

Witness Name: **Stephen WINTLE**

Statement No.: **W1063001**

Exhibits: **None**

Dated: **19 December 2018**

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF STEPHEN WINTLE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 October 2018.

I, Stephen Wintle, will say as follows: -

Introduction

1. I am the husband of Colette Wintle (infected victim of contaminated blood products) and her sole carer, and we have one daughter who is 24 years old. I have a challenging full-time career, which is demanding and brings its own levels of stress, however it is further compounded with the additional responsibility of caring for Colette. This has made it extremely difficult to maintain the required focus to continue to succeed in my career, but more importantly to ensure it does not interfere or affect me in maintaining my employment role. I know our circumstances have without doubt influenced the choices and considerations I have had to make which has held me back many times and prevented me from advancing further within my chosen career.

How Affected

2. I met Colette in 1988 on a business training course and we married three years later in April 1991. Colette made me aware of her Haemophilia A status and her past medical background related to this condition at the beginning of our relationship. Colette is a symptomatic carrier of Haemophilia A with a Factor XI deficiency as well.
3. Colette's treatment and the doctors responsible for her Haemophilia care in 1976 and 1982 are not known to me, however they are detailed in Colette's statement. At the beginning of our relationship, I moved to Kent and we lived in Tunbridge Wells. Colette was registered at The Royal Free Haemophilia centre as there was no Haemophilia department at either of the local hospitals. It was here that her Haemophilia condition was monitored, she received treatment, and had a considerable number of surgical procedures including the birth of our only daughter in 1994.
4. During this time, Colette was under the care of Dr Goldman, Dr Pasi, and Professor Lee who became Director of the Haemophilia Department during Dr Goldman's tenure.
5. We discovered that Colette had received imported blood plasma products from the United states in 1976, specifically Haemofil made by pharmaceutical company, Baxter and Profilate made by Alpha. Both of those clotting products were known by haemophilia doctors to be high risk for transmitting Hepatitis viruses, but patients were not advised of this. In 1982 Colette was treated with Factor VIII supplied by a pharmaceutical company called Immuno. In 1985 she was treated with more infected plasma products made by Alpha. These medical records and specific batch numbers were retrieved by Colette from her hospital records between 2001 and 2005, and the latter 1985 treatment was registered in a legal case taken by Colette against Alpha Pharmaceuticals, which was registered by the US courts in a class action against a number of American pharmaceuticals.

6. In support of Colette, I have been involved with most of her hospital visits in relation to her Haemophilia condition and other health issues. In the early stages of our relationship, I honestly had no prior understanding of the condition of haemophilia or what that meant, but I have over time, gained a lot more knowledge from Colette and have also actively supported her in her campaign work over the past 25 years.
7. I have learned that whilst the medical professionals in the world of haemophilia consider my wife to be a carrier of haemophilia A with a mild deficiency of factor 8, (associated with females who are the carriers of the inherited condition), she has in practice been proven to be a symptomatic carrier, having bled more like a male haemophiliac does, especially after medical procedures; she frequently suffers regular spontaneous bleeds in to small joints, tissue and muscle. Colette was also diagnosed in 1996 with a further bleeding disorder known as Factor XI deficiency which had gone undetected for years.
8. Prior to our marriage in 1991, we requested genetic counselling from Colette's Haematologists at the Royal Free hospital in London, to discuss the risks of inheritance of Haemophilia and passing it on to a child. It was something we carefully considered at the time, as I needed to understand what the risks were for Colette and our child, especially if it were a boy.
9. We also wanted to discuss the management of the pregnancy and who would be responsible for different aspects of her care, as we were living out of the geographical area of the haemophilia Centre by a considerable distance. We attended a meeting at the haemophilia Centre with Dr Goldman who was well acquainted with Colette's family members, most of whom were registered there as patients.
10. I must emphasise at no point during this counselling session was there any reference or mention of Colette's Hepatitis status. Shockingly it was

several months after our marriage but in the same year (1991) that we were informed by the Haemophilia centre that Colette was positive for Hepatitis C. Looking back, I now recall the Haemophilia centre had on that visit, taken a lot more blood than I considered normal for the routine checking of clotting levels. I believe in fact, they had been carrying out additional blood tests without our knowledge, for evidence of Hepatitis C.

11. Following the disclosure of Colette's Hepatitis status, she was referred to Professor Jeff Dusheiko, a Consultant Hepatologist working with the haemophilia team. We went to many of the jointly held Haemophilia/Hepatitis clinics attended by Dr Dusheiko, and Professor Christine Lee, and I recall at this point they also started taking blood samples from myself presumably to monitor me for possible cross infection.
12. Hepatitis and the serious long- term consequences were often played down to us by Professor Dusheiko, who often referred to the symptoms as "no worse than having a bad flu", I was also being tested for Hepatitis as there was clearly a risk that I could have potentially had it transmitted to me by Colette. It appals me that in the years that followed and as Colette was discovering more and more as to just how dangerous hepatitis was, that any doctor could suggest "it was no worse than having a bad flu". They knew full well it was killing haemophiliacs, but no one was relaying that knowledge to the victims of contaminated blood and it was withheld from the Haemophilia community. Why did my wife and other campaigners have to go looking for the evidence, to prove the real truth?
13. Colette told me that she had been treated at two other hospitals long before we met and that she had received factor 8 treatment, which we later discovered was imported from the US. The first time she ever received this treatment was in 1976 in Scotland and it was 26 years later before we discovered what exactly she had been treated with. The

second occasion was at a local hospital in Kent, when she was training to be a nurse. The treatment in Kent infected her with Hepatitis B, which she told me she suffered with chronically for over two years. She had several vaccines in 1987 before travelling to live abroad, due to the fact that she had not raised sufficient levels of immunity to Hepatitis B, post her "recovery stage". Colette believed she was fully recovered from Hepatitis B, but she complained of feeling tired a lot, and lacking in energy. That is all we knew of her infection with hepatitis at the point we were getting married.

14. As you can imagine when the doctors at the Royal Free announced several months after our wedding, that Colette had Hepatitis C, referred to as Non- A Non- B at the time, it was a massive shock to us both. Personally, I felt at the time we had been deliberately deceived about Colette's health status, considering only a few months earlier we had been proactively seeking advice on the management of her Haemophilia condition prior to our marriage. Why did no one raise any concerns or mention their suspicions of Colette being Hep C positive at the time? In my opinion the doctors had a duty of care to declare what they knew then, and it took us both many years to begin to understand just how much knowledge doctors had of the horrific consequences of treating their patients with commercial clotting factors.
15. Colette now has documented batch numbers and dates of when she received contaminated batches of blood products. Retrospectively, we now know from her medical records, that over a period of three decades Colette was exposed to multiple viruses. The very first exposure to contaminated blood products was during a four week spell in hospital in 1976 at the Glasgow Royal infirmary, the second time was in 1982 at Pembury hospital, Kent, and thirdly in 1985 at The Royal Free hospital in London, where she also discovered that she had been exposed to NvCJD in 1993 without her knowledge, and was not officially informed until 2004

16. In the years that followed we began to realise that the NHS was responsible for infecting haemophiliacs with multiple viruses that were killing them. I feel very angry that these doctors were aware of the dangers of using imported US plasma, but they continued using people like my wife as human experiments. As I understand it, mild haemophiliacs would have been treated for bleeds in the past with Cryoprecipitate and fresh frozen plasma, the question would be, why was this safer (single or limited donor pool) treatment not continued instead of treating patients with a known high risk product?
17. When I met Colette, she was very open and honest about her medical history and made sure I was fully informed and comfortable that it shouldn't impact on our life or relationship; I accepted and considered the situation manageable. I am also a person who was brought up to trust and believe in professionals such as Doctors and in the institution of the NHS. Equally and possibly naively I also trusted politicians to act in the best interests of people they represented.
18. When we started to gather evidence through our campaigning, and reading materials recommended to us by other campaigners, we discovered that blood was being sourced from unacceptable donors in America and from lower socio-economic groups such as alcoholics and drug addicts who were paid for their blood. We also discovered that many pharmaceutical companies were supplied with blood from US prisons, where prisoners were being bled in return for reduced sentences; we were beyond shocked and horrified. How could it be acceptable for the British government in the early 1970's and policy makers in our Department of Health to license the importation of these filthy blood products which would end up being injected in to the veins of unsuspecting British haemophiliacs like my wife?
19. I have learned through talking with Carol Grayson and her late husband Peter Longstaff that it was because of Britain failing to become self-sufficient in home grown blood products in the early 1970's, that we had

to look elsewhere for a supply of plasma for haemophilia treatment. That is an absolute disgrace. My wife's life and the entire haemophilia community deserved better than to be given second class treatment. It is hard to believe that people could be abused in this way, basically for profit because that seems to be what drove this whole scandal, and as a participant in the Independent Archer Inquiry, it was the key conclusion that Lord Archer arrived at in summing up his report in 2009 when he stated "*commercial interests were put ahead of public safety*".

20. I found it hard to believe the evidence provided by a British TV investigation programme "World in Action" in 1975, which discovered that the American paid blood donor system was being abused by donors; typically drug users and alcoholics lying about their health status for money to feed their own habit. I have seen a letter written by an American doctor in 1974 who warned the UK Blood Transfusion Service that the blood products produced by US pharmaceuticals were all 100% infected and they should not be imported, let alone used on patients. All this information I believe was known to the DoH but has been ignored by both the NHS and UK governments since the mid 1970's.

Other Infections

21. Colette has been infected with Hepatitis C, Hepatitis B, a further re-infection of Hepatitis C and also exposed to NVCJD having been given blood products from a donor who later died from NVCJD in the 1990's.

Consent

22. I understand from Colette that her parents were never told, when she was a child, of any risks in 1976 when she received Factor 8 for the first time, nor have they ever given informed consent. Colette's parents always said that they did not expect her to be treated with anything but British blood products.

23. Equally, Colette was never advised at any stage of her treatment as an adult of the known dangers of Hepatitis viruses. Risks were only mentioned in 1991 when Professor Lee confirmed to Colette that she would have been exposed to Hepatitis from the very first treatment of commercial Factor VIII!
24. It really beggar's belief that no information or advice was offered at any stage as to the risks of receiving blood products that may be carrying infections, until it was too late to avoid them. Doctors might argue that the risks were printed on the side of bottles, but in my wife's case she never had home treatment; whenever she did get treatment it was already made up and in a syringe.
25. Colette found out about her Hepatitis B infection as a direct result of help from a surgical registrar she worked alongside with when she was training to be a nurse. She told me that she had been ill for many months after she was treated with Factor VIII in late 1982 and despite consulting with three separate GP's, she was told to "go away and stop imagining you have your patients illnesses". The doctor she worked with noticed she was glowing yellow and offered to take a blood sample and send it away to King's Hospital in London. One week later he phoned her and gave her the diagnosis and advised her not to return to work. Her employer, the NHS, removed her from her training course immediately and refused to allow her to return when she recovered.
26. With regard to Hepatitis C, I believe Colette was never advised of her second exposure in 1985 at the Royal free and only found out that the doctors had recorded it in her medical records after she accessed her them under a subject access request in 2001. She found a letter in her file written to her GP stating she had Non A Non B hepatitis, but neither of the doctors had checked to see if one or other had passed that information on to their patient. Once again it was a shock for Colette to find this out years later than she should have.

27. As I explained earlier, Colette and I were told of her HCV status months after we married in April 1991 when we were asked to attend the Royal Free hospital in London; we were told that previous tests taken earlier that year had shown that she had contracted NANB Hepatitis. At this time no real information was provided other than that she would require regular monitoring and that I would also require a regular blood test.
28. I can't recall any detailed information being offered with regard to what this meant both to Colette or myself in the long term. We would attend joint clinics in the Haemophilia centre with the Hepatologist and Haematologist. We would then be asked some general questions and blood samples were taken. There was some mention of not sharing cutlery, razors, or towels if Colette had a bleed, and to use bleach in the event of cleaning up blood spill.
29. There was no liaison with health providers more locally to help us, for example, through our GP, which was woeful considering we lived three hours' drive away from the Royal Free Hospital. The situation was even worse when we had our daughter because Colette was never assigned a midwife to look after and advise her throughout the pregnancy or after the birth of our daughter.
30. We felt totally abandoned and it was more due to Colette's practical nursing skills that she dealt with any problems that came up. Otherwise we had to cope on our own which was incredibly hard when I was away a lot on business. I think it's fair to say that the first time we both felt Colette's care level and advice improved was after we moved away to live in Worcester. The Royal Free haemophilia and liver units stopped sending Colette appointments for 2 years prior to our move, and I believe it was because by then she had very publicly been campaigning for truth and justice, something the doctors were not happy about.
31. We were referred to the Queen Elizabeth Liver Unit in Birmingham in 2003. This was the first time Colette was placed on six monthly

monitoring, with regular scans and diagnostic tests, and an assigned specialist who would update us on the deterioration of Colette's liver. In 2004 she was diagnosed with Cirrhosis of the Liver.

32. I think that as soon as doctors became aware of their patient's exposure to Hepatitis and other blood borne viruses, they had a duty to do everything they could to put support systems in place for the patients and their families. Information and ongoing counselling should have been offered to help us understand and come to terms with the potential risks to both Colette and I. If the doctors, DOH and NHS had been more honest about the dangers of how these viruses might be transmitted, and how patients like Colette became infected, then many partners could have been better protected, but nothing was discussed in a transparent and open way and it was constantly played down. My feeling is that the haemophilia community have been lied to and the doctors who knowingly infected them with viruses have protected themselves rather than their patients.
33. Ever since we met, Colette has always been a positive and active person. But after she was diagnosed with Hepatitis C and especially after taking part in early treatments to eradicate the virus she has struggled with severe fatigue and depression. She didn't complete the first full course of treatment (Interferon) as she was so unwell with the side effects of the treatment, which also made it very difficult for her to look after our young daughter.
34. We often, had to rely on friends and family to help us with our daughter, to enable me to work to keep a roof over our heads. The side effects of the virus and treatment on Colette, meant at weekends I fell in to the role of being a single parent. I remember on many occasions taking my daughter out to do the weekly shop, or entertaining her at the park etc, but sadly without Colette because she was just too fatigued or unwell.

35. This deeply affected me, having to watch other family's having fun together whilst I was on my own with our daughter, and as much as I loved spending time with her, we both wanted to spend the time together with Colette, as a family. I often felt guilt as I sometimes thought that I might be viewed by others as a divorcee, and a weekend dad, it was not a nice feeling.

36. The level of fatigue Colette suffers has never really improved so Colette has missed out on many sporting events our daughter has taken part in during her developing years. This remains the case even now, which means Colette often has to miss out on our daughters sporting success. Our daughter, who is now 24 years old, has effectively missed out on having her mum around for most of her formative years. This has also affected our daughter and her relationship with Colette, which during her teenage years was especially difficult. Our daughter was emotionally distant and quite resentful towards Colette. It is only recently that she has been able to voice how hurt she was even though she knew it wasn't Colette's fault, or that at the time she often perceived that Colette didn't want to attend our daughters sporting events. My wife did her best to protect her from knowing the full extent of her health problems for many years.

Impact

37. Colette's general health is poor and she continues to suffer major fatigue, and many chronic inflammatory conditions causing her a lot of pain. We follow as healthy a diet as possible and eat good quality food and supplements to support her immune system as best we can. However, she is constantly vulnerable to infection especially chest infections. Over the years, the level of spontaneous bleeds and bruising has increased and become more severe. As Colette's clotting levels appear to have remained fairly consistent, it is not unreasonable to believe it is the damage from chronic Hepatitis that is causing her liver to struggle, and hence her production of clotting proteins has been

affected by the long term presence of the virus attacking her body. More recently her doctor has said he believes the last course of antiviral treatment has caused small blood vessels to rupture showing up in the form of cluster bruising or individual and enormous bruises.

38. The first treatments Colette received for HCV was a cocktail of Ribavirin and Interferon in 1999 over a period of over 4 and a half months which made her very ill with no beneficial change in the levels of viremia. The treatment had to be self-administered by Colette, self-injecting and taking oral tablets daily. I recall how bruised her abdomen was from the needles and how painful she found this treatment. It became clear that there were also side effects from this treatment which caused numbness in limbs and damage to blood vessels particularly noticeable on the back of Colette's legs.

39. Colette's hair fell out in clumps and there was a trail wherever she was in the house which caused her enormous stress and depression. She developed chronic insomnia, inflammation, constant pain throughout her torso which remains to this day and was a condition later diagnosed as costochondritis. Unfortunately, the treatment also caused her to go in to early menopause with all the uncomfortable symptoms that involves.

40. During this dreadful treatment period, I genuinely don't know how we survived; it was emotionally and physically draining. I would have to leave Colette to go to work and whilst I would try to get back as early as possible, there were times I didn't want to go home in fear of what condition I might find her in. There were many times I was afraid I would find Colette dead, and I suffered guilt for leaving her alone during the day.

41. Colette was offered a further follow-on treatment from the first one some years later, but the success rate was not high enough for her to consider it worth going through again. With the advent of improved treatments, she was persuaded to try again by her current hepatologist. The latest

treatment Colette received claims to have eradicated the virus, however they are unable to measure the virus to zero, so the virus could still be underlying. Even so Colette still suffers the after effects of the treatment one of the symptoms being continuous hair loss, as well as the continued effects of sever fatigue which greatly limits what she can do personally, and what we can do as a family.

42. This second treatment course of anti virals involved a new drug cocktail including Interfon and was undertaken in 2014. When Colette embarked on the treatment she was told it would only be for three months, which most people receiving the treatment underwent, however the doctors extended this to six months.
43. There are many alternative and non-chemical treatments beneficial to a person's wellbeing, which usually people have to fund themselves, however in the case of patients like my wife I believe they should have been able to access a wide variety of treatments to relieve pain, muscle ache and inflammatory conditions paid for by the state.
44. At no time during the whole period of suffering from the HCV virus has either of us been offered counselling. This would potentially have been a great help for Colette, myself and especially our daughter to try and deal with the effects of the virus and the effects on our family life.
45. It has been extremely tough at times for both of us to deal with Colette's condition which has worsened over the years. I know Colette has struggled with depression often and on one awful occasion she tried to commit suicide because she had simply had enough of the day to day fight with her illness. Part of the problem was also the medication she had been prescribed which we think made her worse. She decided to stop taking the pills she had been prescribed and try a different holistic approach.

46. Finding a dentist who would care for Colette was a challenge in the beginning because she had to declare her hepatitis C and exposure to NvCJD which most dentists in our experience do not want to take on. As Colette is a patient at the QE, she has been referred to a designated clinic for haemophiliacs. Colette also has had past dealings with the ENT department where she received emergency treatment for severe nose bleeds. There was a discussion during which Colette declared her "at risk" status and enquired as to what training or information ENT doctors had received in dealing with such patients. She discovered there had been no guidance passed on from the DOH or CJD Unit on what procedures to follow for cleaning endoscopic, or other equipment on a patient who has been exposed to NvCJD following invasive procedures.
47. The doctor said it was likely Colette would be refused specific procedures as it would take much longer to organize specialist cleaning or equipment could not be sterilized afterwards or would have to be destroyed due to the unknowns of infectivity of NvCJD
48. The worst times have been specifically when dealing with healthcare professionals and the ignorance of not knowing nor having been taught about the haemophilia victims affected by NHS contaminated blood products scandal which have destroyed their health.
49. My wife has had to repeatedly explain when she has blood tests, scans or any other procedures, how she has become infected with Hepatitis viruses. On several occasions it has been assumed she got it through being either an alcoholic or lifestyle choice of drug abuse. It is shocking that the victims are having to educate people charged with their care. My wife has also met with many health ministers at the DOH to improve their response to victims of the contaminated blood scandal, she has been involved in working with government departments such as the DWP, who have failed to adapt the system to recognise people suffering like Colette who through no fault of her own, has had to rely on an unfair benefit system.

50. Colette has campaigned alongside MP's and members of the House of Lords to fight for justice and change the way people like her are treated by government. Our experience of government up until now has been dreadful and they have made our lives extremely stressful. Government appointed contractors handling benefits claims have made it extremely difficult for Colette and I; at times it makes you feel like wanting to give up on life when being forced to jump through bureaucratic hoops to try and get help for something that was caused by past governments, the health department, the NHS and the pharmaceutical companies.
51. My understanding from Colette's experience was that she missed out on some schooling when she was young due to problems with her haemophilia condition which she did not receive treatment for until her teenage years. In later years, Colette was forced to give up a nursing career after contracting Hepatitis B and was not allowed to return to her training. Colette was forced out of a career in the airlines too just because she had the condition of haemophilia, despite having an excellent work record. I believe she approached the national Haemophilia Society for help at the time, but was turned away.
52. The other problems Colette has encountered have been an inability to get life insurance or mortgage protection and the loss of a pension pot through not being able to work. The final insult was being forced to retire early aged 38, from working for the NHS in her last employment as an auxiliary nurse because her health was deteriorating so much due to the Hepatitis C virus. The financial losses she has sustained from loss of earnings and the inability to train in a career of her choice, and what she could have achieved professionally, has been devastating. Those opportunities have been stolen from her, and us, which is unforgivable because it was the state's fault and that has never been recognised by any government over three decades. In addition to that, we have spent a great deal of money campaigning for over twenty five years.

53. For me it has been a huge struggle for most of our married life, a struggle both physically and mentally, that is not recognized by many and certainly not government departments, who as far as I can see have harassed victims, made derisory and demeaning payments of ex gratia funds through a variety of unfit for purpose funds which punish the most vulnerable. On the odd occasion when I have been out of work, and looked to seek financial help, I found the process totally demoralizing and at one point we almost lost our house. Colette was unable to step in and help due to her poor health. I feel that I have carried the financial burden and have been unable to express at times my concerns or worries to anyone, even family, partly in fear of being judged and certainly not understanding the effects of Colette's condition on the whole family.

Treatment/Care/Support

54. Colette has always had to battle to get the best treatment, and I believe that because she can look well in appearance, even doctors don't necessarily take the symptoms she presents seriously enough. I have been in hospital on many occasions and witnessed her condition worsening and becoming critical before the nursing staff and doctors react to the crisis. All too often important details have been missed from her medical notes and in some cases medical staff have completely ignored the significance of her Haemophilia condition. On one occasion she was admitted to a local hospital in Worcester where a trained member of staff ignored her medical notes and attempted to administer blood thinning drugs prior to a medical treatment which would have been disastrous had Colette not stopped them from being administered.

55. It is a poor reflection that even now, doctors and nurses still don't accept that women bleed too, and in my wife's case, has bled far more severely than her male haemophiliac cousins. This is just an example of the challenge Colette faces and has suffered from in terms of getting the best and correct treatment.

56. We were briefly offered family counselling by a social worker at the Royal Free but that was in the haemophilia department and not by a person trained in the issues surrounding living with chronic Hepatitis C. No support has ever been offered, from anyone else at any other time. We have asked periodically through our GP but there is a long waiting list or it incurs costs. In our circumstances it would require a person who is fully aware and well versed in the impact of the contaminated blood disaster to offer the right kind of counselling.

Financial Assistance

57. The only payments Colette has received so far have been what she was eligible to claim from the Skipton Fund which was set up by government and is now part of EIBSS. The Skipton fund commenced in 2005 and paid a lump sum of £20,000 followed by a further sum of £25,000 for developing Cirrhosis of the Liver.

58. In 2011 there was a financial review by the DoH from which for the first time, a monthly ex-gratia payment was made for people with Stage 1 and Stage 2 Hepatitis C. Prior to this Colette never received any payment for, or recognition of, her condition. At this time there was an ongoing legal case in which Haemophiliacs with HIV were awarded lump sum ex-gratia payments and ongoing monthly allowances from the McFarlane Trust set up in recognition of Haemophiliacs infected with HIV and their partners. Ironically those with Hepatitis C like Colette were left out of this litigation.

59. It subsequently transpired that people with HIV infections were also infected with Hepatitis C. I discovered this in later years through working with long term campaigner Carol Grayson and her late husband Peter Longstaff who challenged the legal "Undertaking" signed by 1200 Haemophiliacs in 1991. In my view, the waiver was put in place because the government did not want to pay out for another virus and it prevented

people with Hepatitis C from taking a case against them. My wife was therefore denied the right to sue the government for her hepatitis infections.

60. Far too much of the financial help on offer is means tested, including the new EIBSS system. My wife could not apply for any further financial help as our household income is taken in to account in what I consider a hugely invasive application form. Colette cannot apply in her own right as an infected individual because we are married, and my salary is taken in to account. What have my earnings got to do with the harm and suffering that has been caused to Colette all those years before we met?
61. The application for EIBSS was full of preconditions, most of which were an insult to Hemophiliacs. For example, I have read an application for benefits form which included questions requiring the applicant to answer if they were drug addicts or alcoholics, or did they believe their ill health had been caused by addictions. The whole process was a disgrace and humiliation for little or no benefit. Usually the process is being administered by people with inappropriate training, working for firms sub contracted by government; they have no experience or understanding and certainly no sympathy.
62. The current system is demeaning, woefully inadequate and humiliating for the victims of this scandal which has been caused entirely by the State's provision of contaminated blood products to the Haemophilia community over three decades.
63. None of the trusts set up by the government have recognised the severe and tragic losses suffered by my wife and the Haemophilia community, let alone recognised the extreme harm and irreversible damage to their health and subsequent loss of life.
64. It is time to pay the victims proper and meaningful compensation which recognises loss and need and since Colette and I were both key

witnesses to the Archer Inquiry, I would suggest that the Chair and his team look to the recommendations made by Lord Archer who listened to the victims and responded with an excellent set of recommendations. The sad thing for Colette is that her Irish haemophiliac cousins were treated far more fairly by their government well over twenty years ago. We are still waiting for our justice.

Statement of Truth

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

Signed GRO-C

Dated 19 December 2018