Witness Name: Dr Elizabeth Mayne
Statement No.: WITN0736001
Exhibits: **WITN0736002 - 04**
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR ELIZABETH MAYNE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 26 April 2019.

I, **Dr Elizabeth Mayne**, will say as follows: -

1. Introduction

1.1. My name is Dr. Elizabeth Emily Mayne.
My address is known to the Inquiry and is not to be disclosed.
I hold the following qualifications:-

MB BCh BAO	1962 The Queen's University of Belfast
MD (by thesis)	1968 The Queen's University of Belfast
MRCPath (by examination)	1970
FRCPath	1982
MRCP (Glas) (By examination)	1984
FRCP (Glas)	1986
FFP (R.C.P.I) (by invitation)	1995
FRCP (Edin)	1998
FRCP (Lon)	1998
FRCP (Ireland)	2002

1.2 I have held the following positions as a Haematologist and specialist:-

- Senior Registrar, Clinical Pathology (Haematology), Royal Victoria Hospital, Belfast, 1968- 1972
- Consultant Clinical Haematologist (with a special interest in bleeding and clotting disorders) Royal Victoria Hospital, Belfast, 1972- 1999
- Director, Northern Ireland Haemophilia Reference Centre, Royal Victoria Hospital, Belfast
  1978 – 1999

1.3 I have been a member of the following Committees or groups:-

- Member of The Standing Commission of Human Rights (NI)
  1979-1985.
- Member of The Committee on the Safety of Medicines
  1987-1989.
- Member of the United Kingdom Haemophilia Centre Directors' Organisation (UKHCDO)
  1967-1999
- Chairman of United Kingdom Haemophilia Centre Directors' Organisation (UKHCDO)
  1990-1993
- Trustee of the MacFarlane Trust (Department of Health)
  1991-1996
- Trustee of the Eileen Trust (Department of Health)
  1993-1996
- Chairman of the Research Ethics Committee of the Queen's University of Belfast
  1995- 1999
- Honorary Lecturer in Haematology at the Queen's University of Belfast
  1983-1991
- Honorary Reader in Haematology
  1991- 1999
- Member of the Association of Clinical Pathologists
  1968 – 1999
- Association of Clinical Pathologists Broadsheet Editor, Technical Methods Committee
  1987-89

- Member of the British Society of Haematology
  1973 – 2001
- Member of The British Society of Haematology: Thrombosis and Haemostasis Task Force
  1978-1986
- Member of the Sub-Committee of Thrombosis and Haemostasis Task Force: Thromboplastin Standardisation Monitoring Committee
  1982-1984
- Member of the UK Haemophilia Society Medical Advisory Panel
  1982-1994
- Member of the United Kingdom Haemophilia Reference Centre Directors AIDS Working Party
  1983-1999
- Member of the International Society for Haemostasis and Thrombosis
  1971-2000
- Member of the World Federation of Haemophilia
  1980-2003
- Member of the World Federation of Haemophilia Scientific Sub committee
  1994-1996
- Vice President of the World Federation of Haemophilia
  1996
- Member of the Scottish and Northern Ireland Haemophilia Centre Directors Committee
  1988
- Haemophilia Directors Scottish and Northern Ireland Coagulation Working Party
  1988 – 1999
- Royal College of Pathologists (Haematology) Board of Clinical Examiners
  1981-1999
- Royal College of Pathologists (Haematology) Senior Examiner
  1993-1996
- Honorary Life Member of the Ulster Society of Obstetricians and Gynaecologists for services to women with acquired and inherited bleeding disorders

1992 to date

- President of the Northern Ireland Medico-Legal Society
  2006-2007 – Address: History of Haemophilia entitled "Drawing Blood"
- President of the Ulster Medical Society
  2003- 2004 – Address: "Haemophilia- The Gender Trap"
- First Female Chairman of the Medical Staff Committee of the Royal Victoria Hospital Belfast
  1997-1999
- Reviewer of Papers for Medical Journals:
  -Haemophilia
  -British Journal of Haematology
  -Blood Coagulations and Fibrinolysis
  -Diabetologia
  -Journal of Pathology and Bacteriology
  -Ulster Medical Journal

1.4 I must emphasise from the very outset that this is a preliminary response to the witness statements provided to me and I reserve the right to provide a more detailed response once I have had the opportunity to examine and consider any reports, notes and records relating to the these patients and their care some of which dates back to the 1970's. Future visual assistance may be required to do this.

1.5 The process of generating my response to the witness statements has proved to be onerous. I have developed significant visual acuity problems relative to Primary Idiopathic Optic Atrophy, providing a significant challenge to both reading and writing. Likewise the dependence on an octogenarian memory is wearisome and sometimes unfruitful. This has impacted on my satisfaction with the quality of my response to the witness statements. I have, however, tried as best I can to provide a response to the Inquiry as set out below.

1.6 By way of background, I retired in 1999. The first contact I had with the Inquiry was by way of telephone call on 23rd April 2019.

1.7 I was then provided with nine statements on 26th April 2019.

1.8 The conditions imposed upon me by the Inquiry have prevented me from discussing these matters with the Trust or being able to view any relevant reports, documents, notes and records that the Trust may still retain.

1.9 I have further not had access to the notes and records of the patients to ensure my response is as full as possible.

1.10 I must also say that the time period within which my response has been sought has been wholly insufficient and has placed a significant and unnecessary amount of stress.

1.11 After the first reading of the written statements provided to me by the Inquiry ahead of the Belfast Hearings from 21-24 May 2019, I was astounded, then perplexed and finally I developed a persistent feeling of sorrow. This occurred especially after reading the statements of Brigid Campbell and Sharon Lowry.

1.12 I would refer the Inquiry to exhibit WITN0736002 which contains photocopies of letters sent to me in 1999 on the occasion of my retirement. At that time three of the witnesses had been closely involved with the worst aspects of HIV, but all had evidence of Hepatitis C and some were already in receipt of active treatment. All had experienced good times and bad times, yet they wrote in glowing terms.

1.13 By the time of my retirement in 1999:-

- The days of no treatment for Haemophilia were long passed.
- Self- treatment for the condition of itself was good and accepted by patients.
- The fear of HIV and infection had receded and active treatment was available.
- The quality of Factor concentrates was constantly improving and recombinant genetically engineered product had become available albeit in limited quantity.
- Active treatment was available for Hepatitis C and several patients had undergone curative liver transplantation.

1.14 During the next 20 years some of these patients did well but clearly some did not, hence the searching for answers and redress. I do not have easy answers; however, I shall address the queries relating to the witness statements to the best of my octogenarian sight and memory.

2. Criticism by Mr Paul Kirkpatrick

2.1. I confirm that Mr. Kirkpatrick and his older brother were among the first patients to enter the home treatment programme in 1976. Mr. Kirkpatrick's mother proved to be adept at venupuncture and equally proficient in her aseptic technique. At the review appointments the enthusiasm for the treatment was clearly evident. I was told that prophylactic Factor VIII injections were being used to enable the boys to attend extra- curricular school activities. All were delighted.

2.2. In respect of paragraph 4 of Mr. Kirkpatrick's statement, to the best of my recollection, no warnings, apart from vein care and aseptic techniques, were given because at that time, I believed the treatment was both effective and safe. I certainly do not recall being asked about risks. The words "wonder drug" may have emanated from others but not me. I doubt if I would have dared to utter such words.

2.3 In respect of paragraph 5 of the statement, the negative test results were greeted, naturally, with massive relief. It was mutual. I would point out that results were delivered personally face to face.

2.4 In respect of paragraph 6 of the statement, if I appeared to speak casually it was through a desire not to spread emotional alarm comparable to HIV in times past. In 1987 Hepatitis C had not been identified and therefore all discussion would have concentrated on Mr. Kirkpatrick's persistently raised liver function tests. The concept of Non A Non B Hepatitis was explained. With respect to discussions surrounding Factor VIII, to the best of my recollection and in the absence of patient notes and records, I explained the heat treatments which had been introduced to eliminate HIV. We were moving to a time when all concentrates would be heat treated. I told Mr. Kirkpatrick that he had received unheat-treated concentrate once in the past. Respectively, that batch had tested positive for HIV but he had remained uninfected and therefore be would be "safe" if he ever had to receive such material again. He did not, as all concentrates became HIV safe. The terms "dirty" and "clean" were only used by me to elucidate the points to the patient.

2.5 In respect of paragraph 7 of the statement, there was no indication that Non A Non B Hepatitis, later to be referred to as Hepatitis C after 1991- 1992 provided any risk to others.

2.6 In respect to paragraph 10 of Mr. Kirkpatrick's statement, categorically, there was no HIV testing carried out before the meetings that were convened in January to March 1985 at the Royal Victoria Hospital.

2.7 Paragraph 44 of Mr. Kirkpatrick's statement induced great sadness as I learned of the demise of Mr. Kirkpatrick's brother.

3. **Criticism by Ms** GRO-B: W0096

3.1. With respect to paragraphs 8 and 9 of Ms W0096 's statement, I do not recall the occasion. It would not be my clinical practice to discuss patient's health in a corridor.

3.2. Precise laboratory testing for Hepatitis C became the norm in 1992-1993, the virus having been identified in 1991. It was not my clinical practice to test patients for Hepatitis C without their consent. All patients attending the centre, after receiving blood products, were checked physically and had laboratory investigations. The latter was carried out to ensure that they had not developed unsuspected anaemia, or circulating protein inhibitor to the product. At this time, I also checked their liver function tests because of historical evidence in the 1960s of Hepatitis B being transmitted by blood transfusion and products.

3.3. With respect to paragraph 9 of Ms W0096 's statement, I have no recollection of the conversation she refers to.

3.4. With respect to paragraph 11 of Ms W0096 's statement, there was no specific test for Hepatitis C available in 1987. Hepatitis C as a concept of disease was not prevalent in 1987. It merely referred to the existence of abnormal liver function tests designated by the UKHCDO Hepatitis Working Party as non A non B Hepatitis. To the best of my recollection, Ms W0096 developed clinical symptoms of a viral illness some few weeks after receiving cryoprecipitate in 1989. With hindsight, the pattern fits with a short incubation subtype of Hepatitis C. Ms W0096 states that she was not advised until 1993 of her diagnosis. Precise laboratory testing for Hepatitis C only became available in 1992-1993

3.5. In relation to paragraph 33 of her statement, my policy was never to discuss litigation with patients, so I am puzzled by the witness's remarks, however, I do recall mentioning hypnotism to her, as to the best of my knowledge, it had been beneficial in helping another patient who had a troublesome weight problem.

3.6. As a general note, appraisal of this witness statement presents a considerable degree of complexity, both in respect of the definitions of her bleeding disorder and in the characteristics or her virus infection or infections. Ms W0096 's bleeding condition was uncharacteristic and stimulated my interest in the complexities of the whole spectrum of Von Willibrand disease. The research indicated that in "normal" women as well as those with Von

Willibrand disease there are marked fluctuations in clotting factor profiles during the menstrual cycle. The research lead to careful testing of patients and was the basis of a conference in 1997. I would refer you to exhibit WITN0736003 which is a programme for the "Irish Haemophilia Society's Women and Bleeding Disorders" Conference.

4 Criticism by Ms Brigid Campbell

4.1 I confirm that Ms. Campbell's father entered into the Home Treatment Programme in 1976-7. Mr. Devlin was one of the most disabled and severe haemophilia patients that attended the centre. His problems are comprehensively described in the medico-legal report exhibited to Ms. Campbell's statement. Mr. Devlin was one of the most courageous, long-suffering and resilient of patients. He was also at times more than a little stubborn. He was in receipt of my undying admiration.

4.2 With respect to paragraph 2.11 and 2.12 of Ms. Campbell's statement, I recall that Mr. Devlin was unable to attend the hospital in 1985 to receive his results so I told him I could travel to him. He gave me instructions on how to get to his house. I was at least 30 minutes late and I recall that he was cross. I recall him mentioning "the Loup"; either that I should have travelled via this or avoided it. There was no sat. nav. back then. We sat down and I told him the very unwelcome news. I recall his disbelief and him asking me if I could find out when exactly he was infected. I explained that I would try to find out and that anyway one confirmatory sample was needed to confirm/deny the result. I recall him saying that he would be glad if I could find out and let him know. I asked Mr. Devlin to come up to Belfast for the results, but he maintained repeatedly that he would be glad to have a letter. I recall that he asked me to leave as I would be drawing attention with my car, hospital badge and doctor on call notice. I hope this explains the letter and the seemingly appalling use of the word "glad". I suspect he never told anyone of the visit which is a shame, as it might have saved the agony and anxiety of his family.

4.3 With respect to paragraph 4.1 and 4.2 of Ms. Campbell's statement, Mr. Devlin was given all the information I possessed. He never participated in any research nor was he so requested.

4.4 With respect to paragraph 5.8 of Ms. Campbell's statement, it is important to point out that the universal practice throughout the United Kingdom was to omit HIV on any death certificate; however, it was important and prudent on all doctors concerned to inform the undertakers in question so that appropriate precautions could be taken.

5 Criticism by Mr Nigel Hamilton

5.1 I would refer to exhibit WITN0736002 which contains a letter written to me by the witness in 1999. The second small paragraph is of importance. At that time the witness seemed satisfied with the Haemophilia Centre and its care.

5.2 With respect to paragraph 2.12 to 2.13 of Mr. Hamilton's statement, I would state that all facts known about the treatment in 1976 were given. At that time treatment was considered to be both effective and safe. There were few facts available regarding viral infections at this time, apart from the historical and rare transmission of Hepatitis B . However the occurrence of abnormal liver function tests following factor concentrate treatment were under constant consideration by the members of the UKHCDO Hepatitis Working Party. Hepatitis C was not a recognised entity at this time. Risks of viral infection were discussed at the hospital clinic and at the Annual patient meetings held in Craigavon Area Hospital each November. The latter meetings were open to all patients and all members of their families. Each year there was a visiting expert available to answer questions. The proposed Factor VIII replacement was recognised on a worldwide basis.

5.3 With respect to paragraph 2.15 – 2.18 of Mr. Hamilton's statement, when the possibilities of the viral infection became known, in 1984, towards the end of that year, meetings were planned to meet with all patients who had received treatment. They began in January 1985. Routinely, they were scheduled to take place in Ward 37, block A, RVH. Initially, Mr. Hamilton's description of a hexagonal room caused bewilderment. After two weeks consideration, I remembered that Ward 37 was not available for one of the scheduled meetings due to an influx of emergency admissions the previous evening. The only hospital venue available, therefore, was the Sir Ian Fraser Lecture Theatre which was located off the main hospital corridor. It was a historical venue as it was the old anatomy and surgical theatre for teaching medical students. It was in the form of a rotunda, with a glass ceiling and tiered seats which were very uncomfortable. It had old fashioned heavy wooden doors which clanged shut when closed. It had been refurbished and was used for weekly physicians meetings and post graduate seminars. Sadly there was no facility for tea and coffee. I cannot recall how the subsequent blood testing was managed. It may have been necessary for the attendees to walk to a nearby ward. I do not remember. I can certainly remember that the room was not locked. There was absolutely no justification or reason to take such a step. As much time and space was

given for discussion as was necessary. All samples were tested and labelled anonymously by a code. Patients plus relatives were invited to come back to receive their results. If negative, at first, it was thought a letter might be a good idea but this was rapidly rejected. All but two families returned for results and both received a home visit. The situation was dire and all members of the Centre's staff did the best they possibly could. Only 16 adults tested positive but for each and every one of them it was then a disaster. All patients accepted the invitation to be tested, but some deferred the appointment to a more convenient time.

5.4 With respect to paragraph 2.32, the diagnosis of Hepatitis C was difficult as nearly all patients had evidence of abnormal liver function tests after receiving treatment. For many years the nature of this abnormality was obscure, in the absence of infection from Hepatitis A or B it was given the title non A non B. Definitive tests for Hepatitis C were not available until 1992- 1993, however, it was possible to track back to the most likely time of infection by the development of abnormal liver function tests. Mr. Hamilton attended two centres, one in Belfast and one in Newcastle. This inevitably led to some overlap or confusion in timing of results etc. I do not recall the precise moment of meeting with Mr. Hamilton to first discuss his diagnosis. I would have had no reluctance whatsoever in discussing Mr. Hamilton's diagnosis and development of Hepatitis C at the time of his surgery. I cannot conceive of any reason why he would think otherwise.

6 Criticism by Mr Simon Hamilton

6.1 In relation to paragraph 2.11 of Mr. Hamilton's statement, it was decided that all patients who had received Factor treatment, whether in the form of cryoprecipitate or freeze-dried concentrate should be offered testing for HIV. Patients and their relatives were invited to a succession of meetings to update them on all known risks and information about the virus. The meetings took place between January and March of 1985 at the Royal Victoria Hospital. Patients were invited to be tested; it was a matter of choice whether they wished to do so. No one was compelled to participate.

6.2 With respect to paragraphs 4.1 and 4.5 of Mr. Hamilton's statement, up until the Hepatitis C virus was identified in 1991 no one really knew what to expect. Gradually information evolved, different subtypes were identified and clinical symptoms of fatigue were more marked in some than others. Always I had an ominous feeling about the virus, therefore, I organised the "Northern Ireland Haemophilia Weekend" meeting in 1995, a patient's weekend, giving many the opportunity for frank discussion with multiple experts. I would refer to exhibit WITN0736004 which is a programme for the weekend. All haemophilia patients were invited. Those who attended the weekend found it very helpful. Thereafter, a combined Haemophilia/Hepatitis clinic was established in the Centre under the egis of Dr. ME Callender, Consultant Hepatologist in the Royal Victoria Hospital.

6.3 In relation to section 4 of Mr. Hamilton's statement, it would seem that this witness has some idea that I had a secret motive in keeping information from patients. If medical records are vigorously read, phrases such as "Hepatitis C counselling sessions" occur. The presence of abnormal liver function tests could not be called hepatitis C. The term Hepatitis C only became established after its identification in 1991. The definitive tests (Polymerase Chain Reaction) became available in 1992-1993. Treatment with alpha interferon etc was offered and a joint liver/haemophiliac clinic was established. Information was not controlled in any way. The words "guinea pigs" used in this context are insulting to me as a Doctor and the suggestion is wholly refuted. I have no further comment.

7 **Criticism by Ms** GRO-B: W2607

7.1 In relation to paragraph 4.1 of the statement of W2607 GRO-B: A was treated entirely with his and his parents' consent. He was never treated in any way as a "human guinea pig". A and GRO-B: D were both entered in the Home Treatment Programme in 1976. They participated after discussion with both their parents. They then attended for teaching sessions and only finally took home their home treatment package for a trial period. At reviews, the treatment was good. The only problems or risks discussed were related to difficulties with vein access or to aseptic technique. At that time the treatment was considered to have both been effective and reliable. The boys were pleased.

7.2 In relation to paragraph 2.8 of the statement of W2607 I would comment that A and D were tested for HIV in 1985. It was grim having to tell the boys and parents the dreadful news. In order to pinpoint the time of the infections retrospective samples were sought. Patients had blood samples taken at review clinics to ensure that they were not anaemic, had not developed an inhibitor protein to Factor VIII, and because I was a constantly worrying individual, the patients liver function was checked. There was a sample available for A dated 1983 and when tested it showed a presence for HIV at that time. A was informed.

7.3 In relation to paragraph 2.9 of the statement of W2607 I have no idea why it was decided within the family not to share the results but A was given much counselling and advice from myself, especially in relation to safe sex. I had never any doubts about A s sexual orientation. He used to try and wind me up or shock me with his tales of sexual prowess. In the end I got the relevant booklets and advice sent to him from London as I thought (erroneously) he might find them more helpful if he thought they hadn't come from myself. He guessed who had sent them!

7.4 In relation to paragraph 4.2- 4.5 of the statement of W2607 as I have referred to previously in my statement, there were meetings in early 1985 regarding the risk of HIV infection. Only patients who had been treated with Factor concentration were invited to attend for testing. Initially one or two refused but then later were tested at their request. After some cryoprecipitate was found to contain HIV, elsewhere in the UK after 3-4 years other patients, if worried, were tested. There was no universal testing in Northern Ireland. A and D were tested for HIV in 1985. Those tests were carried out in a coded and anonymous manner. They were performed after a long

discussion about the dangers and problems of HIV. Mr and Mrs GRO-B were also present but not tested. At that meeting no other family members were present. The tests were voluntary. Arrangements were made for further clinic visits to receive the results. I do not recall the GRO-B family being invited for genetic carrier testing. Family members were not tested for HIV.

7.5 In respect to paragraph 5.3 of Ms. W2607 s statement, I agree A was straight.

7.6 As a general note, living in a rural GRO-C community with a diagnosis of HIV must have been terrible for A . Possibly it was why the HIV status was kept so confidential. I am aware, however, that someone leaked the information locally and the GRO-D learned of the HIV. They hounded A by shouting sickening verbal abuse relative to homosexuality. I guess GRO-D would never have heard of Haemophilia and drew completely the wrong conclusions. I recall that one day A phoned me from a public telephone box. He was desperate; he felt hemmed in and wished to commit suicide. He asked me to do something and quickly. It was around 11.00 am I think but I am not sure. I told him to stay where he was and give me the box's telephone number and if that wasn't evident to phone me back. A already had my home number for such an emergency. It must have been the weekend if I was at home. Anyway, I thought what can I do? I did have several GRO-D phone numbers GRO-C GRO-D GRO-D With not much hope, I made a phone call, GRO-D and I explained. Immediate action was promised. I phoned A He told me that GRO-D had just arrived, the GRO-D left and he felt safe to leave the phone box. This was only one incident of how difficult A s life had become. In and around that time, I became an Honorary Consultant to Altnagelvin Hospital. I held a monthly clinic on a Monday afternoon for patients in that area. I had to abandon it after some years as my eyesight precluded my driving at night.

8 **Criticism by Ms** GRO-B: W2449

8.1 I would refer to the responses to W2607 as set out above.

8.2 As a general note, I would say D 's tragic passing remains to the forefront of this ancient Doctor's memory. His young wife and his parents were unbelievably brave. Despite of the awfulness of the effects of the brain tumour, they remained supportive and very kind to the devastated nursing and medical staff. Although he was nursed in isolation, he was accompanied in his room by staff almost 24 hours. In recent years I was at a Garden Centre. Two people came over and made themselves known. I did not recognise them due to my failing eyesight. It was Mr. and Mrs. GRO-B , we talked and talked and I was glad to be with them.

9 Criticism by Ms Sharon Lowry

9.1 Mrs. Lowry's statement stunned me. It continues to cause distress. I regarded the Lowry family as friends. A family within which I had the privilege of looking after two members as patients. The Reverend Canon Harold and Mrs. Lowry gave constant support and friendship throughout the long saga of haemophilia care until their deaths. Willingly or knowingly I would not hurt anyone, and least of all a patient or relative. However, at least the witness statement explains why I did not receive any reply to my letter of condolence following my learning, belatedly, of Richard's sad and untimely death. I was sad.

9.2 With respect to paragraphs 2.3 and 2.7 of Ms. Lowry's statement in respect of information regarding Hepatitis C infection, I discussed it frequently and passed on all knowledge I possessed. We discussed the differences clinically between himself and his brother (who at that time lived and worked in England). The latter had an episode of clinical jaundice when he was first treated with cryoprecipitate in the early 1970s. To my knowledge, Richard never had jaundice but GRO-C were infected by Hepatitis C. Richard GRO-C would have had the opportunity to attend the Haemophilia Weekend in County Fermanagh referred to at paragraph 6.2 above. I do not remember if they did so.

9.3 With respect to paragraph 2.7 and 2.8 of Ms. Lowry's statement, I have no recollection of the conversation or of laughing. I would state that I had progressive hearing problems from 1993 onwards. I took early retirement in 1999 as my day to day work had become untenable. Perhaps, I may have misheard the witness question. I do not recall telephoning Ms. Lowry in relation to being tested for Hepatitis C.

10 Criticism by Ms Caroline Carberry

10.1 With respect to paragraphs 1.3- 1.4 of Ms. Carberry's statement, I would comment that Brian may have been infected by Hepatitis C at any time during his treatment from the early 1970s onwards. The Hepatitis C virus was not identified until 1991 and the test was not available until 1992-1993. Hence Brian was told in the 1990s about his infection and not prior to that time. Brian was given and offered much help and advice about his condition when he attended for reviews. I recall that he was not fond of hospitals and not the best keeper of appointments.

11 Criticism by GRO-B: W0198

11.1 W0198 is a patient that I saw very infrequently due to the mildness of his haemophilia. Before making any more comments I would require sight of his clinical notes and records.

12 Other Issues

12.1 In future, I would wish to address the occurrence in Northern Ireland of the lowest HIV infection rate in the United Kingdom within the Haemophiliac population of the Province. This will be submitted to the Inquiry at the earliest opportunity, health permitting.

Statement of Truth

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

Signed GRO-C

Dated 20th May 2019.