

Witness Name: Peter Buckland

Statement No.: WITN0694001

Exhibits: **WITN0694002 - 6**

Dated: 8 January 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PETER BUCKLAND

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 November 2018.

I, Peter Buckland, will say as follows: -

Section 1. Introduction

1. My name is Peter Buckland. My date of birth and address are known to the Inquiry. I am the father of Mark Adam Buckland a former sufferer of Variant Creutzfeldt Jakob disease ("vCJD") who died in May 2006 as a result of receiving contaminated blood via a transfusion in September 1997. I intend to speak about my experience watching my son suffer and die from an incurable man made disease. In particular, the nature of ^{PB} his illness, how the illness affected him, the treatment received and the awful impact it had on him and our family lives, which continues to this day.

Section 2. How Affected

2. Mark was born on 28 March 1974; he was the middle child of three. He had ulcerative colitis from an early age and carried it through until

he was in his second year of his undergraduate degree. He studied Computer Science at the University of Manchester.

3. In 1996, Mark's second year at Manchester University, he had a severe relapse and had to be taken to Hope Hospital, Salford, Manchester. He underwent a total colectomy and ileostomy for toxic megacolon. He ended up with a stoma.
4. A stoma is a bag on the outside of the body, on the tummy that collects faeces and has to be changed daily.
5. Mark recovered well from this operation and went back for his third year of university. He successfully finished his degree and went on with his stoma to live his life. He found it slightly awkward though, especially when it came to girls. It wasn't a nice thing for a young person to have and Mark wasn't happy.
6. Having done some research, Mark decided that he wanted the operation he'd had reversed and the stoma removed. Once he'd made that decision his mother and I asked whether he wanted to have the operation close to home in GRO-C or if he wanted to go back to Manchester.
7. He decided that he would go back to Hope Hospital in Salford to have the operation to have his stoma removed and converted to an ileo-anal j pouch. He trusted the doctor that had done the colostomy. I now call that hospital the 'No Hope'
8. In September 1997 Mark underwent his reversal surgery. Post-operatively there were complications including pelvic bleeding necessitating three further surgical interventions. Between 10-13th September 1997 Mark received by transfusion: 22 units of red cells, 15 units of fresh frozen plasma and 2-3 doses of platelets. He went straight into ICU after he came out of the operation. **See Exhibit WIT0694002. Letter to the Secretary of State Patricia Hewett from HM Deputy Coroner A.J.Hooper. Dated 26-09-2006.**
9. The day after his operation in September 1997, his mother went up to Manchester to see him. She walked into the ward and straight away asked the doctor why Mark looked so yellow. We don't know how they knew but apparently this was a sign that he had internal bleeding.

10. Sometime later it was proved that one of those 40 units was contaminated with vCJD.
11. It took Mark approximately two months to recover from this second operation. After he'd received the transfusion he was sewn up again and discharged from the hospital after some time.
12. At the time the company I was working for was very good to me and let me have 2-3 months paid leave from work so I could go and stay with Mark while he was recovering. What we didn't know was that Mark was trying to recover from something that he was never going to be able to recover from.
13. After Mark came out of "No-Hope" Hospital I bought him home to **GRO-C** and he seemed good. But the problem he had wouldn't rear its ugly head until 4 years later in 2001. Then it actually showed up in 2003 and finally 2006.
14. He got a place at University of Sussex in 1997 to do his Master's degree in Artificial Intelligence. By the end of his Masters, 3 years later in 2000 he had become very, very tired. We put this down to him working so hard to get his Master's degree.
15. However between 1997 – 2000 while Mark was completing his Master's degree he was alright for all intents and purposes.
16. In his third year of Master's BT were knocking at his door because he had previously worked for them and he was on their radar. He got such a good result in his Master's that they offered him a job.
17. However, he couldn't attend his graduation ceremony at Sussex to collect his certificate because he was so tired.
18. He was a little bit fuzzy at this point but we still put that down to how hard he had worked. He started working for BT and moved to Ipswich, he very quickly got promoted to a Senior Researcher and he was one of their top man.
19. In 2003, Mark came down for my 59th birthday and he seemed tired. But BT were happy with him and he was doing good work still.
20. By this time he was feeling very tired all the time and everyone thought he had ME. He kept going to the doctors in Ipswich to find out why he was so tired all the time and they thought it was ME as well.

21. He started researching ways to boost his body and got into yoga, Buddhism and healthy eating. Ironically he was a vegetarian.
22. He was finding it more and more difficult to concentrate on his work and he kept going back to the doctor. BT became aware that he was unable to do his job from the office, that was a sign of how bad he had become. They let him work from home but he was slowing up all the time.
23. He went to visit his older sister who lived in GRO-C who had two young children at the time. She reported back to us that she had noticed his personality change and how different he was, he hated the noise of the young children, which was very unlike him.
24. By this time we were totally aware that he was unwell. A young man doesn't like to tell his parents that he's not well but his personality had completely changed, he was quiet and timid and couldn't think clearly when before he had been a complete whizz kid.
25. In January 2003 Mark's neurologist in Ipswich told him that he may have been the subject of a tainted blood transfusion. Mark immediately called my wife and I to tell us this but we all dismissed it at the time.
26. In a letter dated 13 January 2004 it is recorded that the Suffolk Health Protection Unit had recently found Mark to be one of fifteen patients in England who had been identified as being put at risk by a blood transfusion from a patient who subsequently died of CJD. **Exhibit WITN0694003.**
27. My wife and I regularly went up to Ipswich to go and see Mark and I remember one weekend before his diagnosis when we were shocked by how inactive he was. There was no food in the house we went out to Sainsbury's with him to go food shopping. He needed a wheelchair just to get round the store. We were really concerned at his rapid decline.
28. After that Sainsbury's weekend in Ipswich, my wife, who was working at a doctor's surgery in GRO-C at the time called Mark's doctor in Ipswich and said how ill we thought he was. She told him that he

didn't know which day of the week it was and that he was not the same person.

29. The very next day, Mark's neurologist from Ipswich, Dr Wroe who had been the one to tell him that he may have been the subject of a tainted blood transfusion in 2003 but who was now working as a clinical lead at the National Prion Clinic in London researching vCJD came see us at our house. My wife and I both distinctly remember that he was wearing a red and white spotted bow tie. We call him the red bow tie man.
30. The red bow tie man sat down in our lounge and told us that Mark had been diagnosed with variant Creutzfeld Jakob disease. We decided that Mark had to come down and live with us permanently after this.
31. Arrangements were immediately made for Mark to start going to Queens Square in London.
32. We questioned why it had been left until 2003 for someone to tell Mark that he may have been the subject of a tainted blood transfusion. Luckily for us **GRO-A** had also lost her son to a tainted blood transfusion and was pursuing the matter.
33. We found out that one of Mark's donors had died of vCJD in 2000, it was then that the hospitals and doctors had realised that Mark was likely to be susceptible to vCJD. We then found out in a subsequent court case, that according to the donor's sister he never ate meat. **GRO-A** queried how he could have contracted vCJD if he didn't eat meat and the donor's sister told him that he had been in an accident and received a transfusion himself, which was contaminated.
34. This just shows that there was a big net and a lot of people who slipped through and people were innocently donating blood when they already had diseases. This was a massive failure by the blood transfusion authorities.
35. We have since found out that from 1999-2000 a Research Committee, who knew that Mark likely had vCJD, had been discussing whether or not to tell him at the time that he most likely had a disease to which there was no known cure. They were scared that he might commit suicide so they said nothing. They didn't

consider that had he been told he could have lived his short life to the full. They had no right to hold this information back.

36. The Coroner raises this issue with the Department of Health. Their response is detailed in a letter dated 12th October 2006. **Exhibit WITN0694004.**
37. vCJD lodges itself somewhere in the body and from this place it finds its way across the blood brain barrier. Once it finds it's away across to the brain it will cause the prion protein to mis-fold itself and fold on itself in the brain.
38. Damage too Mark's brain was clearly seen in the latter stages of his period with Professor John Collinge at Queens Square.
39. We were not told the truth by anyone. Professor Mark Collinge and his team were trying to cure Mark by using a drug but all it did was to affect his liver and make him slightly yellow.
40. Mark was unlucky, his blood was donated in 1997. In 1998 they had realised the problem with vCJD in donated blood and created something called Luekodepletion. The problem was carried in the white blood cells and Luekodepletion got rid of the white blood cells therefore negating any possible problems with vCJD in donated blood.
41. If Mark had had his operation one year later in 1998 vCJD would not have been a problem.
42. As I mentioned earlier, after his diagnoses my wife and I decided Mark should come and live with us in **GRO-C** I went up by myself to collect Mark from Ipswich and it took me three days to move him back down to **GRO-C** with all his stuff. He permanently relocated to **GRO-C** on January 15 2006.
43. I rang the bell of his Ipswich flat and the door was open when I got there. I let myself in and shouted to Mark to let him know I had arrived. People who have vCJD have a very distinctive empty stare, their eyes dilate and it's immediately obvious. When I got there he was sitting at his computer, staring and it was taking him an age to do anything. What used to take him seconds i.e. typing in an email address was taking him 10 minutes.

44. Whilst I was there with him for the last time in Ipswich I took him to the doctor's there and they acknowledged that there was clearly a major problem but said that they'd never appreciated it was because of vCJD. They apologised.
45. When Mark had first moved to Ipswich he had been a very clever boy with his whole life ahead for him. As well as working for BT he volunteered for the Samaritans. He always did everything right. He was a very gentle thoughtful man.
46. It was around this time that he met his girlfriend. She had first alerted us in 2002 about Mark being unwell as she would give us feedback. From when they met until he died she stayed with Mark. She came down to GRO-C from Ipswich every weekend once he'd permanently relocated in January 2006. They wanted to get married and were so in love. Mark had even put down a deposit on a flat for them. She could see how downhill he was going towards the end but she stuck with him until the end despite how it affected her.

Section 3. Other Infections

47. Mark only suffered from vCJD and not any other known infections/diseases resulting from a contaminated blood transfusion.

Section 4. Consent

48. Mark had swabs taken from his throat/ tonsils and multiple CAT scans of his brain and the fact that he had vCJD was discovered from one of these measures, although we weren't told about it until six years after it was discovered that he was suffering from vCJD.
49. Mark knew what he was being tested for at the time of these tests.
50. I was told in a meeting in Westminster that Mark had been tested and the results made it obvious that he had been donated vCJD and they knew he was at risk of contracting the disease. This was in 2000.
51. Dr Patricia Hewitt, the Head of the National Transfusion Service admitted to me in 2006 that they knew Mark was going to die but that

- nobody wanted to tell him because they feared he would commit suicide. She apologised to me because she knew it was their fault.
52. We had many visits to Queens Square in London to see Professor John Collinge who was in charge of Mark's case. At one particular meeting, which Mark left before it ended, Professor Collinge was honest with us and told us there was no known cure but he said he wanted to use a drug in a clinical trial on Mark. The drug was a derivative of an anti-malarial drug (quinacrine) but it didn't work.
53. Information about the disease and what was going to happen to Mark was given to us but I feel as though we should have been provided with it much earlier.
54. It wasn't until 2003 that it was indicated to Mark that he may have been infected with vCJD and not until January 2006 that he was actually diagnosed. He died in the May.
55. It was made obvious to us after his diagnosis that he wasn't going to live and we picked up in one meeting after another what was going to happen to him as the disease took a firm hold of his brain.

Section 5. Impact

56. During Marks decline I began to drink heavily, I slowly became an alcoholic. I sought solace in red wine as it softened the blow and numbed the reality that Mark was gone until the next day. At the time it was so raw that I had to tell everyone that I'd lost my son. I was going around park benches in Preston Park with a bottle in my hand telling old men and women that I'd lost my son because I felt like I had to share it.
57. I hid behind a bottle of house red and I wasn't the person my wife married.
58. My alcoholism nearly split up my marriage, it has completely split our family and we have no contact with our grandsons because of it. My daughters no longer speak to me because of the way I turned out. They still don't realise I have now turned a corner. I used to be very close with my grandson and now I am not permitted to see him.

59. My daughter's didn't understand that their dad found it impossible to lose his son. I can never talk to him again.
60. I've been attending alcoholism classes in GRO-C for the past several years. I don't need the alcohol anymore but its taken years out of our life. It has led to me becoming type 2 diabetic and it has given me glorification of the lower vascular system, which now means I have difficulty walking although I can still ride a bike.
61. I've had to make new friends, people felt awkward around us because they didn't know how to talk to us or what to say after Mark died so we fell out of contact with a lot of people and lost a lot of relationships. People don't know how to react when you lose someone as close as your son, they become embarrassed at your position.
62. Twelve years later though I've found a new set of friends who are happy to be with me and realise I don't want to drink anymore and support me. I also joined a group that puts a show on every year to get me away from drinking.
63. I wrecked my body on the bike. I've always been a cycling enthusiast and so was Mark when he was physically strong. After his death I cycled furiously as a way of getting my anger out my system, this ruined my heart and seven weeks ago I had to have open-heart surgery. This operation meant that I couldn't participate in the annual show with the group I joined this year.
64. I wrote my book, '**The Witches Within Westminster**' in which I tell the story of what happened to Mark and our family experience **Exhibit WITN0694005** this was a very cathartic experience. It took me six years and I learnt from it and understood my failings by the end of it.
65. What helped me the most was talking to Mark's friends. I asked them whether his death was my fault because I was a sod of a father. His best friend told me not to beat myself up and that it wasn't my fault, Mark had died as a result of a contaminated blood transfusion. I now blame the system and whole governing regulation of blood and not myself.
66. I couldn't mix with children and teenagers because it reminded me too much of Mark. I used to work as a caretaker at a local school for deaf

- children and I had to leave and retire because I was jealous of parents being able to spend time with their children when that had been taken away from me. It made me very angry that I would never share any further experiences with my beloved son.
67. Twelve years later people still commiserate me when I don't really want them to. You enthuse with your children, you live with them, you commiserate with them and all that has gone for me completely now because I lost my son and my two daughters don't speak to me.
68. My wife also suffered, she didn't drink and often internalised her own grief and anger, she also had to live with me and found it very difficult to control me
69. My wife was very angry and she's told me that at the time it felt as though nothing could put it right. She couldn't travel on buses and trains because she was scared of sitting next to a young man and being reminded too much of Mark. She couldn't go down the biscuit aisles in supermarkets because chocolate biscuits had been Mark's favourite and she was reminded too much of him.
70. There was one occasion she was in a chemist and she saw a sign that said "Donate blood, save a life". She got hold of the sign and threw it across the shop because it made her so angry.
71. Now she is just sad about what happened to Mark. He was the most loveable and caring son. We have photos and all the good memories but it will never be the same life for my wife or myself.
72. We used to be so angry. I had an anger problem but I'm not like that now. I was a bit fiery and people used to ask me why I was the way I was. My anger was because my son was six feet under the ground and I couldn't talk about it.
73. I've cried on countless people's shoulders.
74. The impact on Mark was obvious as the disease took hold of him. Towards the end of his life he couldn't walk, he couldn't see properly and his memory started going. He would wave to us from the van when he was going to and from Martlet's Hospice like a little boy going to school. He had bedsores towards the end and he was like a little boy and an old man all at the same time.

75. Nothing was medically offered to him because we all knew that there was nothing that could be done to save him. Mark knew that there was something radically wrong with him but he firmly believed that he was going to get better because I always told him that he would. I had to lie to my son for his greater good. He didn't know that there was no cure and that he was going to die but sometimes I wonder whether deep down he knew.
76. Mark used to love cycling and playing the guitar and he couldn't do those anymore, he had been very keen on photography and had also got involved with some camera work through his uncle at annual Labour party conferences but had to stop all that.
77. After Mark's death we couldn't live in the house anymore because there were too many memories and that has financially burdened us because a **GRO-C** house with a garage is worth a lot of money now, roughly £750,000.
78. **GRO-C**
79. **GRO-C**
80. From a financial standpoint, Mark had to quit work and my wife then had to stop work to become his carer, she received a carer's allowance because of this. I had to leave my job as a caretaker at the deaf school because I couldn't stand being around teenagers. We've both had to retire early. I was 62 years old when I retired.

Section 6. Treatment/Care/Support

81. After we made the decision that Mark should come back home and live with us because he was too ill and to live and care for himself we had to have the house adapted for Mark.

82. He couldn't sleep in a single bed because he kept falling out. Our bedroom had been the only double room in the house and the other bedroom was very small. The vCJD organisation in Scotland arranged for the bedrooms to be converted into one room and our bathroom to be converted into a wet room so he could wash while he was in a wheelchair. We also had a Stannah stair lift installed. The house was totally adapted for Mark and the garage became our bedroom.
83. Mark was transported to Queen Square, London for hospital visits and Professor John Collinge was in charge of his treatment and care.
84. Mark was put on a clinical trial drug – Quinacrine, this was something they knew wasn't go to work or help cure Mark and I was later told that they put him on trials to make it look like they could do something when the whole time they knew he was going to die.
85. Every time he went to London they whisked him away for tests and samples but they knew there was nothing they could do for him short of a brain transplant.
86. All of the funding for the house renovations and care for Mark happened very quickly through the vCJD organisation in Scotland. They hugely assisted our family, particularly Margaret Leitch who was a nurse from the organisation and a great help to us.
87. From January 2006 and for the rest of the time that Mark lived with us at home, nurses came around every day to wash Mark and help us look after him.
88. Every single day, friends came round to visit Mark once he'd been moved back to **GRO-C** He had so many friends and they did so many things for him. With the help of the organisation in Scotland he was able to go on holiday with them to France and Spain.
89. In March 2006, Mark's last birthday, we and his friends, again with the help of the vCJD organisation arranged for a private exhibition of Mark's pictures that he had taken – he had always been a keen photographer but had been forced to give it up – at the Proud gallery in London. We stayed at the Savoy hotel for the entire weekend and gave him the best of everything. He had become like a child by this point and we took him to Hamley's and he touched all the toys like a

- child would. We asked him what he wanted and he picked a robot, which we still have today. We also took him on the London Eye with all his friends. The whole weekend was funded and we made the most of it because by this point we knew he didn't have long to go.
90. He deteriorated so quickly throughout 2006. He could no longer eat solids and we had to liquefy his food and thicken the liquid with a special substance so he could swallow it.
91. By May 2006 it had been arranged for Mark to go to Martlet's Hospice in Hove one day a week so every Wednesday he was picked up in a can and taken to Marlet's so he could get used to the surroundings.
92. Mark didn't like it and he only went for a couple of weeks, one of the hospice workers told us that he was disorientated and wanted to go home when he was there so he stopped going.
93. At the beginning of May 2006 my wife and I went on a respite holiday to Capri and Mark's friends and hospice workers looked after him. While we were there we got a call to say we should get home as quick as we could, so we did.
94. In the last six days of his life he was admitted to Martlet's Hospice as a patient because he was so unwell and he died there.
95. At 6.00 in the morning on 23 May 2006 we got a call to say we should get to Martlet's Hospice very quickly. We picked up one of Mark's sisters on the way but by the time we got there we were too late. He passed away at 0720hrs.
96. I produce a copy of Marks death certificate as **Exhibit WITN0694006**.
97. We are Jewish and our faith dictates that the dead are buried within the same day or the next morning if the death occurs overnight.
98. At the time of his death Mark was only the second person in the world to die of vCJD by transfusion and the doctor's wanted to record as much of it as possible. Just after our son's death we were therefore forced to come to an arrangement with our Rabbi and as a result a small part of Mark's brain was taken for investigation. They had originally wanted to take his whole brain, which we refused to allow.

This was all done within 48 hours of Mark's death in accordance with our faith.

99. On 16 August 2006 an Inquest was conducted into Mark's death it was recorded that Mark died at 7.20am on 23 May 2006 at Martlet's Hospice, Wayfield Avenue, Hove of Latrogenic variant Creutzfeldt Jakob Disease. This was as a result of infection with vCJD prion agent transmitted to him by transfusion of variant CJD infected blood on surgery in September 1997.
100. Counselling was made available to my wife and I. I had counselling for a year after Mark's death at Martlet's Hospice although I don't feel like I had enough. I found it very useful although all I did was cry and cry and cry every single session.
101. GRO-C
102. The vCJD organisation in Scotland have helped us enormously. Any problems we ever encountered, we would ring them up and they would help us get anything we needed.

Section 7. Financial Assistance

103. Mark received money from the vCJD fund. It was organised before he died through the organisation in Scotland. I made sure we got the money as soon as possible once I knew it was available, this was because I wanted to make sure Mark got the benefit of it not my wife and I.
104. It was through this funding that I was able to get Mark to and from London for hospital appointments and visits.
105. Mark's last holidays in France and Spain were also made possible through this money.
106. They gave us the money freely because they knew they had blundered.
107. The adaptations made to the house were all funded and when his girlfriend came to stay after he'd moved back from Ipswich she would stay in a hotel which was also paid for.

108. I also got a very nice gravestone for Mark when he was buried and made sure the government paid through the nose for it.
109. My family doesn't get anything now. What was left of the money after Mark died was given to his sisters, although they don't speak to me now.

Section 8. Other Issues

110. Regarding the other issues. I would like to head these as Accountability and Responsibility.
111. I will make reference to several sections contained within the Foreword in my book, *The Witches Within Westminster*. As far as I am concerned it clearly explains how and why this man made disease was able to kill and destroy so many peoples lives. It's about accountability. Who is responsible for my son's death and the deaths of other victims?
112. *Those responsible for the murder of these innocent victims it could be said were those ministers who from 1979 deregulated the beef industry. Under Margaret Thatcher's newly formed government it was her wish to let "market decide". This Thatcher philosophy had terrible consequences for safety standards within the UK Abbotairs, now under pressure from the feed suppliers and the banks. Farmers had begun to use feed derived from animal carcasses to include cows to feed cattle. After the 1974 Middle East war the price of oil escalated, rather than grain, MAAF (Ministry of Agriculture and Fisheries) decided that to convert cows into carnivores would be a good idea; an enormous cost saving exercise for the UK government in grain and hay, but at what cost!*
113. *A relaxation in the temperature and manufacturing techniques of rendering processes within Abbotairs was a direct result of incoming prime minister Margaret Thatcher's policies in 1979, and may have led to BSE and eventually vCJD. The temperatures were lowered from 150 degrees to an unspecified amount; there was also a cessation in the rendering process in the use of solvent extractors,*

such as acetone, to recover the last scraps of meat. All researchers agree however that the recycling of cows to feed other cows amplified the BSE agent, in 1988 Wilesmith and colleagues demonstrated the role of meat and bone meal in the onset of the BSE epidemic, they also in 1991 through their studies suggested that BSE-agent transmission through meat and bone meal could result, from halting the use of organic solvents in the manufacturing and rendering process.

114. *The food industry is big business; supermarkets like Sainsbury's, Asda and Tesco dominate the marketplace. To increase profits they must compete with one another to pressurise their suppliers, the renderers, the slaughterers and certainly the farmers. To defend their business interests they did go to any lengths and it continued into John Major's tory government, MAAF, the Ministry of Health, in fact all of the other government departments who deceived the public to hide the crisis, including those parliamentary parties who never acted despite the detailed evidence that lay before them. They were blinded by increased profit margins, blinkered to the already known dangers of cannibalism. Prion diseases are warning us that something is out of balance, that the excessive unnaturalness we force on livestock has finally come to destroy mankind.*
115. *In short the Government and its associated scientific advisers sabotaged science, the cause of BSE and its associated cross over to the human species in vCJD was the introduction of the cannibalistic forced feeding of cattle. For the dairy herds this witches' brew was a protein mix of amongst other offal, the ground up brains and spinal cord of other cattle. These parts were among the most infectious.*
116. *This witches' brew was named as specified bovine offal (SBO), then fed back to both dairy and some beef herds of MBM, short for meat bone meal, and it needed to be mixed with molasses as a sweetener, in order to make it palatable for the milking herds. And why you may ask? A mad scramble for profit, in the milking parlous a greater yield but at what human cost? The political philosophy of the then prime minister, Margaret Thatcher was predicated on the assumption that,*

other things being equal, that state should intervene as rarely as possible in market transactions and that the proportion of the Gross National Product spent by the state should be diminished; in essence acting like Dickens' Scrooge.

117. *Thatcherite macro-economic policy favoured a laissez-faire approach to consumer and environmental protection, but in the early 1980s at any rate the UK government reluctantly tolerated MAAF's traditional role as protector and promoter of Britain's farmers. By the mid-1980s, and following the defeat of the strike by the National Union of Mineworkers, the farming industry was disparagingly referred to within the Cabinet Office as the "green miners". In other words, the prime minister's view was that the level of subsidy provided to farmers should decline, and not rise!*
118. *The satanic result was the catalyst for the emergence of a complex biochemical, known as Misfold Prion Protein ("PrPsc"); this evil infectious agent once it has established itself in its victim's body will silently sit and incubate waiting for an opportunity to eventually cross its victim's blood brain barrier. This misfolded protein will then go on to wreak havoc on contact with normally formed protein; it is able to change its shape, this starts to multiply a chain reaction spreading throughout brain tissue, the eventual death of its tragically innocent victim is preceded by what must be the most savage and primeval degeneration that it's possible to witness. As well as killing some five million cattle in the UK through BSE, it then crossed the human species barrier and murdered my son Mark, and many, many more innocent victims.*
119. *The first indication that human prion diseases might be transmissible through infected tissue came with the discovery of a strange new disease called Kuru among the fore people of Papua New Guinea in the 1950s. Much of the early research into the reasons this disease was prominent was by Michael Alpers, and a brilliant but eccentric researcher Carleton Gajdusek. They found as part of the practice of Endo-cannibalism, village women usually opened the bodies of their kin at tribal funeral feasts with sharp bamboo knives and stone axes.*

Their children sat around them as they cut open the body. The women removed the head, and fractured the skull to get at the brain. Soft brain tissue was scooped barehanded into cylinders of bamboo for cooking in the ashes of their fires. Blood and tissue undoubtedly splattered onto the children nearby. Many would leave the cadaver tissue on their hands and bodies as another element of their mourning. Kuru mainly affected women and children because the men of the tribe shunned brain in favour of muscle which they enjoyed. Kuru began with unsteadiness of gait, shakiness and lack of coordination. Behavioural changes followed, although dementia was unusual (making it different from sporadic CJD). Eventually the patient would become unable to move and death would follow, usually within a year of onset of the symptoms. The brains of these patients showed severe damage to the cerebellum, the part of the brain which controls movement. There were also spongiform changes, characteristic to any prion disease, where the brain tissue has a spongy appearance when viewed under a microscope. A further sign was the appearance of small deposits called plaques within the brain tissue.

120. *Kuru was eventually linked to the funeral practices of the Fore people, in which it was common for the women and children to handle the bodies of their dead relatives. In order to test the feasibility of transmission of this incurable diseases between species between species, Gajdusek together with Alpers in August 1963 injected a Kuru brain solution taken from an 11-year-old Fore girl into a chimpanzee called Daisy, the following month a 13-year-old boy, another Kuru victim had his autopsy and the brain was removed and a liquefied sample was injected into another chimpanzee who was given the name of George. Both injections were given into the left frontal cortex and within a few minutes the respondents were up and walking around normally.*
121. *Some twenty months later early signs of progressive ataxia and tremors were noticed, in May 1965 an increased abnormal behavioural change was noticed, in late July 1965 both chimpanzees were displaying the same features as humans did in the Fore tribe*

when stricken with Kuru. In October 1965 George was gently put to death, Daisy followed in December of that year. The transmission of CJD to chimps soon followed which finally proved it was infectious disease.

122. *In the world of neurology it was big news but elsewhere it was barely noticed. This was a big mistake when it came to Thatcher's minions of advisers and scientists who didn't hesitate to promote feeding the ill rendered brain and spinal tissue to livestock, amplifying BSE and eventually leading to vCJD crossing the human species barrier to murder many human beings.*

123. I am willing to give my evidence verbally at the hearings.

124. List of Exhibits:

(1) Letter to the Secretary of State Patricia Hewett from HM Deputy Coroner A.J.Hooper dated 26-09-2006. **WIT0694002.**

(1) Letter dated 13 January 2004 to Mr N Scott re Mark being one of the 15 patients in England who are at risk by a blood transfusion. Suffolk Health Protection Unit. **Exhibit WITN0694003.**

(1) Letter to A.J.Hooper Coroner from the Department of Health. Dated 12th October 2006. **Exhibit WITN0694004.**

(1) Copy of The Witches Within Westminster. **Exhibit WITN0694005.**

(1) Copy of Marks death certificate as **Exhibit WITN0694006.**

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed

GRO-C

Dated

8/1/2019