and have not been shredded, extensive and also include reference to other matters outside of this issue and have no relevance to it which are and need to remain private and confidential.

Accordingly if medical records are required it seems to me that it would be more appropriate for the hospitals concerned to provide a specific infection confirmation related summary statement instead.

It has since occurred to me that it would be sufficient for a summary of this sort to specifically cover the period between approx. 1973 when factor VIII concentrates were introduced and haemophiliac/other bleeding disorder patients treated with them until they were phased out and replaced with other eg heat treated concentrates at some point during the mid 1980's.

As far as obtaining medical records is concerned I did some time ago look at the Inquiry website to see the set of forms designed to help with this task, however despite numerous attempts at the time I was unable to get beyond the opening page links to the actual forms and as they are not required at present I have not tried again since.

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I also take this opportunity to mention that the part of the medical records that I requested some years ago and I have are from Oxford Haemophilia Centre (which I recall were not entirely complete as when I looked they did not contain items of information which I had provided and were in my personal records).

The records requested at that time but were not provided, having apparently been 'destroyed' were those of Kings College Hospital to which for example the four letters referred to under Appendix Item 6.6 refers.

In addition when it was closed down the records related to the first period of my co care involvement with MK Hospital haematology department were apparently transferred to OHC but is not clear that was the case, have not been seen by me and were not included in the medical record information provided by OHC although I believe that due to the period in question they will not contain anything contentious with regard to treatment with contaminated Factor VIII products.

In addition and whilst I have not previously requested details of my dental records from Kings College Hospital I was a patient there between the early 1960 up until services were withdrawn in 2013 prompted by writing this it occurs to me that they may also contain details of pre dental treatment of associated treatment for haemophilia reasons with initial and subsequent variations of factor VIII concentrates.

I also take the opportunity to note here that there are/should be records at KCH and OHC not only for my haemophilia but also HCV/liver and dental care, at my local MKU Hospital re haemophilia, mental health and generally and there may also be records at UKHCDO that I have not enquired about.

- 3 If you were infected as a result of your relationship with another person who was given infected blood products, please provide as much information as you are able to about the circumstances in which that person was given the infected blood products (including the information set out in 2 above) and please answer the questions below as best you can.

N/A - I was not infected as a result of my relationship with another person.

- 4 Please explain whether any (and if so what) information or advice was provided to you (or – in the event that you were a child at the relevant time – to your parent(s), guardian(s) or carer(s); or – in the event that you were infected as outlined in the paragraph above – to the person who was given infected blood products) beforehand about the risk of being exposed to infection from blood products.

N/A - I was not infected as a result of my relationship with another person.

However I note that at a much later date after being diagnosed and once these infections were better understood we informally became aware that these diseases could be transmitted to our partners and others the impact of which were most challenging devastating life and relationship altering circumstances.

- 5 Please confirm whether you were infected, as a result of being given blood products (or by reason of your relationship with a person who was given blood products), with HIV, Hepatitis C (HCV), Hepatitis B (HBV) or a combination of these viruses.

I am a haemophilic who was infected by treatment with contaminated blood/blood products with what was initially and for some time afterwards somehow recognised and known as 'nonA/nonB' Hepatitis that later transpired to being specifically identified as Hepatitis C HCV and in my case Geno Type 1 – Ref Item 3.7 re HBV.

- 6 Please explain, in as much detail as you are able, when and how you found out that you had been infected with HIV, HCV and/or HBV. In particular, please address the following matters:

In this respect and as referred to in my Expression of Interest in providing evidence to the Infected Blood Inquiry form Ref: 11.02.20.5.lbi.6.Rev A dated 06.08.18 under item 3.2.1 above and APPENDIX Item 6.3

7.0 DATE OF DIAGNOSIS

Having been prompted by hearing of others being asked and thoughts arising with regard to my receiving a formal diagnosis I recall that this question has been raised before which in my case and as far as I have been able to determine it was probably at an appointment I had with Dr Charles Rizza at the Oxford Haemophilia Centre on

GRO-B

and was subsequently discussed between us at an appointment arranged to do so on

GRO-B

In this respect summary terms and for example I wrote to Dr Paul Giangrande – Consultant Haematologist at OHC on GRO-B with regard to my medical records and specific questions including clarification of the date I was formally diagnosed and I have had sight of my OHC medical records. (My ref to Archer Inquiry file)

However whilst there are some 'typical' documents on my file which refer to a diagnosis there is no clear or specific record on the file of the actual date and means by which I was informed in addition to which there is no specific record of my GP having been advised in the normal routine manner such things are which caused me to wonder at the time if my OHC records are as intact and complete as they should be about which I sought further advice to no avail.

What I do have are some notes of treatment with concentrate factor VIII and a chart record of my blood tests which appears to give an indication of when the infection was confirmed.'

a What information was provided to you about the infection and who provided that information?

NONE - Following being verbally advised and confirmation of my HCV diagnosis I was in a very confused state of 'uncertainty' and shortly afterwards wrote (refer also item d on P3 re extent of OHC records) and asked Dr Rizza if we could meet in order to clarify the implications of my diagnosis and apart from our brief meeting conversation in 1991 I have no other recollection and do not believe that I was provided with any other information.

b Were you given adequate information to help you understand and manage the infection?

Not in the beginning but information subsequently, gradually and belatedly became available as the enormity of and implications of this tragedy become more clear.

c Do you consider that information should have been provided to you earlier (and if so when)?

YES – If it was possible to do so at or closer to the time which I do not know and thus became aware some time afterwards.

d Do you have any views about how the results of tests and/or information about the infection were communicated to you?

YES – Entirely inadequately and in a very cold casual almost dismissive manner as if it were not a problem and not to worry too much about it as I have seen my children growing up and would probably die of some more common haemophilia related episode such as a brain haemorrhage.

e What if any information were you given about the risks of others being infected as a result of the infection?

NONE when diagnosed but rather than being advised we informally came to learn of such a devastating risk a considerable time afterwards.

SECTION 3 – OTHER INFECTIONS

7 Do you believe that you have received any infection or infections other than HIV, HCV and/or HBV as a result of being given infected blood products? If so, please provide details of when and where this happened, and the effect that it has had on you and others.

I am not sure of the details but I have previously been given to understand that I have in some way or another been affected by either or both Hepatitis A and B and I have been inoculated for one or the other in addition to which I understand that there is a chance that I may have also received other infections as a result of being given infected blood products which I have not had the courage to pursue and as far as I am aware have not been investigated.

However apart from the formal Public Health warning type letter regarding vCjd I am not aware of having been tested for and I have not been advised of or diagnosed with any other such infection.

SECTION 4 - CONSENT

8 Do you believe that you have been treated or tested:

a without your knowledge.

YES – Not at the time as no such thing was explained to me, I was a haemophiliac patient in need, naïve, innocent and had no real idea about being treated with Factor VIII concentrate which was new and as far as I was aware without threat, as later referred to in my words to the Archer Inquiry as being 'magic', in addition to which I put my faith, trust and life into the hands of others as I did before, did then and subsequently and still do now.

However I was not informed but I and with the later benefit of hindsight I subsequently realised that whilst routine monitoring takes place and informs upon care, treatment and condition I have no doubt whatsoever that as well as being a patient I was also an innocent 'guinea pig' especially as far as the 'new' Factor VIII concentrate being treated with it and undergoing major (perhaps inconclusive?) surgery was concerned as a consequence of which I believe that it is highly likely that separate research type records were made and kept separately from my medical records of which I happen to have what appears to be an 'innocent' example in the form of Dr Peter Kernoff's 'greetings' type card to me as referred to under item 4.8.d and APPENDIX item 6.4.

b without your consent.

YES – I was not advised about or requested to give any form of consent to being treated with Factor VIII concentrate or subsequent testing for infection.

c without being given adequate or full information.

YES

d for the purposes of research?

YES – Not at the time but I have no doubt that was definitely an aspect of my treatment with factor VIII concentrate especially as major surgery was involved which at the time was a very significant 'development' in care.

If so please provide as much detail as you can.

As referred to under item 8a above as far as I was then or am aware now there was no such research or experimentation with which I was knowingly involved and I have no such details, however following my discharge from OHC following surgery there in 1973 I wrote as a matter of courtesy to those who had been involved with my treatment and care in order to express my thanks and gratitude for their endeavours on my behalf.

In response I received a personalised card from Dr Peter Kernoff which I treasured and retained a copy of which is attached and referred to under APPENDIX item 6.4.

This card was taken for what it meant to me from a simple humanitarian and 'emotional' point of view and not as some form of acknowledgement that I had been used for research or experiment of which I was not aware it was only sometime afterwards as the enormity of and my being a victim of the contaminated blood issue became better understood that it occurred to me that I may have been an 'innocent guinea pig'.

SECTION 5 – IMPACT

9 Please describe, in as much detail as you are able,

a the mental and physical effects of being infected with HIV, HCV and/or HBV;

Devastating - As referred to in my EoI form Ref: 11.02.20.5.ibi.6.Rev A dated 06.08.18 under APPENDIX item 6.3

5 I have struggled previously and again now with and pondered at length upon how to respond to this process and concluded that rather than new I depend instead upon some of the wider ranging comments submitted previously to the IBRT both prior to and subsequently in response to the Infected Blood Consultation (Ref 11.02.20.1.1 dated 13.04.16) as they have relevance to this Inquiry and in particular item 6 – 2.0 IMPACT STATEMENT which is therefore reiterated here as follows:

'1 The 'Impact Statement' of each of the individual haemophiliac and other bleeding disorder victims and survivors of this tragedy will differ considerably due to the wide ranging and highly complex nature of their experiences, circumstances and the devastating detrimental impact that the stigma of and this tragedy has had upon their lives.

However what the victims and survivors of this tragedy are most likely to have in common are the numerous, significant, physical, psychological, mental health, traumatic and various other ways that they have personally, suffered from and been adversely affected by this tragedy.

2 *I confess that I have not been at all sure about or comfortable with sharing in this way what is for me highly sensitive personal information for the purposes of this consultation especially as I prefer it not to be in the public domain, however on balance I feel, believe and have concluded that it does, given such circumstances and in summary terms, have some relevance to this process.*

In this respect there is no doubt whatsoever that having haemophilia, or any other bleeding disease, is a burden which has alone blighted and hindered my own, and probably the lives of others in similar circumstances, during the course of which and having also been infected with HCV by treatment with contaminated blood/blood products it too has had an enormous additional adverse detrimental impact upon it.

The combined effect of such a situation has, for me at least, been a truly life changing experience which has devastated it from a general wellbeing, physical and psychological/mental health point of view etc with which I have and continue to struggle and have been unable to adequately cope and function on a normal daily basis.

However whilst life has altered it 'goes on' albeit in a less than 'normal' way based upon a far more isolated withdrawn one step at a time 'day to day' type approach not daring to venture, look or plan ahead as would otherwise and normally be the case but has instead been replaced by a general paralysing sense of insecurity, misery, dread, fear of deterioration and prospect of death.

3 *The routine and prospect of normal life, enjoyment of and what goes with it have been severely diminished, personal relationships over tested, career and employment disrupted together with its financial insecurity, insurances complicated, problems with travelling etc which have instead been forever altered by such circumstances.*

There is no doubt that 'damage has been done' and during the course of an unrelenting dark period of time it has not been possible to avoid the anguish, anxiety, stress, depression, fear, traumatic effects, prospects and the daunting overwhelming mind clogging thoughts, procrastination and sleep deprived nights that goes with it from which there has been no respite but instead realisation it has not been and will not be possible to ever be able or come fully to terms with, overcome and recover from such experiences which are in one way or another present on a constant daily basis.

This extent of the grief and impact of this burden has been and is immense, beyond adequate description and not a day goes by without also giving thought to wondering about how, thus far, and in some truly astonishing way, I am surviving despite having been injured by but having 'dodged the bullets' that have so tragically killed other trusting people who have also been unwitting innocent victims of this tragedy and may as such have also been unwitting innocent guinea pigs of it too.

4 *Haemophilia and bleeding disease sufferers are of course also mindful of the existence and exposure other such infections due to treatment with contaminated blood/blood products such as for example is the case with vCjd and the chilling formal public health warning registration letter we have received about it and who knows what, when and how many other such infections there are to challenge us all further still and as they reveal themselves in a similar way to HCV and HIV.*

5 *There is of course a great deal more to HCV than liver disease alone especially the impact that such complex things and their side effects have had on normal life which and whether they be known about or not cannot and must not be disregarded in bringing due just closure to the victims and survivors of this tragedy without further ado, as a matter of urgency and before we do all die.'*

b what further medical complications or conditions have resulted from the infection;

In summary terms I have for years and continue to always seem to feel unwell, tired physically and mentally, have concerns about my capacity, ability, memory, vagueness, procrastination and what has been referred to as 'brain fog' and slowing mental agility, difficulty with mobility and chronic pain due to musculoskeletal conditions, poor sleeping, restless often disturbing brain 'whirring' nights and I struggle most mornings and whilst not formally diagnosed I believe that I suffer from SAD and I a form of PTSD due to my infection.

My life has long since and still has no real spark, I am withdrawn thus somewhat anti-social, I avoid as far as possible stressful situations, planning to far ahead being reluctant to leave or venture far away from home and am in day to day survival mode rather than living a life and enjoying it more than I do with which my wife has thankfully great forbearance.

As far as mental health related depression, anxiety, stress etc are concerned and whilst it did not at the time occur to me I later realised that being unable to adequately cope and function normally I had suffered what amounts to a complete breakdown in 2000 due substantially to my being infected from which I have and still suffer and have never fully recovered nor will I, however whilst I very rarely if ever feel 'well' for reasons summarised elsewhere in these notes as far as I am aware there are no other conditions attributable to my being infected, however I have been significantly and holistically affected by such circumstances.

Also and as referred to in my Eol form Ref: 11.02.20.5.ibi.6.Rev A dated 06.08.18 under APPENDIX item 6.3:

'6 GENERAL HEALTH

6.1 For overall background purposes and as far as my general health is concerned Haemophilia A and having been infected with contaminated blood aside I suffer from a number of other physical conditions eg Osteo Arthritis, Sciatica, Lower back problems, Gout, Tendonitis, Hypertension, palpitations and 'dry coughing' type spasms, Prostrate, Tinnitus, 'Digestive'/IBS type problems etc some of which have and continue to be a cause of chronic pain and discomfort that has an exhausting adverse detrimental impact upon and constantly restricts my walking, mobility and ability to normally carry out daily activities with which I do thankfully receive support from my wife.

In this respect and as far as I am aware I have not been formally advised that these physical conditions have been caused or made worse by having been infected with contaminated blood.

However reading this through again I take this opportunity to refer to two other things that I realise I have not referred to previously which may or may not be relevant in so far as whilst I cannot recall precisely when it was some while ago discovered that I had at some unknown point in time been infected with helicobacter pylori and that the surgery I underwent in 1973 included amongst other things a Vagotomy procedure which I have learnt relatively recently has long since been abandoned and is no longer practiced and that the Vagotomy nerve is of vital importance and considered to be vital to our overall wellbeing which has not in my case been as it might be.

6.2 As I believe it has some particular relevance I take the opportunity to mention here that leisure time casual type activities such as angling and walking, especially in the countryside or at the seaside beaches and pathways, was once a significant therapeutic part of our life and the considerable restriction and loss that it represents is now greatly missed.'

However reading this through again I realise that in addition to the reference to walking I should have also included reference to swimming and angling which I no longer pursue for much the same reasons.

c the treatment(s) which you have been given for HIV, HCV and/or HBV (or for any consequent medical complications or conditions);

As a patient of Kings College Hospital haematology and Department of Liver studies in addition to monitoring and diagnostic type investigations such as for example routine monitoring, type blood tests, ultra sound scans, endoscopes, fibroscans and liver biopsies I also received a full course of what was then the 'standard' form of Interferon/Ribavirin type treatment for my HCV geno type 1 infection in 2006 which was debilitating and arduous and after 18 months proved to be unsuccessful which was devastating following which I was invited, agreed to and participated in a formal clinical 'trial' of similar I/R+TMC435 treatment of the same duration in 2010 which was also debilitating and arduous but remarkably cleared the HCV geno type 1 virus.

d whether you faced any difficulties or obstacles in accessing such treatment(s) and if so what those difficulties or obstacles were;

As far as I am aware I did not feel or believe there to have been any untoward difficulties or obstacles in my being offered or obtaining treatment for my HCV infection which I believe was made available in a timely manner as and when it became available and was considered to be appropriate.

e whether there are treatments which you consider ought to have been (but were not) made available to you;

I am not aware of any such treatments or their availability.

- f the mental and physical effects of the treatments you have received;

Devastating, however as I preferred the possibility of being free from infection and did not want to suffer or die because of it it seemed to me there was little realistic choice available other than enduring and tolerating these procedures and treatments.

However an aspect of this involved being economic with the truth by overcoming the temptation to be more honest about how I actually felt especially during the two courses of treatment as I was afraid that if I did it may be stopped.

- g whether, and if so how, your infected status has impacted upon your treatment, medical and/or dental care for any other conditions.

I cannot be sure about this, however on reflection at the time I did wonder as a surgical procedure I was due to undergo was unduly delayed and whilst I did not want to make any fuss when after a long period of time I enquired about it I was advised that my records and arrangements for the surgery had gone astray and I was rescheduled although the surgery actually took place some considerable time after it was originally scheduled.

Furthermore my long term dental care at KCH ended and transferred to St Thomas' where it also ceased shortly afterwards since when I have had to become a local private practice patient but only for routine matters as they are unable to accommodate complex dental issues that would require referral to a hospital for associated haemophilia and dental co-care purposes.

- 10 Please describe, in as much detail as you can, the impact of being infected with HIV/HCV/HBV on your private, family and social life.

Devastating, as for example referred to in my previously submitted representations under item 1.2 above and item 8a IMPACT STATEMENT and 8b above with regard to mental health related depression, anxiety, stress etc and whilst it did not at the time occur to me I later realised that I had suffered what amounts to a complete breakdown from which I have never fully recovered and still suffer.

- 11 Please describe the impact on you/your family of the stigma associated with a diagnosis of HIV/HCV/HBV.

Devastating – Due to the stigma and derogatory comments voiced about the Infected and affected by the contaminated blood tragedy it was a version of the 'elephant in the room' and something not to be 'out' about, thus in my case very few people knew, some of those who knew I was a haemophiliac guessed and for example I never told my parents as I believed that they had already suffered enough.

- 12 Please describe, in as much detail as you are able, the:

- a educational effects (e.g. how did it affect your performance at school or your ability to follow a course of study?),

N/A - I assume that 'it' refers to being infected by contaminated blood/blood products in which case I left school and started work at GRO-B before this tragedy became apparent and was continually employed for 42 years before recession forced redundancy in GRO-B after which it continued until 2000 as 12.b below, however as far as being a haemophiliac and the impact it and associated absences had upon my education at school and 'day release' afterwards is concerned was devastating as for example referred to under item 8a IMPACT STATEMENT above.

- b work-related effects (e.g. did you have to give up, or take different, work? were you unable to work at all?)

Devastating, as for example referred to under item 8b above and elsewhere in this document I had obviously become and was very unwell from which I suffered a complete breakdown and remained so unwell that I was unable to continue with my career as a consequence of which it prematurely came to an end in 2000 when I was GRO-B somewhat challenging circumstances which and on reflection I believe to have contributed to my survival.

- c financial effects, of being infected with HIV/HCV/HBV and/or of the treatment(s) which you have been given for those infections.

Devastating due to being unwell, unable to continue working, associated loss of earnings and reliance upon benefits between 2000 and 2010 and as such work place things have recently transpired the possibility of working after normal retirement in either case the adverse detrimental impact upon us then and in our 'retirement years'.

- 13 Please describe, in as much detail as you are able, the impact of your being infected on those close to you including partners, children, parents, other family members and carers.

Devastating beyond which and as such matters are very sensitive I prefer to and will avoid any further comment.

SECTION 6 – TREATMENT – CARE – SUPPORT

- 14 Have you faced difficulties or obstacles in obtaining treatment, care and support in consequence of being infected with HIV/HCV/HBV? If so please describe them.

As far as treatment for HCV is concerned I believe that it has in my case been forthcoming in a reasonable way as and when it has become available, however whilst I have received mental health care it was of a general nature rather than specific infected blood related purpose which up until it was offered by the Inquiry and despite the obvious need had not, as far as I am aware, ever been acknowledged or offered to the infected and affected before.

- 15 Has counselling or psychological support ever been made available to you in consequence of being infected as described? If so please set out what support was available and whether you consider it to have been adequate.

I am aware that as a part of the more recently introduced contaminated blood related reforms mental health was acknowledged and recognised as being closely associated with and very much part of the contaminated blood tragedy for which such support was made available which I acknowledge but did not and have not pursued since.

Shortly after my haemophilia care was transferred to St Thomas' Hospital in 2013 I made enquiries with regard to the availability of mental health care support from which I had appointments with a health psychologist associated with the department, however as that facility was more closely associated with adolescent care and CBT I concluded that having received course of CBT previously I did not think that more of the same would be helpful to me also including as it would the unwelcome stress due to my travelling to and from my home in MK.

In this respect and as best as I am able to recall the fundamental reason for this is that in approx 1989 and after a long period it became clear that I was suffering from mental health issues for which I was referred to a psychiatrist based at a local NHS mental health facility from whom and together with my GP I received support and treatment over a long period of time mainly as I recall in the form of various types of medication which did not prove to be very effective.

In 1999/2000 I became very unwell and was referred again and received various forms of treatment for mental health related issues from the NHS hospital specialist psychiatric unit and other private organisations involved with mental health care in the form of medication again not successfully and various forms of therapy including relaxation techniques, CBT and group analytical psychotherapy sessions which I was last involved with for approx two years when it was unfortunately for me prematurely terminated for financial/service 'cuts' reasons in 2004 and whilst I believe there has been some need I have not involved myself with any other treatment since relying instead upon my experiences and instincts to cope at times albeit 'painfully' so.

I am in no doubt whatsoever that the mental health issues from which I have and still suffer are significantly and substantially attributable to my being infected with contaminated blood/blood products.

Furthermore whilst having not been specifically diagnosed I am in no doubt whatsoever that I also suffer from SAD and based upon what relatively little I know of it I also believe that HCV infection and consequences of it have also had a Post-Traumatic Stress Disorder type detrimental impact upon me.

At the end of my HCV treatment in 2016 whilst writing about it I took the opportunity to refer once again to the matter of holistic treatment as follows:

'However I also feel compelled and take this opportunity to share some further cathartic patient feedback type thoughts and comments which I offer with utmost good will and intention that I hope and trust may be of some interest in particular with regard to patient mental health considerations arising from such and similar circumstances.

I am of course most grateful for the treatment and support that I have been dependent upon and received from the NHS and its members staff throughout my life in addition to which I am well aware and realise that funding, costs and for that matter all other aspects of the NHS are unfortunately under considerable pressure.

However I believe that mental health considerations and provisions are of significant importance to the holistic care of patients involved with other serious, long term/life threatening ailments which should ideally and at least be discussed with patients, and if appropriate be made readily available and offered in support as a parallel part of their overall care, treatment and wellbeing.

In this respect I do not wish to appear in any way melodramatic but I am in no doubt whatsoever that having haemophilia is a burden which has alone blighted and hindered my own, and probably the lives of others in similar circumstances, during the course of which and notably having also been infected with HCV has had an additional adverse detrimental impact upon it.

The combined effect of such a situation has, for me at least, been a truly life changing experience which has had a devastating effect from a general wellbeing, physical and psychological/mental health point of view with which I have and continue to struggle and have been unable to adequately cope and function on a normal daily basis.

I also take the opportunity to mention one other particularly significant change that arises from your letter in so far as following changes in haemophilia care at Kings it also marks the end of what has for me been a 'lifelong' period of time during which and in various way I have continuously been a patient of Kings since early childhood circumstances which represent a significant personal loss and strong 'emotional' connection to have to come to terms with.'

It has occurred to me in the past and I do believe that the conditions from which we suffer in this instance and for example haemophilia, HIV & HCV and mental health problems are relatively 'invisible' and tend to be kept that way which can to say the very least be very challenging for and harmful to those who suffer in such ways.

SECTION 7 – FINANCIAL ASSISTANCE

16 What If any financial assistance have you received from any of the Trusts and Funds set up to distribute payments? In particular:

a Describe when and how you found out that financial assistance was available to you

As far as the initial Caxton/Skipton arrangements are concerned I am unable to accurately recall how but as far as I can recall I think I was first advised by my haemophilia centre at that time following which I made such enquiries and subsequently received payment from Caxton/Skipton followed by EIBSS as referred to under item b below.

b Describe what you have received, from which Trust or Fund and when such payments were made.

As previously referred to in my Expression of Interest in providing evidence to the Infected Blood Inquiry form Ref: 11.02.20.5.ibl.6.Rev A dated 06.08.18 APPENDIX 6.3 I am known to and have received financial support from Skipton/Caxton Foundation and NHS BSA EIBSS.

I received an Ex Gratia payment of £20,000.00 from the Caxton/Skipton Fund on 17.09.04.

I have received a number of annual winter fuel payments from the Caxton/Skipton Foundation.

I received Skipton Stage 1 regular monthly payments of £252.50pm/£3030.00pa from the Skipton Fund between April 2017 and October 2017.

In November 2017 NHS BSA EIBSS took over responsibility for and became the new scheme administrator for Stage 1 regular payments.

In March 2018 I received a payment of £4797.50 from NHS BSA EIBSS SCM back dated for the period between October 2017 and March 2018 after which SCM payments of £1,500.00pm/£18,000.00pa commenced.

I do not currently consider it to be applicable in my case and have not applied for nor do I receive NHS BSA EIBSS 'Discretionary payments' which and in any event I consider to be demeaning and avoidable by other more civilised means.

- c Provide as much information as you can about the process of applying for financial assistance.

Given such circumstances applying for financial assistance of this sort is an appalling thing to have to even contemplate let alone actually do, however and as far as I recall whilst I would have preferred it not to be necessary at all and it was not without its demands and challenges my application to the Skipton Fund and EIBSS were straightforward.

- d What if any difficulties or obstacles did you face in applying for and/or obtaining financial assistance?

Giving consideration to and carrying out the application process.

- e Were any preconditions imposed on the making of an application for, or the grant, of financial assistance?

Apart from 'qualification' due to infection I have no recollection of their being any preconditions being imposed.

- f Do you have any other observations (from your own experience) about the various Trusts and Funds?

They could have been avoided if due just closure including compensation I consider to be necessary had been forthcoming.

SECTION 8 – OTHER ISSUES

- 17 If there are any other issues in relation to which you consider that you have evidence which will be relevant to the inquiries investigation of the matters set out in its Terms of Reference, please set them out in your statement.

Examples of other issues which you might want to describe in your statement could include any involvement you had in earlier litigation concerning the use of infected blood products, or in other inquiries or investigations, or in campaigning in relation to such matters.

If you are in any doubt as to whether or not to include something, do not hesitate to contact your legal representative or the inquiry team.

Please refer to Item 1 INTRODUCTION above - in this respect I believe that the various representations which I have submitted to the inquiry summarise those issues which I consider to be of relevance in which case I will not reiterate them again here.

- 18 Please also identify any documents which you may have that might be relevant to the inquiries Terms of Reference.

Key documents from your medical records (if you already have them) may be referred to and summarised in your statement but at this stage the inquiry does not wish you to provide copies of your medical records.

Please refer to Item 2.2.d above.

5.0 OTHER MATTERS

- 5.1 Whilst not referred to in the IBI Request for evidence letter I believe that there are other matters worthy of note which are as such summarised as follows:

1 LEGAL ACTION

With utmost respect to the legal firms involved with this tragedy on behalf of the infected and affected I feel compelled to mention that it has long since been and is still abundantly clear that there can be no doubt whatsoever that this monumental tragedy has had the most devastating and detrimental impact upon the infected and affected who have been placed at the focal point of and by this inquiry for whom there has been no appropriately comprehensive due just compensation and closure due to deliberately and unduly prolonged government intransigence and shameful attitude towards the infected and affected.

These have long since been and are most powerful and compelling circumstances about which the government can and will hopefully act compassionately, honourably and urgently in order to respond as it surely must so as to avoid the prospect of legal action being required or taken towards ensuring amongst other things that the infected and affected receive long overdue due just financial compensation and closure without further ado.

The infected and affected were for the considerable number of years prior to the Public Inquiry deliberately treated by successive governments in a most shameful deplorable way including withholding information, taking full unfair and unreasonable advantage of their relative isolation and difficulty as lay people in coming together to make their case.

This has for example been indicated by the recent revelations contained in the shocking Thatcher letter and at one point also thought to include the John Major lottery letter which was subsequently shown to have been perhaps deliberately so shamefully misrepresented to the Inquiry.

However that mistreatment and isolation has at long last been somewhat altered by the commencement of the Inquiry into this tragedy as was for example demonstrated at the opening of the Inquiry and those in attendance who were in their own and various ways linked and united by the Inquiry and its quest for truth, justice and closure, that will for the infected and affected hopefully come about without the need for any form of legal action to achieve it.

In the meantime the eventual outcome of the Inquiry may and given what is already irrefutable and compelling should and no doubt will make an even more compelling case for compensation and the part it has in bringing about comprehensive due just closure for the infected and affected.

However and as far as I currently understand it assuming that the outcome of the Inquiry does result in an even more compelling case for compensation the government is not currently obliged to 'automatically' provide it and may instead choose to deliberately prolong and/or ignore any such call again as it has done in the past.

Such a situation does of course and in turn give rise to the most daunting prospect of further on-going legal action that may need to be confronted which I for one hope and believe can, should and will be avoided by government, perhaps by being prompted by the Inquiry sooner rather than later, at long last doing the right and honourable thing by providing it in the not too distant future along the lines of a comment made elsewhere as follows:

'As I am sure that the Inquiry appreciates this is all contributing more towards what is an already a highly stressful situation in which case I implore the Inquiry to do all that it possibly can to reduce the unwelcome affect such circumstances are having upon me and I suspect others like me feeling as I do ever more daunted, 'unwell', overly stressed and exhausted by such highly demanding and challenging circumstances.'

However at the moment things are as they are and whilst I, albeit naively, still hope for and have some expectation that all aspects of this tragedy could and will be comprehensively dealt with and concluded by the Inquiry and government that would ideally be without the need for any separate legal action whatsoever that does instead still appear to be necessary to deliver comprehensive due closure to the infected and affected of this tragedy.

2 THE HAEMOPHILIA SOCIETY AND MEMBERS OF THE APPG

As I consider it to be of relevance I take this opportunity to mention here that I have been a member of the Haemophilia Society for many years during which time I have as such often written to the Society during the prolonged period of time that the infected blood/blood products issue has been in our midst with regard to the Society taking meaningful action including the need for legal representation so as to fully represent and support their members and others affected by this tragedy which and as I consider to be evidenced by the current state of affairs has not in my opinion been adequately forthcoming.

I have unfortunately felt compelled to write to the Society more recently in order for example to express in particular my concern and dissatisfaction arising from the misleading nature of the reference made early in the Inquiry process in their name to the 'John Major Lottery' letter, their apparent refusal to comply with the Inquiries SECTION 21 NOTICE to provide documentation to it.

In addition and more recently still I have written again to the Society with regard to their decision to terminate their involvement with Malcomson Law and appointment of Eversheds Sutherland who I understand also represent various other parties, including for example government departments the DoH, DWP and Treasury Solicitor as well as pharmaceutical firms all of whom are inextricably involved with infected blood/blood products issues, the Infected Blood Inquiry and its scrutiny of them.

I have shared my concerns with the Inquiry and requested that they be taken into due consideration and account as part of its investigations and if appropriate take formal action as appears to be necessary and required.

I have made reference elsewhere to the Haemophilia Societies somewhat privileged and close access to for example the APPG and due to my cynical tendencies and concerns by now also knowing that the Society are deeply involved with being investigated by the Inquiry I wonder what their real motivation was from such a privileged 'insider' position and for example attempts to change their name which I did incidentally object to for what I believed to be obvious reasons.

Furthermore and in a similar vein it has also come to my attention recently that in addition to the likes of Clarke, Major, Fowler etc Virginia Bottomly is amongst those likely to be called upon by the Inquiry to give evidence and I note that her husband Sir Peter Bottomly was also involved with the APPG and whilst no doubt his intentions were good he would have also had an opportunity to keep an eye on things from such a privileged 'insider' position which in instances such as this is for me at least a cause of some concern worthy of clarification.

6.0 APPENDIX ITEMS COMPRISING PARTS OF MY EVIDENCE TO BE READ IN CONJUNCTION WITH THIS DOCUMENT

6.1 Ref Item 3.3.i

DoH PROPOSALS TO REFORM THE INFECTED BLOOD PAYMENT SCHEME Ref 11.02.20.1.1 Dated 13.04.16

6.2 Ref Item 3.3.ii

GRO-B - IBI Letter Ref 11.02.20.5.ibi.1 Dated 18.03.18 Re IBI CONSULTATION ABOUT THE TERMS OF REFERENCE

6.3 Ref Item 3.3.iii

Expression of Interest in providing evidence to the IBI Ref: 11.02.20.5.ibi.6.Rev A Dated 06.08.18

6.4 Ref Item 8.d

OHC'S Dr Peter Kernoff's card to me c1973

6.5 Ref Item 2.2.b

Sample page dated 24 & 25. 05.73 from OHC - GRO-B Medical Records containing reference to treatment with HYLAND concentrate Factor VIII

6.6 Ref Item 2d page 6 paragraph 2 re KCH Medical Records

GRO-B - KCH Request Letter dated 13th June 2004

KCH - GRO-B Reply Letter dated 23rd September 2004

GRO-B - KCH Reply Letter dated 3rd October 2004

GRO-B - KCH Letter dated 24th November 2004

GRO-B

Dated - 26.02.19